

## DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: Alabama

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2024 to 09/30/2025

Report Status:

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## Low Income Home Energy Assistance Program (LIHEAP)

### **LIHEAP Model Plan Template**

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



**Mandatory Grant Application SF-424**

U.S. Department of Health and Human Services  
11/01 Administration for Children and Families

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

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

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

**7. APPLICANT INFORMATION**

\*a. Legal Name: Alabama Department of Economic and Community Affairs

\*b. Address:

*Street 1:	401 Adams Avenue	Street 2:	
*City:	Montgomery	County:	
*State:	Alabama	Province:	
*County:	Montgomery	*Zip/Postal Code:	36103-5690

c. Organizational Unit:

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

*First Name:	Wendy	*Last Name:	Littles
Title:	CSBG/LIHEAP Program Supervisor	Organizational Affiliation:	
*Telephone Number:	334-353-3375	Fax Number:	334-242-0552
*Email:	wendy.littles@adeca.alabama.gov		

\*8. TYPE OF APPLICANT:

State Government

a. Is the applicant a Tribal Consortium:

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

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

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

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Low Income Home Energy Assistance Program

<b>11. AREAS AFFECTED BY FUNDING:</b>
Statewide
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>
2
<b>13. FUNDING PERIOD:</b>

<b>a. Start Date: 10/01/2024</b>	<b>b. End Date: 9/30/2025</b>
<b>*14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>	
a. This submission was made available to the State under Executive Order 12372	
Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
<b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO	
If yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<b>X I AGREE</b>	
<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>17a. Typed or Printed Name and Title of Authorized Certifying Official</b>	<b>17c. Telephone (area code, number, and extension)</b>
Kenneth W. Boswell, Director	334-242-8672
<b>17b. Signature of Authorized Certifying Official on)</b>	<b>17d. Email Address:</b>
	Kenneth.Boswell@adeca.alabama.gov
<b>17e. 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  
11/01 Administration for Children and Families**

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)**

**MODEL PLAN**

**Section 1 – Program Components**

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

**Section 1 Program Components**

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

<b>1.1 Check which components you will operate under the LIHEAP program.</b> (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		<b>Dates of Operation</b>	
		<b>Start Date:</b>	<b>End Date:</b>
<input checked="" type="checkbox"/>	Heating assistance	10/01/2024	04/30/2025
<input checked="" type="checkbox"/>	Cooling assistance	05/01/2025	09/30/2025
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2024	09/30/2025
<input checked="" type="checkbox"/>	Summer Crisis assistance	05/01/2025	09/30/2025
<input checked="" type="checkbox"/>	Winter Crisis assistance	10/01/2024	04/30/2025
<input type="checkbox"/>	Year-round crisis assistance		

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

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

<b>1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%</b>	<b>Prior year totals (auto-populate)</b>
Heating assistance	26%
Cooling assistance	26%
Summer crisis assistance	11.5%
Winter crisis assistance	11.5%
Year-round crisis assistance	0%
Weatherization assistance	12%
Carryover to the following federal fiscal year	2%
Administrative and planning costs	10%
Services to reduce home energy needs including needs assessment (Assurance 16)	1%
Used to develop and implement leverages activities	0%
<b>TOTAL:</b>	<b>100%</b>

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

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

<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 at least one household member receives at least one of the following categories of benefits in the left column below?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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

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

**1.4 a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e., do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.**

<b>1.5 Do you automatically enroll households without a direct annual application?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

**If Yes, explain:**

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

**SNAP Nominal Payments**

<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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

<b>1.7b Amount of Nominal Assistance:</b>	\$
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<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:

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

**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
<input type="checkbox"/>	Other – Describe:

<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>	
<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input 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
X	Supplemental Security Income (SSI)	
X	Retirement/pension benefits	
<input type="checkbox"/>	General Assistance benefits	
X	Temporary Assistance for Needy Families (TANF) benefits	

<input type="checkbox"/>	Loans that need to be repaid
X	Cash gifts
<input type="checkbox"/>	Savings account balance
X	One-time lump sum payments, such as rebates or credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
X	Rental income
X	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
X	Alimony
X	Child support
X	Interest, dividends, or royalties
X	Commissions
<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
X	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

**1.10 Do you have an online application process?**

X Yes  No

**Yes 1.10a If yes, describe the type of online application (select all boxes that apply)**

- X A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person, or faxed in for processing.
- A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing
- X One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing
- Online application that is also mobile friendly
- Other, please describe
- Please include a link(s) to a statewide application, if available:

**1.10b Can all program components be applied for online?**

X Yes  No

If no, explain which components can and cannot be applied for online:

<b>1.11 Do you have a process for conducting and completing applications by phone:</b>	
No	
<b>1.12 Do you or any of your subrecipients require in person appointments in order to apply?</b>	
Yes	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	
<p>Each subrecipient agency is required to utilize the state-wide case management system called FACSPRO for household income and demographic data entry, eligibility determination, and benefit determination; however, subrecipients are allowed to develop their own process for accepting applications. Some subrecipients accept applications through their website or through the State's LITT Lite website; however, a majority of subrecipients returned to in-person appointments in 2021 because of the challenges they faced collecting required documentation from applicants through the State's LITT Lite website and mobile app, mail, drop-off boxes, and email.</p> <p>The State's software developer is in the process of preparing and training the subrecipients to migrate to a new system called Lifting Individuals Through Technology (LITT). The new system will allow households to apply online or through a mobile app. In addition, the system will have a texting/notification component which should improve communications between the applicant and the subrecipient and streamline the application process.</p>	
<b>1.13 How can applicants submit documentation for verification? Select all that apply:</b>	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input type="checkbox"/>	Other, describe:



**Section 2 - HEATING ASSISTANCE**

U.S. Department of Health and Human Services  
11/01 Administration for Children and Families

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 2 – Heating Assistance**

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150%

**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

If yes, describe:

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

**Renters?**  Yes  No

If yes, describe:

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

If yes, describe:

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

If yes, describe:

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

**Older adults?**  Yes  No

If yes, describe:

**Individuals with a disability?**  Yes  No

If yes, describe:

**Young children?**  Yes  No

If yes, describe:

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

If yes, describe:

**Other?**  Yes  No

If yes, describe:

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. A household is considered vulnerable if its members include someone aged 60 or older (elderly), someone who has a medically documented disability, or someone under the age of 18.

