

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP Model Plan Template

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

Mandatory Grant Application SF-424

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

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

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

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Plan	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual	* 1.c. Consolidated Application/Plan/Funding Request? Explanation: 2. Date Received: 3. Applicant Identifier: 4a. Unique Entity Identifier (UEI): WP92EVJB9HF9 4b. Federal Award Identifier:	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update State Use Only: 5. Date Received By State: 6. State Application Identifier:
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7. APPLICANT INFORMATION

***a. Legal Name: Idaho Department of Health & Welfare**

***b. Address:**

*Street 1:	450 W. State Street	Street 2:	
*City:	Boise	County:	
*State:	Idaho	Province:	
*County:	Ada	*Zip/Postal Code:	83720

c. Organizational Unit:

Department Name:	Self-Reliance	Division Name: Division of Welfare	
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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:	Lisa	*Last Name:	Johnson
Title:	Program Manager	Organizational Affiliation:	Idaho Department of Health & Welfare
*Telephone Number:	208-334-5739	Fax Number:	
*Email: Lisa.Johnson@dhw.idaho.gov			

***8. TYPE OF APPLICANT:**

State Government

a. Is the applicant a Tribal Consortium:

No

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	93568	Low-Income Home Energy Assistance Program

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

11. AREAS AFFECTED BY FUNDING:

State	
12. CONGRESSIONAL DISTRICTS OF APPLICANT:	
2	
13. FUNDING PERIOD:	
a. Start Date: 10/1/2024	b. End Date: 9/30/2025
*14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?	
a. This submission was made available to the State under Executive Order 12372	
Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO	
If yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input type="checkbox"/> I AGREE	
**The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official	17c. Telephone (area code, number, and extension)
Mr. Alex Adams	208-334-0633
17b. Signature of Authorized Certifying Official (on)	17d. Email Address:
	Alex.Adams@dhw.idaho.gov
17e. Date Report Submitted (Month, Day, Year)	
Attach supporting documents as specified in agency instructions	

Section 1 - Program Components

U.S. Department of Health and Human Services Administration for Children and Families	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 1 – Program Components	
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Use of this model plan is optional. However, the information requested is required in order to receive a Low-Income Home Energy Assistance Program (LIHEAP) grant. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.	
Section 1 Program Components	
Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)	
1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation
	Start Date: End Date:
<input checked="" type="checkbox"/> Heating assistance	10/1/2024 3/31/2025
<input type="checkbox"/> Cooling assistance	
<input checked="" type="checkbox"/> Weatherization assistance	10/1/2024 9/30/2026
<input type="checkbox"/> Summer Crisis assistance	

<input type="checkbox"/>	Winter Crisis assistance							
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/1/2024	9/30/2025					
Provide further explanation for the dates of operation, if necessary								
End dates are estimated, dependent on funding.								
Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16								
1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%		Percentage (%):	Prior year totals (auto-populate)					
Heating assistance		58.4%						
Cooling assistance		0%						
Summer crisis assistance		0%						
Winter crisis assistance		0%						
Year-round crisis assistance		13.4%						
Weatherization assistance		15%						
Carryover to the following federal fiscal year		0%						
Administrative and planning costs		10%						
Services to reduce home energy needs including needs assessment (Assurance 16)		3%						
Used to develop and implement leverages activities		0.2%						
TOTAL:		100%						
Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative costs in excess of these limits must be paid from non-federal sources.								
Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)								
1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:								
<input type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance					
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify): Crisis is offered year-round					
Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8								
1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below?								
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No					
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.								
	Heating		Cooling		Crisis		Weatherization	
TANF	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
SSI	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
SNAP	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Means-tested Veterans programs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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.								
Households having at least one member who receives Supplemental Nutrition Assistance Program (SNAP) during the LIHEAP Program Year (October 1st September 30th); Supplemental Security Income (SSI), and/or Means-tested Veterans Programs are categorically eligible (CE) for services under the Low-Income Home Energy Assistance Program (LIHEAP).								
1.5 Do you automatically enroll households without a direct annual application?								
<input type="checkbox"/>	Yes			<input checked="" type="checkbox"/>	No			
If Yes, explain:								
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?								

The regular heat benefit amount is determined using a heating matrix which shows an average heating cost by region in the state. The heating benefit is based on the household income, fuel type, and energy burden. Categorically eligible households must still provide verification for any additional household income and all non-financial eligibility requirements.

SNAP Nominal Payments

1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If you answered "yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c and 1.7d.