**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, which includes conducting appointments for the elderly on specific days of the week at 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):**

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size

X	Home energy cost or need:
X	Fuel type
<input type="checkbox"/>	Climate/region
<input type="checkbox"/>	Individual bill

<input type="checkbox"/>	Dwelling type
<input type="checkbox"/>	Energy burden (% of income spent on home energy)
X	Energy need

X	<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 <u><a href="#">Attachment A – PY2025 LIHEAP Payment Assistance Chart</a></u>. 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. Each year, ADECA will update the Payment Assistance Chart when the federal poverty guidelines are issued to revise the income ranges.</p> <p>To calculate the income levels on the PY2025 Payment Assistance Chart, the HHS Poverty guidelines mandatory for 2024 from the following website: <u><a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a></u> are used. However, ADECA will adopt 2025 Federal Poverty Guidelines upon release. The Payment Assistance Chart will be updated when the 2025 Federal Poverty Guidelines are released and subrecipients will be notified.</p> <p>For a one-person household, the maximum annual income based on 100% of HHS Poverty Guidelines is \$15,060. To calculate the maximum income for a one- person household at 150% poverty, we multiplied \$15,060 by 1.5 = \$22,590. To determine the maximum <u>monthly</u> amount as shown on our benefits matrix, we divided \$22,590 by 12 = \$1,883.</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 one-person household, we divided \$1,883 by 3 = \$628. The lowest income category (which receives the highest benefit) has a range of \$0 - \$628. The formula to calculate the next highest income category for a one-person household (which receives a slightly lower benefit) is \$629 + \$628 = \$1,257. Therefore, the range for that income category is \$629 - \$1,257.</p> <p>The highest income category for a one-person household starts at \$1,258 and the maximum monthly income is \$1,883 as described above.</p> <p>The same method is used to complete the benefit matrix for households with two to fifteen people.</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), subrecipients may award an additional \$50.</p> <p>*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.</p>
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<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.</b>			
<b>Minimum Benefit</b>	<b>\$280</b>	<b>Maximum Benefit</b>	<b>\$580</b>
<b>2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?</b>			
<input type="checkbox"/>	Yes	X	No
If yes, describe.			

<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>
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**Section 3 - COOLING ASSISTANCE**

U.S. Department of Health and Human Services  
11/01 Administration for Children and Families

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 3 – Cooling Assistance**

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

**3.1 Designate the income eligibility threshold used for the cooling component:**

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150%

**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

If yes, describe:

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

**Renters?**  Yes  No

If yes, describe:

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

If yes, describe:

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

If yes, describe:

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

**Older adults?**  Yes  No

If yes, describe:

**Individuals with a disability?**  Yes  No

If yes, describe:

**Young children?**  Yes  No

If yes, describe:

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

If yes, describe:

**Other?**  Yes  No

If yes, describe:

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

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

Administering agencies allow early application periods, which includes conducting appointments for the elderly on specific days of the week at Senior Centers. Also, vulnerable households are identified at time of application.

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

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size
<input checked="" type="checkbox"/>	Home energy cost or need:
<input checked="" type="checkbox"/>	Fuel type
<input type="checkbox"/>	Climate/region

<input type="checkbox"/>	Individual bill
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<input type="checkbox"/>	Dwelling type
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<input type="checkbox"/>	Energy burden (% of income spent on home energy)
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<input checked="" type="checkbox"/>	Energy need
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<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 <u>Attachment A – PY2025 LIHEAP Payment Assistance Chart</u>. 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. Each year, ADECA will update the Payment Assistance Chart when the federal poverty guidelines are issued to revise the income ranges.</p> <p>To calculate the income levels on the PY2025 Payment Assistance Chart, the HHS Poverty guidelines mandatory for 2024 from the following website: <a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a> are used. However, ADECA will adopt 2025 Federal Poverty Guidelines upon release. The Payment Assistance Chart will be updated when the 2025 Federal Poverty Guidelines are released and subrecipients will be notified.</p> <p>For a one-person household, the maximum annual income based on 100% of HHS Poverty Guidelines is \$15,060. To calculate the maximum income for a one- person household at 150% poverty, we multiplied \$15,060 by 1.5 = \$22,590. To determine the maximum <u>monthly</u> amount as shown on our benefits matrix, we divided \$22,590 by 12 = \$1,883.</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 one-person household, we divided \$1,883 by 3 = \$628. The lowest income category (which receives the highest benefit) has a range of \$0 - \$628. The formula to calculate the next highest income category for a one-person household (which receives a slightly lower benefit) is <math>\\$629 + \\$628 = \\$1,257</math>. Therefore, the range for that income category is \$629 - \$1,257. The highest income category for a one-person household starts at \$1,258. We added \$625 to that amount for a maximum monthly income of \$1,883. Therefore, the range is \$1,258 - \$1,883.</p> <p>We used the same method to complete the benefit matrix for households with two to fifteen people.</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), subrecipients may award an additional \$50.</p> <p>*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.</p>
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**Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)**

**3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.**

Minimum Benefit	\$320	Maximum Benefit	\$520
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**3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?**

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe.

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

**Section 4 - CRISIS ASSISTANCE**

U.S. Department of Health and Human Services  
11/01 Administration for Children and Families

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 4 – Crisis Assistance**

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	ALL Household Sizes	HHS Poverty Guidelines	150%

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

An energy-related crisis for both summer and winter programs may exist 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, a household has at least one child under age 18.

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

A life-threatening crisis exists when there is clear and present danger to the life of a household member 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)**

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

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

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

**In Order to receive crisis assistance:**

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

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

Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanations of policies for each "yes" checked above:			
Note for "Do you give priority in eligibility to:" and "In order to receive crisis assistance:" Priority 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.			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
X	Separate component.		
<input type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather, benefits are issued to crisis		

	customers within crisis response time frames.
<input type="checkbox"/>	Other - Describe:

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

X	Amount to resolve the crisis.	\$
X	<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 <u>Attachment A – PY2025 LIHEAP Payment Assistance Chart</u>. 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. Each year, ADECA will update the Payment Assistance Chart when the federal poverty guidelines are issued to revise the income ranges.</p> <p>To calculate the income levels on the PY2025 Payment Assistance Chart, the HHS Poverty guidelines mandatory for 2024 from the following website: <a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a> are used. However, ADECA will adopt 2025 Federal Poverty Guidelines upon release. The Payment Assistance Chart will be updated when the 2025 Federal Poverty Guidelines are released and subrecipients will be notified.</p> <p>For a one-person household, the maximum annual income based on 100% of HHS Poverty Guidelines is \$15,060. To calculate the maximum income for a one- person household at 150% poverty, we multiplied \$15,060 by 1.5 = \$22,590. To determine the maximum <u>monthly</u> amount as shown on our benefits matrix, we divided \$22,590 by 12 = \$1,883.</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 one-person household, we divided \$1,883 by 3 = \$628. The lowest income category (which receives the highest benefit) has a range of \$0 - \$628. The formula to calculate the next highest income category for a one-person household (which receives a slightly lower benefit) is \$629 + \$628 = \$1,257. Therefore, the range for that income category is \$629 - \$1,257. The highest income category for a one-person household starts at \$1,258. We added \$625 to that amount for a maximum monthly income of \$1,883. Therefore, the range is \$1,258 - \$1,883.</p> <p>We used the same method to complete the benefit matrix for households with two to fifteen people.</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), subrecipients may award an additional \$50.</p> <p><b><u>Determining Crisis Assistance Benefits</u></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. Subrecipients contact the household's energy vendor at the time of appointment to</p>	

determine the minimum amount required.

If a household has a high energy need (including, but not limited to, those with children under age 18, elderly members, or members with a disabling condition), local administering agencies may award an additional \$50. As noted on the benefits matrix, the entire \$50 must be awarded; it cannot be issued as 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.

Example: A one-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 up to \$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 subrecipient 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.

**Crisis Requirements, 2604(c)**

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

Yes  No

Explain. Subrecipients maintain service centers in each county of the state.

**4.11 Do you provide individuals with a disability the means to:**

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

Yes  No

If no, explain.

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

Yes  No

If no, explain. **Subrecipient agencies do not all have the capacity to provide transportation to applicants who are unable to travel on their own; however, elderly and disabled applicants can designate an authorized representative to apply on their behalf. In addition, a number of subrecipient agencies accept applications on their websites or utilize the State's LITT Lite online application.**

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

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

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

Winter Crisis	Maximum Benefit	\$1,110
Summer Crisis	Maximum Benefit	\$990
Year-Round Crisis	Maximum Benefit	\$

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

Yes  No

If yes, describe.

Subrecipients may provide window air conditioner units, fans, portable heaters, and electric blankets, payment for the minor repair/replacement of worn parts on air conditioners and existing heating units and provide temporary housing for households who qualify for crisis assistance.

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

Yes  No

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

<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>	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="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>If you responded "Yes" to question 4.16, you must respond to question 4.17.</b>			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
<b>4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe: Crisis funds can be used to assist households with utility deposits and setup fees to establish service as well as propane tank rental fees, delivery fees, and necessary fees to allow the household to heat their home with propane.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

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**Section 5 - WEATHERIZATION ASSISTANCE**

U.S. Department of Health and Human Services  
11/01 Administration for Children and Families

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 5 – Weatherization Assistance**

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

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

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

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

Yes  No

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

**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- and 4-unit buildings) are eligible units or will become eligible within 180 days.
  - Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities)
  - Other - Describe:
- Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)
  - Income threshold
  - Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit
  - Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
  - Other - Describe:
 

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.

LIHEAP Weatherization Funds may also be used in conjunction with or similarly to DOE Weatherization Readiness Funding to provide services that are outside the scope of weatherization before the weatherization services can commence. Weatherization Readiness Funding will bring the dwelling into weatherization readiness by addressing structural and health and safety issues that would otherwise require the client to be deferred.

The LIHEAP Weatherization budget categories will mirror that of DOE's to allow allocated portions of shared costs to be expensed to the program.

<b>Eligibility, 2605(b)(5) - Assurance 5</b>					
<b>5.6 Do you require an assets test?</b>					
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
<b>5.7 Do you have additional or differing eligibility policies for:</b>					
<b>Do you require an assets test?</b>		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>Do you have additional or differing eligibility policies for:</b>					
Renters?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Renters living in subsidized housing?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Renters with utilities included in the rent?		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>5.8 Do you give priority in eligibility to:</b>					
Older adults?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Individuals with a disability?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Young children?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Households with high energy burdens?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.					
Regarding 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.					
Regarding question 5.8 - Households applying for weatherization are awarded the following priority points if applicable:					
<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>• Household with children under age 18 - 10 points</li> <li>• Elderly/disabled members other than head of household - 5 points</li> <li>• LIHEAP client or utility bill is \$200.00 or more - 5 points</li> <li>• High Energy Burden (greater than or equal to 17%) - 5 points</li> </ul>					
Weatherization applicants are ranked by Priority Points. Applicants with the most points are the first to receive services when funding is available.					
<b>Benefit Levels</b>					
<b>5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?</b>					
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
If yes, what is the maximum:		\$			
<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 type="checkbox"/>	Community Solar projects		
<input type="checkbox"/>	Rooftop solar	<input checked="" type="checkbox"/>	Other - Describe: Health and safety measures; LED bulb installation; code compliance; plumbing, electrical, roof or flooring repairs, etc.		
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.					