1.7b Amount of Nominal Assistance:	\$
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1.7c Frequency of Assistance

<input type="checkbox"/>	Once per year
<input type="checkbox"/>	Once every five years
<input type="checkbox"/>	Other – Describe:

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

Determination of Eligibility - Countable Income

1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income
<input type="checkbox"/>	Other – Describe:

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP

<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits
<input type="checkbox"/>	<input type="checkbox"/> Including Medicare deduction
<input type="checkbox"/>	<input checked="" type="checkbox"/> Excluding Medicare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)
<input checked="" type="checkbox"/>	Retirement/pension benefits
<input type="checkbox"/>	General Assistance benefits
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input type="checkbox"/>	One-time lump sum payments, such as rebates or credits, winnings from lotteries, refund deposits, etc.
<input checked="" type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate

<input type="checkbox"/>	Veterans Administration (VA) benefits		
<input type="checkbox"/>	Earned income of a child under the age of 18		
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty		
<input type="checkbox"/>	Income tax refunds		
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA		
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child		
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid		
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)		
<input checked="" type="checkbox"/>	Other: Annuities, Private Disability Insurance, Trust Fund Income or Workman's Compensation benefits. Infrequent, irregular, or unpredictable income from gifts or lottery winnings of more than thirty dollars (\$30) during the prior month.		
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.			
Lump-sum TAFI benefits are counted.			
1.10 Do you have an online application process?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.10a If yes, describe the type of online application (select all boxes that apply)			
<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person, or faxed in for processing.		
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing		
<input type="checkbox"/>	One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing		
<input type="checkbox"/>	Online application that is also mobile friendly		
<input type="checkbox"/>	Other, please describe		
<input checked="" type="checkbox"/>	Please include a link(s) to a statewide application, if available: https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=30304&dbid=0&repo=PUBLIC-DOCUMENTS		
1.10b Can all program components be applied for online?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain which components can and cannot be applied for online:			
1.11 Do you have a process for conducting and completing applications by phone:			
Yes.			
1.12 Do you or any of your subrecipients require in person appointments in order to apply?			
No.			
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.			
N/A			
1.13 How can applicants submit documentation for verification? Select all that apply:			
<input checked="" type="checkbox"/>	In-person		
<input checked="" type="checkbox"/>	Mail		
<input checked="" type="checkbox"/>	Email		
<input type="checkbox"/>	Portal application		
<input checked="" type="checkbox"/>	Other, describe: drop-box and fax		

Section 2 - HEATING ASSISTANCE

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 2 – Heating Assistance

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
	7	State Median Income	60%
	8	HHS Poverty Guidelines	150%

2.2 Do you have additional eligibility requirements for heating assistance?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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2.3 Check the appropriate boxes below and describe the policies for each.

Do you require an Assets test?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

Do you have additional or differing eligibility policies for:

Renters?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

Renters living in subsidized housing?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

Renters with utilities included in the rent?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe: Verification that household has a financial responsibility for heating costs when the utility bill is not in a household member name.

Do you give priority in eligibility to:

Older adults?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

Individuals with a disability?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

Young children?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

Households with high energy burdens?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

Other?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe:

- Must reside in Idaho
- The household must pay for home heating costs, either directly or through rental costs.

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.

We estimate approximately three-quarters of families who received a LIHEAP benefit the prior year have one or more vulnerable members in the household. All vulnerable households eligible for a LIHEAP benefit receive increased funding through a target benefit, as determined by the State. The target amount for the program year is \$25.

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

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

<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe: Households with no specific heat cost obligation (included in rent) will receive the minimum benefit.		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.			
Minimum Benefit	\$75	Maximum Benefit	\$1,226
2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe.			
During a governor-declared disaster or state emergency, a portion of the LIHEAP grant funds may be used for home heating supply shortages experienced by participant households.			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

Section 3 - COOLING ASSISTANCE

U.S. Department of Health and Human Services		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01			
Administration for Children and Families		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		
N/A					
3.2 Do you have additional eligibility requirements for cooling assistance?					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
3.3 Check the appropriate boxes below and describe the policies for each.					
Do you require an Assets test?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:					
Do you have additional or differing eligibility policies for:					
Renters?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:					
Renters living in subsidized housing?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:					
Renters with utilities included in the rent?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:					
Do you give priority in eligibility to:					
Older adults?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:					
Individuals with a disability?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:					
Young children?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:					
Households with high energy burdens?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:					

Other?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	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.					
3.5 Check the variables you use to determine your benefit levels. (Check all that apply):					
<input type="checkbox"/>	Income				
<input type="checkbox"/>	Family (household) size				
<input type="checkbox"/>	Home energy cost or need:				
<input type="checkbox"/>	Fuel type				
<input type="checkbox"/>	Climate/region				
<input type="checkbox"/>	Individual bill				
<input type="checkbox"/>	Dwelling type				
<input type="checkbox"/>	Energy burden (% of income spent on home energy)				
<input type="checkbox"/>	Energy need				
<input type="checkbox"/>	Other - Describe:				
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)					
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.					
Minimum Benefit				Maximum Benefit	
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?					
<input type="checkbox"/>	Yes		<input type="checkbox"/>	No	
If yes, describe:					
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.					