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

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

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

**OMB Clearance No.: 0970-0075**

**Expiration Date: 02/28/2027**

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

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

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

<input checked="" type="checkbox"/>	Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
<input checked="" type="checkbox"/>	Publish articles in local newspapers or broadcast media announcements.
<input type="checkbox"/>	Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
<input type="checkbox"/>	Mass mailing(s) to prior-year LIHEAP recipients
<input checked="" type="checkbox"/>	Inform low-income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
<input type="checkbox"/>	Execute interagency agreements with other low-income program offices to perform outreach to target groups.
<input checked="" type="checkbox"/>	<b>Web posting</b>
<input type="checkbox"/>	Email
<input type="checkbox"/>	Texting
<input type="checkbox"/>	Events
<input checked="" type="checkbox"/>	<b>Social Media</b>
<input type="checkbox"/>	Other (specify):
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

U.S. Department of Health and Human Services 11/01 Administration for Children and Families		August 1987, revised 05/92, 02/95, 03/96, 12/98, OMB Clearance No.: 0970- 0075 Expiration Date: 02/28/2027
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 7 – Coordination</b>		
<b>Section 7: Coordination, 2605(b)(4) - Assurance 4</b>		
<b>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.).</b>		
<input type="checkbox"/>	Joint application for multiple programs	
<b>Indicate programs included:</b>		
<input checked="" type="checkbox"/>	Intake referrals to or from other programs	
<b>Indicate programs included: Referrals to the State Department of Human Resources are provided to households that may be eligible for SNAP benefits as well as to single parents of children under age 18 for child support. Referrals to State Career Centers are provided to applicants who are of working age.</b>		
<input type="checkbox"/>	One-stop intake centers	
<input checked="" type="checkbox"/>	Other - Describe: ADECA administers the LIHEAP, the Community Services Block Grant (CSBG) Program, and the Weatherization Assistance Program. These programs are administered at the local level by community action agencies and non-profit agencies which aids in improving the close coordination between the programs.	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>		

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

U.S. Department of Health and Human Services  
11/01 Administration for Children and Families

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 8 – Agency Designation**

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

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

<input 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"/>	State Department of Welfare Agency (administers TANF, SNAP, and/or Medicaid)
<input type="checkbox"/>	Economic Development Agency
<input type="checkbox"/>	Other - Describe:

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

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

**8.2 How do you provide alternate outreach and intake for heating assistance?**

**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?**

<b>8.5 LIHEAP Component Administration</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	Community Action Agencies	Community Action Agencies	Community Action Agencies	Community Action Agencies and local government
<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 and local government

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

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

**8.6 What is your process for selecting local administering agencies?**

In the event a local administering agency needs to be selected to administer LIHEAP in any area not currently being served, a Request for Proposal (RFP) will be issued. While the RFP process is competitive, 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.

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

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>8.9 If so, why?</b>			
<input type="checkbox"/>	Agency was in non-compliance with grant recipient requirements for LIHEAP -		
<input type="checkbox"/>	Agency is under criminal investigation.		
<input type="checkbox"/>	Added agency		
<input type="checkbox"/>	Agency closed		
<input type="checkbox"/>	Other – describe		
<b>8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

<b>8.10a If yes, please explain:</b>			
<b>8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc.</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>8.10c if yes, please explain:</b>			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

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

U.S. Department of Health and Human Services  
11/01 Administration for Children and Families

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 9 – Energy Suppliers**

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

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

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

If yes, Describe.

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

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

When an application has been approved, 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. This information is provided to the client at the time of their appointment.

**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. The agreement prohibits energy suppliers from charging more than the difference between the client's actual cost of home energy and the payment applied to the account by the subrecipient. Attachment B of this State Plan includes the FY2025 LIHEAP Energy Supplier Agreement is included in the Attachments section of this State Plan.

**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 to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY 2025 LIHEAP Energy Supplier Agreement is included in the Attachments section of the State Plan.

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

<input type="checkbox"/>	Yes	X	No
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If so, describe the measures unregulated vendors may take.

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

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



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

U.S. Department of Health and Human Services  
11/01 Administration for Children and Families

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OMB Clearance No.: 0970-  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN**

**Section 10 – Program, Fiscal Monitoring, and Audit**

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

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

**10.1a Provide Definitions for the following:**

Obligation:	Orders placed for property and services, contracts and subawards made, and similar transactions during a given period that require payment during the same or a future period.
Expenditures:	Charges made to a project or program in the ADECA accounting system and STAARS (State of Alabama’s payment system). The sum of cash disbursements, indirect cost charged, cash advances, and payments to subrecipients.
Expenditure timeframe:	The Period of Performance for a given award as specified on the Notice of Award.
Administrative costs:	Salaries, fringe benefits, travel and vehicle operations, information services charges, supplies ordered for a specific program, and indirect cost.

**Audit Process**

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

Yes       No

**10.2a If yes, describe your auditor selection process.**

ADECA uses the Department of Examiners of Public Accounts to perform their Single Audit. The Department of Examiners of Public Accounts is empowered to audit the books, accounts, and records of all state and county offices, officers, bureaus, boards, commissions, corporations, departments, and agencies and to report on expenditures, contracts, or other audit findings found to be in violation of law. The Department has the authority to make audits of the accounts of all entities receiving or disbursing public funds.

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1.				

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

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

**Grant recipient employees:**

<input type="checkbox"/>	Internal program review
<input checked="" type="checkbox"/>	Departmental oversight
<input checked="" type="checkbox"/>	Secondary review of invoices and payments
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:

**Local Administering Agencies or District Offices:**

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

X	Annual program review
X	Monitoring through central database
X	Desk reviews
X	Client File Testing/Sampling
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:

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

The State has eighteen subrecipients that are divided into four districts. Subrecipients have one CSBG/LIHEAP Program Manager who is the primary point of contact for both CSBG and LIHEAP. While programmatic reviews have historically been conducted annually for LIHEAP and triennially for CSBG, timelines for each program’s monitoring schedule have been adjusted so that subrecipients will be monitored on a biennial schedule. The following summarizes the actions taken during each visit:

Core Monitoring Procedures:

The core monitoring is the same for CSBG, LIHEAP, and the Weatherization Assistance Program. State staff will request the necessary documents to conduct a thorough review of:

- Timeliness and accuracy of documentation submitted to ADECA
- Board involvement
- Fiscal requirements
- Personnel/Payroll
- Subcontracts
- Travel expenses
- Programmatic expenses
- Federally-owned equipment

The State’s review includes comparing the subrecipients’ processes to their written policies and procedures, as well as to any requirements from ADECA and the 45 CFR Part 75. The goal of the core piece of the State’s monitoring is to assess the overall health of each subrecipient agency, to ensure that strong internal controls are in place, to ensure that procedures are documented and adhered to, and to ensure that the agency is being well managed.

Case File Review:

There is a program-specific component to the State’s monitoring, as well. For LIHEAP, client case files are audited using the following procedure:

1. Conduct an entrance conference with the Board Chair, Executive Director and/or LIHEAP Coordinator to discuss the monitoring procedures
2. Review the requested documentation to complete the core questions of the monitoring
3. Review client files of regular, crisis, and supplemental assistance (if applicable) awarded during the current fiscal year for completeness and accuracy
4. If applicable, observe how and where paper case files are maintained to ensure confidentiality
5. Observe how agency personnel files are maintained
6. Review batching and vendor payments of 10-15 client files that were reviewed during monitoring
7. Conduct an exit conference with the Board Chair, Executive Director, and/or LIHEAP Coordinator to discuss any questioned costs

A random sampling of client files from each county in the agency's service area are assessed to verify that the required documentation exists. A random month during each fiscal year being monitored is selected. The State has not established a minimum standard for the number of client files to be reviewed at each agency; however, the Program Manager is trained to examine files from every month in both the Heating and Cooling seasons and from a variety of energy vendors.

Client files are reviewed for the following documentation:

- 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.
- Client identification -copy of picture ID and Social Security Card - Household member(s) identification - copies of the Social Security Card of all household members
- 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 aged 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.

- 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 physical address. An excel spreadsheet called the "LIHEAP Monitoring Form" is completed during the case review.

The monitor enters 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. Attach a risk assessment if**

**subrecipients are utilized.**

Site Visits:	Program managers will conduct on-site monitoring visits to nine (9) of the eighteen (18) subrecipients at least once every two years.
Desk Reviews:	State LIHEAP staff will select a single month at random and conduct a desk review for the subrecipients that are not scheduled for a site visit during that particular year. The desk review will include reviewing 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? Please attach a monitoring schedule if one has been developed.**

<input type="checkbox"/>	Annually
<input type="checkbox"/>	Biannually
<input type="checkbox"/>	Triannually
<input checked="" type="checkbox"/>	Other: biennially

**10.9. How many local agencies are currently on corrective action plans?**

No subrecipients are currently on corrective action plans.

**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  
11/01 Administration for Children and Families

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

**Section 11 – Timely and Meaningful Public Participation**

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

**11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply. Note: Tribes do not need to hold a public hearing but must ensure participation through other means.**

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

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

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

	Date	Event Description
1	07/18/2024	Virtual Public Hearing via Microsoft Teams
2		

**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.**

A virtual public hearing for the presentation and review of the annual State Plan will be conducted on July 18, 2024. Prior to the public hearing, the annual State Plan is revised internally taking into consideration any changes that were requested during the previous program year as well as any changes in guidance from HHS.

The announcement of the public hearing will be posted on the Secretary of State’s website at least 10 days prior to the hearing, the LIHEAP subrecipients will be notified of the hearing, and a draft of the State Plan will be posted on ADECA’s website for public view. Notification of the public hearing will be posted in four (4) newspaper publications across the State. All parties are encouraged to attend, invite others to attend, and submit comments for review. The comment period will be open for 30 days following the virtual public hearing. A summary of the public hearing will be attached to the final State Plan.