Section 4 - CRISIS ASSISTANCE

U.S. Department of Health and Human Services		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01	
Administration for Children and Families		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
	7	State Median Income	60%
	8	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.			
Idaho defines a crisis as a situation where an eligible household:			
<ul style="list-style-type: none"> • Has a utility service that is disconnected; their service is pending disconnection status; or • Has less than 48 hours of bulk fuel. 			
<ul style="list-style-type: none"> • Household requires a utility pole or gas line hookup for the primary heat source or another energy source when a lack of access would result in a health or safety concern in the home. 			
<ul style="list-style-type: none"> • The household cannot maintain a payment agreement with the utility company and the account will move into the pending disconnection process and will make the household ineligible for future payment 			

arrangements.			
4.3 What constitutes a life-threatening crisis?			
When an eligible household contains at least one household member with an illness or medical condition that poses an immediate risk due to the loss of the energy source or has a medical condition requiring the use of an energy source to operate a medical device or store medication.			
Crisis Requirement, 2604(c)			
4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48 hours			
4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18 hours			
Crisis Eligibility, 2605(c)(1)(A)			
	Winter Crisis	Summer Crisis	Year-Round Crisis
4.6 Do you have additional eligibility requirements for crisis assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.7 Check the appropriate boxes below to indicate type(s) of assistance provided			
Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you give priority in eligibility to:			
Older adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Order to receive crisis assistance:			
Must the household have received a shut-off notice or have a near empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
Must heating or cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<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:			
Household must reside in Idaho and the household must pay for home heating costs, either directly or through rental costs. Verification of disconnection or pending disconnection must be provided or a statement from the household that they have less than 48 hours of bulk fuel must be on file to receive crisis.			
Determination of Benefits			
4.8 How do you handle crisis situations?			
<input checked="" type="checkbox"/>	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?			
<input type="checkbox"/>	Amount to resolve	\$ 1,500.00	

	the crisis.		
<input checked="" type="checkbox"/>	Other - Describe: Crisis benefits are based on actual need, verified by a bill or billing portal. Payment is made to the utility vendor and/or the customer, for bulk fuel, up to the maximum benefit of \$1,500.00.		
Crisis Requirements, 2604(c)			
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Explain.			
Crisis applications are accepted at any community action agency office in Idaho.			
4.11 Do you provide individuals with a disability the means to:			
Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain.			
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?			
Benefit Levels, 2605(c)(1)(B)			
4.12 Indicate the maximum benefit for each type of crisis assistance offered.			
Winter Crisis	Maximum Benefit	\$0	
Summer Crisis	Maximum Benefit	\$0	
Year-Round Crisis	Maximum Benefit	\$ 1,500.00	
4.13 Do you provide in-kind (e.g., blankets, space heaters, fans) or other forms of benefits?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe.			
During a governor-declared disaster or state emergency, a portion of the LIHEAP grant funds may be used for home heating supply shortages experienced by participant households.			
4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.	Winter Crisis	Summer Crisis	Year-Round Crisis
Heating system repair	<input 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 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"/>
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you responded "Yes" to question 4.16, you must respond to question 4.17.			
4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.			
Households that include elderly, disabled or children that are customers of a regulated utility qualify. The plan allows you to pay less than the full amount of your bill during the winter months (November 1 through March			

31). Regulated utilities also are not allowed to discontinue services to customers with a past due amount during the moratorium if the customer contacts a regulated utility to declare they are unable to pay.

4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?

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

In the event of state or federal declared natural or manmade disaster, Idaho may request permission to use LIHEAP resources to provide emergency services to low-income individuals and families in the designated disaster area.

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

Section 5 - WEATHERIZATION ASSISTANCE

U.S. Department of Health and Human Services Administration for Children and Families		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 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
	All Household Sizes	HHS Poverty Guidelines	200%
5.2 Do you enter into an interagency agreement to have another government agency administer a Weatherization component?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Weatherization - Types of Rules			
5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)			
<input type="checkbox"/>	Entirely under LIHEAP (not DOE) rules		
<input type="checkbox"/>	Entirely under DOE WAP (not LIHEAP) rules		
<input checked="" type="checkbox"/>	Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):		
<input checked="" type="checkbox"/>	Income Threshold		
<input checked="" type="checkbox"/>	Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- and 4-unit buildings) are eligible units or will become eligible within 180 days.		
<input checked="" type="checkbox"/>	Weatherize shelters temporarily housing primarily low-income persons (excluding nursing homes, prisons, and similar institutional care facilities)		
<input checked="" type="checkbox"/>	Other - Describe:		
<input type="checkbox"/>	Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)		
<input type="checkbox"/>	Income threshold		
<input type="checkbox"/>	Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit		
<input type="checkbox"/>	Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.		
<input checked="" type="checkbox"/>	Other - Describe: Weatherization of multi-family housing structures is permitted if at least 50% of units are eligible units where significant energy-efficiency improvement would occur if the building were weatherized, and authorization has been provided by the grantee. Agencies may use a Grantee-Approved "Deemed Measures" List as an alternative to completing a full energy		

audit if dwellings are weatherized solely using LIHEAP funds. 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.					
Eligibility, 2605(b)(5) - Assurance 5					
5.6 Do you require an assets test?					
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
5.7 Do you have additional or differing eligibility policies for:					
Do you require an assets test?		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Do you have additional or differing eligibility policies for:					
Renters?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Renters living in subsidized housing?		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Renters with utilities included in the rent?		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Do you give priority in eligibility to:					
Older adults?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Individuals with a disability?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Young children?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Households with high energy burdens?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?		<input type="checkbox"/>	Yes	<input checked="" 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.					
Applicants that rent their homes are required to obtain an Owner and Renter agreement as outlined in the DOE-Approved Idaho Weatherization Operations Manual (IWOM).					
Idaho considers the presence of elderly, disabled or children, under 19, in the household as well as households with high energy burdens as priority demographics for weatherization.					
Benefit Levels					
5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?					
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
If yes, what is the maximum:		\$			
Types of Assistance, 2605(c)(1), (B) & (D)					
5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)					
<input checked="" type="checkbox"/>	Weatherization needs assessments/audits		<input checked="" type="checkbox"/>	Energy-related roof repair	
<input checked="" type="checkbox"/>	Caulking and insulation		<input checked="" type="checkbox"/>	Major appliance Repairs	
<input checked="" type="checkbox"/>	Storm windows		<input checked="" type="checkbox"/>	Major appliance replacement	
<input checked="" type="checkbox"/>	Furnace/heating system modifications/repairs		<input checked="" type="checkbox"/>	Windows/sliding glass doors	
<input checked="" type="checkbox"/>	Furnace replacement		<input checked="" type="checkbox"/>	Doors	
<input checked="" type="checkbox"/>	Cooling system modifications/repairs		<input checked="" type="checkbox"/>	Water Heater	
<input checked="" type="checkbox"/>	Water conservation measures		<input checked="" type="checkbox"/>	Cooling system replacement	
<input type="checkbox"/>	Compact florescent light bulbs		<input type="checkbox"/>	Community Solar projects	
<input type="checkbox"/>	Rooftop solar		<input checked="" type="checkbox"/>	Other - Describe: Attic floor installation, duct sealing, general heat waste reduction, LED bulbs and Spray Foam insulation. Portable space heaters for participants with failed heating systems, during the heating season. Other low-cost or cost-effective energy conservation measures specifically allowed under the grantee's deemed measures list.	
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.					

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

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

U.S. Department of Health and Human Services Administration for Children and Families		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027	
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 7 – Coordination			
Section 7: Coordination, 2605(b)(4) - Assurance 4			
7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.).			
<input checked="" type="checkbox"/>	Joint application for multiple programs		
Indicate programs included:			
<input checked="" type="checkbox"/>	Intake referrals to or from other programs		
Indicate programs included:			
<input type="checkbox"/>	One-stop intake centers		
<input type="checkbox"/>	Other - Describe:		
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

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

U.S. Department of Health and Human Services Administration for Children and Families		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 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?

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

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.

- **Community Action Partnership, Inc.** 124 New 6th Street Lewiston, ID 83501 (208)746-3351, Benewah, Bonner, Boundary, Clearwater, Idaho, Latah, Lewis, Kootenai, Nez Perce, Shoshone. ID-01, UEI# S8WNMCEZ7C54
- **Community Council of Idaho.** 317 Happy Day Blvd. #180 Caldwell, ID 83607 (208)454-1652, Bingham, Bonneville, Canyon, Cassia, Power, Twin Falls. ID-01 & ID-02, UEI# HZQDEFQUU8N7
- **Eastern Idaho Community Action Partnership, Inc.** 935 East Lincoln Road Idaho Falls, ID 83401, (208) 522-5391, Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton. ID-02, UEI# CFCCQLMZZ2Y4
- **El-Ada, Inc.** 701 East 44th Street, Suite 1 Garden City, ID 83714 (208) 377-0700, Ada, Owyhee, Elmore. ID-01 & ID-02, UEI# LF1TCAJ9J6B5
- **South Central Community Action Partnership.** 550 Washington St. S Twin Falls, ID 83301, (208) 733-9351, Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls. ID-02, UEI# TVEYWJUKMKR9

- **SouthEastern Idaho Community Action Agency, Inc.** 641 N. 8th Ave. Pocatello, ID 83201 (208)232-1114, Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power. ID-02, UEI# ET2BAK2AQMK4
- **Western Idaho Community Action Partnership, Inc.** 315 S. Main St. Payette, ID 83661 (208)642-9086, Adams, Boise, Canyon, Gem, Payette, Valley, Washington. ID-01, UEI# FQDMNMD7NVU1

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 Idaho, Community Action Agencies are exempt from the bidding process for subgrants. In the Department of Purchasing bid exemption, Community Action Agencies are defined as follows:

Community Action Agencies - Community Action Agencies and other neighborhood-based organizations providing direct services as detailed in the CSBG Act, Public Law 105-285 (42 US Code 9901); community action associates who provide CSBG administrative oversight responsibilities.