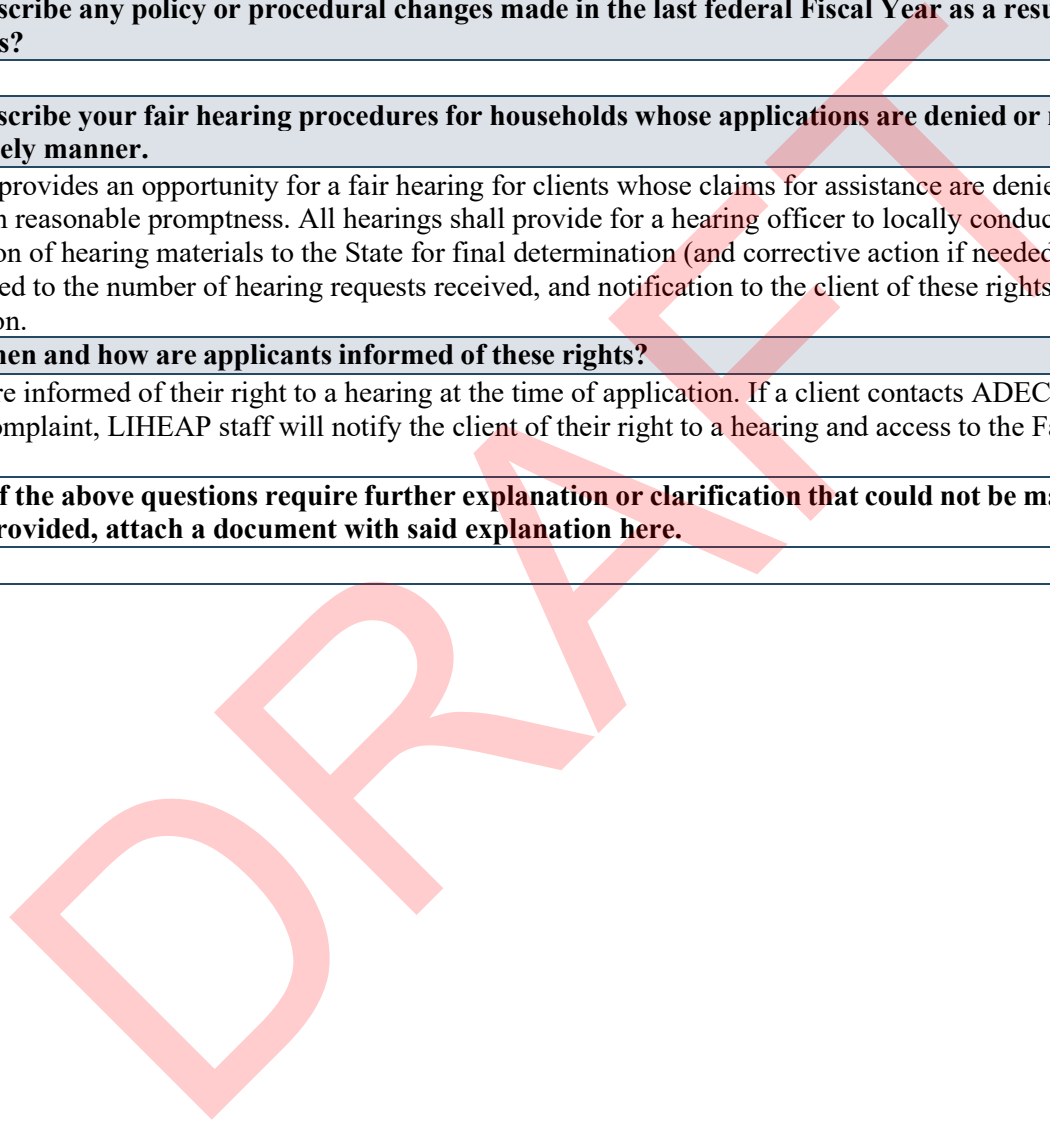
Please see FY25 Public Hearing Advertisement and FY25 CAA Public Hearing Memo attachments\*

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

U.S. Department of Health and Human Services 11/01 Administration for Children and Families	August 1987, revised 05/92, 02/95, 03/96, 12/98, OMB Clearance No.: 0970- 0075 Expiration Date: 02/28/2027
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 12 – Fair Hearings</b>	
<b>Section 12: Fair Hearings, 2605(b)(13) - Assurance 13</b>	
<b>12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year?</b>	
0	
<b>12.2 How many of those fair hearings resulted in the initial decision being reversed?</b>	
N/A	
<b>12.3 Describe any policy or procedural changes made in the last federal Fiscal Year as a result of fair hearings?</b>	
N/A	
<b>12.4 Describe your fair hearing procedures for households whose applications are denied or not acted upon in a timely manner.</b>	
<p>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.</p>	
<b>12.5 When and how are applicants informed of these rights?</b>	
<p>Clients are informed of their right to a hearing at the time of application. If a client contacts ADECA concerning a formal complaint, LIHEAP staff will notify the client of their right to a hearing and access to the Fair Hearing policy.</p>	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	



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

<p><b>U.S. Department of Health and Human Services 11/01 Administration for Children and Families</b></p>	<p align="right"><b>August 1987, revised 05/92, 02/95, 03/96, 12/98, OMB Clearance No.: 0970- 0075 Expiration Date: 02/28/2027</b></p>
<p align="center"><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 13 – Reduction of Home Energy Needs</b></p>	
<p><b>Section 13: Reduction of Home Energy Needs, 2605(b)(16) - Assurance 16</b></p>	
<p><b>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?</b></p>	
<p>Funds are used for activities that encourage reduction of 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.</p>	
<p><b>13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?</b></p>	
<p>Funds are listed in a line-item budget in each administering agency's grant budget. Invoices are reviewed by LIHEAP staff and ADECA's Finance Department prior to the advance of funds.</p>	
<p><b>13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year? Impact can be measured in many different ways: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management for example.</b></p>	
<p>During the previous Federal fiscal year (2023), 12 of the 18 subrecipients requested and 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:</p> <ul style="list-style-type: none"> <li>• 513 clients – received financial coaching/counseling</li> <li>• 12,691 clients – received Energy Efficiency Education</li> <li>• 536 clients – attended an energy conservation workshop</li> <li>• 278 clients – received an energy conservation brochure/resource guide/flyer</li> <li>• 844 clients – received an energy conservation kit</li> <li>• 137 clients – received an HVAC unit assessment</li> <li>• 12,691 clients – received Energy Efficiency Education (workshops, energy counseling, distribution of energy efficiency material)</li> </ul> <p>In addition, subrecipients tracked the household's energy bills of 4,374 households after they attended an energy counseling workshop and provided the following data:</p> <ul style="list-style-type: none"> <li>• 4,188 households - energy bills were reduced 0%-5% after tracking up to 90 days after workshop</li> <li>• 83 households - energy bills were reduced 5%-10% after tracking up to 90 days after workshop</li> <li>• 54 households – energy bills were reduced 10%-20% after tracking up to 90 days after workshop</li> <li>• 49 households - energy bills were reduced 20% or more after tracking up to 90 days after workshop</li> </ul>	
<p><b>13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.</b></p>	
<p>N/A</p>	
<p><b>13.5 How many households received these services?</b></p>	
<p>15,141</p>	
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