8.7 How many local administering agencies do you use? 7

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

Yes No

8.9 If so, why?

- Agency was in non-compliance with grant recipient requirements for LIHEAP -
- Agency is under criminal investigation.
- Added agency
- Agency closed
- Other – describe

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

Yes No

8.10a If yes, please explain:

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.

Yes No

8.10c if yes, please explain:

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

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

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 9 – Energy Suppliers

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

9.1 Do you make payments directly to home energy suppliers?

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

If yes, Describe. Idaho sends payments via ACH or by state warrant to utility companies who have signed up to be LIHEAP vendors. Idaho makes payments directly to the participants when the household's heat is included in the rent and when there is not an available home energy supplier with a current LIHEAP vendor agreement on file (i.e., when the household utilizes bulk fuel).

9.2 How do you notify the client of the amount of assistance paid?	
All participants receive a benefit determination letter in-person, by mail or by electronic message.	
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?	
We perform monitoring of home energy suppliers to verify that the payment was applied to the customer account correctly and timely.	
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?	
We perform monitoring of home energy suppliers to ensure LIHEAP households are treated the same as other customers. We require home energy suppliers to sign a vendor agreement where they agree to not treat LIHEAP customers differently than non-LIHEAP eligible customers.	
9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
If so, describe the measures unregulated vendors may take.	
Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.	
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

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

U.S. Department of Health and Human Services Administration for Children and Families	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027
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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.

LIHEAP funds are distributed between Administrative, Program Support, Leveraging and Assurance 16 categories up to the grant award amount. Each funding category is assigned a project number and tracked to ensure that expenditures do not exceed the amount allocated to the budget category. Subgrantee’s submit monthly invoices that are reviewed for allowability of expenditures, and to ensure funding does not exceed the amount allocated in the subgrant/budget category. Vendor refunds are reviewed by the Program and are logged. Vendors are required to provide information that explains the refund so that the original issuance date can be identified. Program notifies fiscal of the correct program year to record the refund. Idaho uses LUMA as their fiscal software system.

Subgrant Expenditures:

Subgrant Recipients are required to submit monthly invoices by the 15th of the month, for the prior month. Invoices are reviewed for completeness and accuracy by a separate unit at Health and Welfare. Part of this review involves ensuring that the Subgrantee has enough funding to be reimbursed. The Program Manager reviews expenditures monthly to monitor progress of fund expenditures. Subgrantee’s are contacted prior to the end of the contractual period to review remaining funding, discuss ability to spend out allocated funding and perform Subgrant amendments to adjust funding that will not be expended to other Subgrantee’s, if needed.

Tracking Funds:

LIHEAP funds are tracked by funding categories using assigned project numbers. New project numbers are assigned at the start of each Program Year. This allows us to track funds that are issued as benefit and spent by the Grantee and Subgrantee’s. The Grantee maintains a project number for their Administrative/Indirect costs and LIHEAP Benefits issued. Subgrantee’s receive new project numbers, each season, for Administrative Funding, Assurance 16, Leveraging and LIHEAP Weatherization funds. Funding from other grant types (disaster, IJA, etc.) is tracked the same way.

LIHEAP Refunds:

LIHEAP funds that are returned come to the Grantee. We track these funds and record the refund on the participant file and in a tracking log. We require the vendor provide us the information about funds to identify who they are

for, what Program Year they came from and why they are being returned.

10.1a Provide Definitions for the following:

Obligation:	Funds issued as a LIHEAP benefit or spent by the Grantee prior to September 30 th of the current Program Year and funds that are put into Subgrant are considered obligated.
Expenditures:	Benefits issued to eligible LIHEAP households and funds spent by the Grantee for program Administration on or before September 30 th of the current Program Year, and allowable costs spent by Subgrantees during the two-year availability of funds.
Expenditure timeframe:	Ninety percent of the funds must be spent or obligated before September 30 th of the current program year. The remainder of funds must be spent by September 30 th of the second year.
Administrative costs:	Administrative Costs cannot exceed 10% of the federal award. <i>This amount is determined at a state level.</i> Administrative funding is split between the Grantee and the local community action agencies through Subgrant. Subgrantee funding is determined by formula. Administrative cost are the funds necessary for the proper administration and management oversight of the Idaho LIHEAP program, including all costs, both direct and indirect, associated with the general administration and coordination of the program; supportive services including accounting, human resource, and procurement; development of policies, goals, and objectives; participant intake and eligibility determination; and monitoring.

Audit Process

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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10.2a If yes, describe your auditor selection process.

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

<input type="checkbox"/>	No Findings
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Finding	Type	Brief Summary	Resolved?	Action Taken
Low-Income Home Energy Assistance Program (LIHEAP) performance and special reports did not include a review for accuracy and compliance prior to submission.	Material Weakness, Noncompliance	During fiscal year 2023, the LIHEAP program was required to submit one program performance report and six program special reports to the federal government. The Department's LIHEAP program manager compiles the program performance report and program special reports. The reports are submitted by the same program manager to the Office of Community Services. The reviews and the approvals for all seven reports tested were not documented. There was no documented review for accuracy nor approval of the reports. In addition, three of the annual special reports were not submitted		The Program will develop a process to work with the Information Management and Analysis Team (IMAT) within the division to compile the data for the Low-Income Home Energy Assistance Program (LIHEAP) reports. Program will review the completed reports for accuracy. All reports will then be submitted to the Bureau Chief, as a second review of accuracy, prior to submission to Federal Partners. Documentation will be maintained to support the preparation, review, and approval steps. The process outlines a timeline to have reports prepared and reviewed ahead of the established deadline. Program will communicate with our Federal Partner if circumstances arise that would prevent a report from

		timely.		being submitted by an established deadline to receive an extension.
The review and approval of the annual updates to the Low-Income Home Energy Assistance Program (LIHEAP) benefits matrix were not documented.	Significant Deficiency	The LIHEAP utilizes a software to determine eligibility and benefit amounts for applicants based on energy burden and qualifying factors. There is a benefits matrix within the software, which is updated annually. Each year, the Department's LIHEAP program staff update the benefits matrix with any required changes. The review and approval of the changes were completed by program staff, who met in-person and completed testing scenarios to verify the accuracy of the information. After the test results were reviewed and no errors identified, the matrix information was uploaded into software production prior to the start of the heating season. The review and approval of the changes to the benefits matrix were not documented. Verbal confirmation was provided to the program manager.		Testing of the updated benefits matrix will be completed by the Program annually, and the results will be documented using an established scenario testing script. Results of the testing will be documented and submitted to the Bureau Chief, as a second review of accuracy and compliance, prior to moving the updated matrix into the production environment. Documentation will be maintained to support the review and approval.
The review of the Low-Income Home Energy Assistance Program (LIHEAP) earmarking compliance requirements was not documented.	Material Weakness	The LIHEAP requires earmarking which limits the percentage of grant funds that can be spent on administration, weatherization, and leveraging programs. The monitoring of LIHEAP earmarking requirements was completed by the program manager on a spreadsheet that tracked expenditures and appropriate limitations to ensure compliance was met. However, there was no documented review for accuracy nor approval of the tracking spreadsheet.		The Program will document the current process regarding the preparation, review, and approval of the Low-Income Home Energy Assistance Program (LIHEAP) budget that includes maintaining the documentation of the earmarking reviews that are being completed. The program will prepare the Low- Income Home Energy Assistance Program (LIHEAP) budget. This budget will be submitted to the Bureau Chief, as a second review of accuracy and compliance, to include review of earmarking limits, prior to routing the Annual State Plan for review and submittal or the allocation of any funding.

				Documentation will be maintained to support the review and approval.
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 checked="" type="checkbox"/>	Internal program review			
<input checked="" type="checkbox"/>	Departmental oversight			
<input checked="" type="checkbox"/>	Secondary review of invoices and payments			
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:			
Local Administering Agencies or District Offices:				
<input type="checkbox"/>	On-site evaluation			
<input checked="" type="checkbox"/>	Annual program review			
<input checked="" type="checkbox"/>	Monitoring through central database			
<input checked="" type="checkbox"/>	Desk reviews			
<input checked="" type="checkbox"/>	Client File Testing/Sampling			
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:			
10.6 Explain or attach a copy of your local agency monitoring schedule and protocol.				
LIHEAP is reviewed monthly through quality assurance reviews of participant files throughout the program year. Annual monitoring reviews are completed and includes desk review of policy, processes and procedures, fiscal/administrative and program/contractual compliance. Risk assessments are performed prior to the issuance of subgrants and subgrant amendments to identify Subgrantees with a higher level of risk. Agencies identified as high risk may have an increased frequency of monitoring.				
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.				
Site Visits:	We plan to start tri-annual on-site monitoring in PY25.			
Desk Reviews:	All agencies receive monthly file monitored and annual fiscal/administrative reviews.			
10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.				
<input checked="" type="checkbox"/>	Annually			
<input type="checkbox"/>	Biannually			
<input checked="" type="checkbox"/>	Tri-annually			
<input type="checkbox"/>	Other,			
10.9. How many local agencies are currently on corrective action plans? 2				
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	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
Administration for Children and Families	OMB Clearance No.: 0970-0075
	Expiration Date: 02/28/2027