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

U.S. Department of Health and Human Services 11/01 Administration for Children and Families		August 1987, revised 05/92, 02/95, 03/96, 12/98, OMB Clearance No.: 0970- 0075 Expiration Date: 02/28/2027	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 14 – Leveraging Incentive Program</b>			
<b>Section 14: Leveraging Incentive Program, 2607(A)</b>			
<b>14.1 Do you plan to submit an application for the leveraging incentive program?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>14.2 Describe instructions to any third parties or local agencies for submitting LIHEAP leveraging resource information and retaining records.</b>			
<b>14.3 For each type of resource or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96. 87(d)(2)(iii), describe the following:</b>			
Resource	What is the type of resource benefit?	What is the source(s) of the resource?	How will the resource be integrated and coordinated with LIHEAP?
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

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**Section 15 - Training**

U.S. Department of Health and Human Services  
02/95, Administration for Children and Families

August 1987, revised 05/92,  
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Expiration Date: 02/28/2027

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

**Section 15: Training**

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

**a. Grant recipient Staff:**

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

**How often?**

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe:

**b. Local Agencies:**

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

**How often?**

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe:

**c. Vendors**

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

**How often?**

Annually

Biannually

As needed

Other - Describe: The Program Supervisor and/or Program Manager contacts vendors during the subrecipient monitoring review.

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

**15.2 Does your training program address fraud reporting and prevention?**

Yes  No



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

U.S. Department of Health and Human Services  
02/95, Administration for Children and Families

August 1987, revised 05/92,  
03/96, 12/98,  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**MODEL PLAN**

**Section 16 – Performance Goals and Measures**

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

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

ADECA submitted data for all required sections of the FY 2023 Performance Measures Report. We collected twelve months of bill payment data for approximately 25% of LIHEAP households that received assistance between October 1, 2022, through September 30, 2023. Expenditure data was collected from 14 electric, natural gas, and propane vendors. Our Benefit Targeting Index for All Households was 113 and our Burden Reduction Targeting Index for High Burden Households was 97.

ADECA continues to prioritize receiving useful data to report to HHS as a means to not only meet requirements but also to demonstrate the need for LIHEAP funding in the State of Alabama. The data collected helps ADECA identify any gaps in services or areas where specific needs are not being met. ADECA also analyzes the data received to determine if any adjustments should be considered to the benefit matrix (Payment Assistance Chart).

Over the past several years, the State has made incremental increases to the benefit amounts to reduce the energy burden for the households with the lowest incomes and highest energy bills. ADECA's goal in FY2024 was to remove barriers related to arrearages which prevented clients from establishing energy stability within their homes. We are accomplishing this by using the supplemental appropriations awarded to the State during FY2023. The State of Alabama aims to accomplish at least the same or better results as have been achieved in previous years.

**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  
02/95, Administration for Children and Families

August 1987, revised 05/92,  
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Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 17 – Program Integrity**

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

**17.1 Fraud Reporting Mechanisms**

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

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

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

<input type="checkbox"/>	Printed outreach materials
<input type="checkbox"/>	Addressed on LIHEAP application
X	Website
<input type="checkbox"/>	Printed outreach materials
X	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	X	Required	X	Required	X	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	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Government-issued identification card (i.e., driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	X	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	Photo ID	X	<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 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**

<input type="checkbox"/>	Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
<input type="checkbox"/>	Verify SSNs with Social Security Administration

<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input type="checkbox"/>	Match with state Department of Labor system
<input type="checkbox"/>	Match with state and/or federal corrections system
<input type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only)
X	Other - Describe: Applicants are required to provide their photo ID and Social Security (SS) cards for all household members. <b>In addition, the state-wide case management system, FACSPRO, prevents caseworkers from entering duplicate SS numbers. If the caseworker attempts this during the intake process, a pop-up window will appear in FACSPRO displaying the unique system ID number of the existing client linked to that SS number. If a SS number is entered and saved in FACSPRO, the LIHEAP State Office staff are the only users that can update the number if it can be verified that it was incorrectly entered.</b>
<b>17.4. Citizenship or Legal Residency Verification</b>	
<b>What are your procedures for ensuring that household members are U.S. citizens or qualified non-citizens who are qualified to receive LIHEAP benefits? Select all that apply.</b>	
<input type="checkbox"/>	Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.
X	Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen.
X	Non-citizens must provide documentation of immigration status.
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport.
<input type="checkbox"/>	Non-citizens are verified through the SAVE system.
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card.
<input type="checkbox"/>	Other - Describe:
<b>17.5. Income Verification</b>	
<b>What methods does your agency utilize to verify household income? Select all that apply.</b>	
X	Require documentation of income for all adult household members
X	Pay stubs
X	Social Security award letters
X	<b>Bank statements</b>
X	Tax statements
X	Zero income statements
X	Unemployment Insurance letters
X	Other - Describe: Income can also be verified by the following: <ul style="list-style-type: none"> <li>• Statements from employers</li> <li>• Documentation from the Department of Human Resources to verify income, child support and/or TANF payments</li> <li>• Declaration of Household Income form - completed by the applicant if any household member age 18 and over had <b>no</b> 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. Subrecipients can accept facsimiles, scanned documents, or legible, printable photos of required documentation.</li> <li>• Subrecipients can use the household member's current Social Security Administration benefits letter if the subrecipient has it on file.</li> <li>• Subrecipients 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.</li> </ul>
<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>	
X	Policy in place prohibiting release of information without written consent
X	Grant recipient LIHEAP database includes privacy/confidentiality safeguards.
X	Employee training on confidentiality for:
X	Grant recipient employees
X	Local agencies/district offices
X	Employees must sign confidentiality agreement
X	Grant recipient employees
X	Local agencies/district offices
X	Physical files are stored in a secure location.
X	<b>Electronic files are protected in a secure location.</b>
<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>	
X	All vendors must register with the state/tribe.
X	All vendors must supply a valid SSN or TIN/W-9 form.
X	Vendors are verified through energy bills provided by the household.
X	Grant recipient 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>	
<b>What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.</b>	
X	Applicants required to submit proof of physical residency.
X	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.
X	Centralized computer system automatically generates benefit level.
X	Separation of duties between intake and payment approval.
<input type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments.
X	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.
X	Direct payment to households are made in limited cases only.
X	Procedures are in place to require prompt refunds from utilities in cases of account closure.
X	Vendor agreements specify requirements selected above and provide enforcement mechanism.
<input type="checkbox"/>	Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	