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

Section 11 – Timely and Meaningful Public Participation

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

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

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

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

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

	Date	Event Description
1	8/01/2024	Virtual Public Hearing held using WebEx.
2		

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

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

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

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

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

U.S. Department of Health and Human Services Administration for Children and Families	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 12 – Fair Hearings	
Section 12: Fair Hearings, 2605(b)(13) - Assurance 13	
12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year?	
Zero	
12.2 How many of those fair hearings resulted in the initial decision being reversed?	
N/A	
12.3 Describe any policy or procedural changes made in the last federal Fiscal Year as a result of fair hearings?	
N/A	
12.4 Describe your fair hearing procedures for households whose applications are denied or not acted upon in a timely manner.	
<p>The household is given an eligibility determination notice upon completion of their application. LIHEAP participants and applicants have the right to request an administrative appeal or fair hearing if they disagree with the Department’s decision. The participant's appeal rights are included on the eligibility determination notice and on the formal 'Notice of Denial' letter. If the participant feels they were wrongly denied services, the direct service provider holds a conference with the participant in attempt to resolve the issue. If the matter cannot be resolved, the direct service provider assists the household with completing the appeal form and submits the appeal request to the Department of Health and Welfare's Fair Hearing Unit.</p> <p>Standard fair hearing procedure:</p> <p>Appeal requests must be received within 30 days of the date of decision. The customer may complete the Fair Hearing Request form, submit a written request including their name, address, phone number and the issue they are contesting, or verbally request an appeal by calling the Department. Once a fair hearing request is received, the Fair Hearing Unit contacts the customer to discuss the basis of the hearing, address the customer’s concerns</p>	

and clarify the action taken by the Department. If the contested issues is adequately addressed, the customer may elect to withdraw his/her appeal request. If the issue cannot be resolved, the appeal is scheduled with the hearing officer for a telephonic hearing. The hearing officer will mail or email a Notice of Scheduled Hearing to the customer and Department representative including the date, time and instructions for calling into the hearing. Once the hearing has taken place the hearing officer has 14 days to issue a preliminary order of decision, which is sent to the Department and the customer. If the individual does not agree with the hearing officer's decision, he or she has an opportunity to appeal the decision by filing a Petition for Review which is managed by the Administrative Procedures Section. Instructions and timeframes for requesting a Petition for Review are included in the preliminary order of decision.

12.5 When and how are applicants informed of these rights?

This information is on the front page of LIHEAP application and the household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and on the 'Notice of Denial.' The language aligns with other programs (SNAP, TAFI, 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 13 - Reduction of home energy needs, 2605(b)(16) - Assurance 16

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

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

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

Section 13 – Reduction of Home Energy Needs

Section 13: Reduction of Home Energy Needs, 2605(b)(16) - Assurance 16

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

- Include information on level payment plans during energy education, targeted to vulnerable populations and fixed income participants;
- In-home energy education to support installation of utility-provided kit materials;
- Purchase of low cost/no cost energy conservation items for non-regulated electric utility customers;
- Leverage supplemental payments for participants who were unable to obtain their LIHEAP benefits;
- Referral to the Weatherization Assistance Program;
- Referral to available utility-funded energy conservation programs/services; and
- Advocacy on behalf of households with home energy vendor to prevent disconnection.

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

We calculate up to 5% of the LIHEAP award as the maximum amount of funding. This amount is divided between the Subgrantee's using a funding formula. Assurance 16 funds are assigned a project number that is used by the Subgrantee's when they submit invoices. Program reviews each invoice for allowable costs and to ensure expenditures do not exceed the funding allocated.

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.

A large impact of A16 services is utility shut off prevention and referral to the weatherization program. In the previous federal fiscal year, 11,576 households were in danger of having their utilities shut off and 9,975 of those households were identified as receiving services that preventing them from being shut off. In addition, 8,637 of 9,617 households experienced improved energy efficiency and/or energy burden reduction in their home.

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

5.9% of LIHEAP benefits were paid directly to the household.

13.5 How many households received these services?

Approximately 21,230 households received A16 services.

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

Section 14 - Leveraging Incentive Program, 2607A

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN
Section 14 – Leveraging Incentive Program**

Section 14: Leveraging Incentive Program, 2607(A)

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

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14.2 Describe instructions to any third parties or local agencies for submitting LIHEAP leveraging resource information and retaining records.

Direct Service Providers pursue enhanced heat and weatherization funding through leveraging activities according to the guidelines set in the LIHEAP regulations outlined in 45 CFR 96.87, in DOE Grant Guidance and 10 CFR 440. Direct Service Providers will ensure all funds obtained from leveraging are used to increase LIHEAP impact on heating assistance and expand energy efficiency services and/or increase the number of dwelling units receiving weatherization services.