<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.</b>	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendor list.
<input type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors.
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery.
<input type="checkbox"/>	Two-party checks are issued naming client and vendor.
<input checked="" type="checkbox"/>	Direct payment to households is made in limited cases only.
<input 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 grant recipient.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.10. Investigations and Prosecutions</b>	
<b>Describe the Grant recipient's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.</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 U.S. DHHS Inspector General (including referral to OIG hotline).
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.
<input type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process.
<input 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: Clients committing fraud (providing false information) or attempting to commit fraud are typically banned for one (1) year. If improper 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.
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

U.S. Department of Health and Human Services  
02/95, Administration for Children and Families

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

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

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

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

**Instructions for Certification**

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

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

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

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

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

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

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

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

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

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

##### **Instructions for Certification**

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

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

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

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

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

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

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

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

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

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

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

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

X	By checking this box, the prospective primary participant is providing the certification set out above.
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**Section 19: Certification Regarding Drug-Free Workplace Requirements**

U.S. Department of Health and Human Services  
02/95, Administration for Children and Families

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

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

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

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

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

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

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

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

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

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

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

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

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

**recipients Other Than Individuals)**

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grant recipient's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - (b) Establishing an ongoing drug-free awareness program to inform employees about --
    - (1) The dangers of drug abuse in the workplace;
    - (2) The grant recipient's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs;and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
  - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The grant recipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

401 Adams Avenue

Address Line 2

Address Line 3

*City	*State	*Zip Code
Montgomery	Alabama	36104
<p><b>Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients Who Are Individuals)</b></p> <p><b>(a) The grant recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;</b></p> <p><b>(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.</b></p> <p>[55 FR 21690, 21702, May 25, 1990]</p>		
X	<p><b>By checking this box, the prospective primary participant is providing the certification set out above.</b></p>	

DRAFT

**Section 20: Certification Regarding Lobbying**

U.S. Department of Health and Human Services  
02/95, Administration for Children and Families

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

**Section 20 – Certification Regarding Lobbying**

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

<input checked="" type="checkbox"/>	By checking this box, the prospective primary participant is providing the certification set out above.
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Section 21: Assurances

U.S. Department of Health and Human Services  
02/95, Administration for Children and Families

August 1987, revised 05/92,  
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Expiration Date: 02/28/2027

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

(1) use the funds available under this title to:

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

(B) intervene in energy crisis situations;

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

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

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

(A) households in which one or more individuals are receiving-- (i) assistance under the State program funded under part A of title IV of the Social Security Act;

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

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

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

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

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

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

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

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act; coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance

program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such

remaining cost (except for the costs of the activities described in paragraph (16));

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

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

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

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

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

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

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

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

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

**U.S. Department of Health and Human Services  
02/95, Administration for Children and Families**

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

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

The following documents must be attached to this application

- Delegation Letter is required if someone other than the Governor or Chairman Certified this Report. **See attached.**
- Heating component benefit matrix, if applicable. **See attached Payment Assistance Chart**
- Cooling component benefit matrix, if applicable. **See attached Payment Assistance Chart**
- Minutes, notes, or transcripts of public hearing(s). **Will be prepared after the public hearing is held.**

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for Tribes

**DRAFT**



DRAFT

OFFICE OF THE GOVERNOR



STATE CAPITOL  
MONTGOMERY, ALABAMA 36130

KAY IVEY  
GOVERNOR

(334) 242-7100  
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## 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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
PAYMENT ASSISTANCE CHART  
PY 2025**

*(ADECA will issue an updated chart when the Federal Poverty Guidelines are released each year.)*

**1 PERSON**

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$628	\$500	\$480	\$440	\$400
\$629 – \$1,257	\$470	\$450	\$410	\$370
\$1,258 – \$1,883	\$380	\$360	\$320	\$280

**2 PERSON**

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$852	\$510	\$490	\$450	\$410
\$853 – \$1,705	\$480	\$460	\$420	\$380
\$1,706 – \$2,555	\$390	\$370	\$330	\$290

**3 PERSON**

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$1,076	\$520	\$500	\$460	\$420
\$1,077 – \$2,153	\$490	\$470	\$430	\$390
\$2,154 – \$3,228	\$400	\$380	\$340	\$300

**4 PERSON**

<i>Fuel Type Income Level</i>	<i>Liquid Propane</i>	<i>Natural Gas</i>	<i>Electric</i>	<i>Wood/Coal/Kerosene</i>
\$0 – \$1,300	\$530	\$510	\$470	\$430
\$1,301 – \$2,601	\$500	\$480	\$440	\$400
\$2,602 – \$3,900	\$410	\$390	\$350	\$310

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

5 person	\$4,573	9 person	\$7,263	13 person	\$9,953
6 person	\$5,245	10 person	\$7,935	14 person	\$10,625
7 person	\$5,918	11 person	\$8,608	15 person	\$11,298
8 person	\$6,590	12 person	\$9,280		

Add an additional \$50 if you have determined the household has a high energy need such as those with children under 18, elderly or disabled members. The additional \$50 cannot be split and crisis awards cannot exceed minimum amount necessary to alleviate the crisis.