14.3 For each type of resource or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96. 87(d)(2)(iii), describe the following:

Resource	What is the type of resource benefit?	What is the source(s) of the resource?	How will the resource be integrated and coordinated with LIHEAP?
Cash Donations	Benefit	Community Members	Cash donations are used to offset utility bill assistance to low- income households.
Energy Education Funding	Resource	Regulated electric utilities	Avista, Idaho Power, Rocky Mountain Power, Intermountain Gas, Dominion Energy and AM Conservation provide funding to agencies to provide services such as: individualized education, host energy education events, and develop printed materials or provide energy conservation kits to customers, which increases the impact of bill assistance through energy conservation and education.
Donated Winter Clothing/Blankets	Benefit	Community Members	Donations of warm clothing and blankets to agency to be used to benefit low-income households and individuals.
Utility Funding for Weatherization	Benefit	Local Businesses	Funding allocated to agencies by utilities to be used to provide weatherization services to low-income housing.
Keep Kids Warm Program	Benefit	Regulated Utilities	Idaho Power, Intermountain Gas and the Salvation Army provide funding used to cover costs not allowable under LIHEAP.

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

Section 15 - Training

**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:

<input checked="" type="checkbox"/>	Formal training provided virtually, on-site, and/or formal training conference		
How often?			
<input type="checkbox"/>	Annually		
<input type="checkbox"/>	Biannually		
<input checked="" type="checkbox"/>	As needed		
<input type="checkbox"/>	Other - Describe:		
<input checked="" type="checkbox"/>	Employees are provided with policy manual		
<input type="checkbox"/>	Other - Describe:		
b. Local Agencies:			
<input checked="" type="checkbox"/>	Formal training provided virtually, on-site, and/or formal training conference		
How often?			
<input checked="" type="checkbox"/>	Annually		
<input type="checkbox"/>	Biannually		
<input checked="" type="checkbox"/>	As needed		
<input checked="" type="checkbox"/>	Other - Describe: Training is provided at least annually. Subgrantee staff may request or receive additional training as needed.		
<input checked="" type="checkbox"/>	Employees are provided with policy manual		
<input type="checkbox"/>	Other - Describe:		
c. Vendors			
<input checked="" type="checkbox"/>	Formal training provided virtually, on-site, and/or formal training conference		
How often?			
<input type="checkbox"/>	Annually		
<input type="checkbox"/>	Biannually		
<input checked="" type="checkbox"/>	As needed		
<input type="checkbox"/>	Other - Describe:		
<input checked="" type="checkbox"/>	Policies communicated through vendor agreements		
<input type="checkbox"/>	Policies are outlined in a vendor manual		
15.2 Does your training program address fraud reporting and prevention?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

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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.	
Idaho continues to collect data on the four required LIHEAP performance measures. The four required measures are as follows:	
-Energy Burden Targeting (all households)	
-Energy Burden Targeting (high burden households)	
-Restoration of Home Energy Service	
-Prevention of Loss of Home Energy Service	
Idaho evaluates data collection related to federal reporting requirements quarterly to minimize inaccurate data. This is expected to continually improve the quality of data collected within the statewide database.	

Idaho's LIHEAP Intake Manual is reviewed annually to include any policy and/or process improvements to support integrity of data collection. Collection of the four data points related to the Performance Data form were incorporated into this policy manual. This manual is used by LIHEAP intake staff and program managers.

Idaho hosts monthly meetings with our subgrantee's to discuss challenges with program delivery and to identify solutions. Changes to current process are then incorporated into the policy manual to ensure high-quality program implementation and accurate data collection.

Idaho's vendor agreement requires vendors to submit cost and consumption data reports annually. The data will be analyzed in preparation for reporting on the LIHEAP Performance Measures report.

Idaho will continue to review LIHEAP performance measure data to aid in interpreting the state's approach to enhancing LIHEAP program delivery.

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

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

U.S. Department of Health and Human Services Administration for Children and Families	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027
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**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 checked="" type="checkbox"/> | Online Fraud Reporting |
| <input checked="" type="checkbox"/> | Dedicated Fraud Reporting Hotline |
| <input checked="" type="checkbox"/> | Report directly to local agency/district office or Grant recipient office |
| <input type="checkbox"/> | Report to State Inspector General or Attorney General |
| <input checked="" type="checkbox"/> | Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse |
| <input 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 checked="" type="checkbox"/> | Addressed on LIHEAP application |
| <input checked="" type="checkbox"/> | Website |
| <input type="checkbox"/> | Printed outreach materials |
| | Other - Describe: Idaho statewide 2-1-1 customer care-line |

17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Social Security number (Without actual Card)	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Government-issued identification card (i.e., driver's license, state ID,	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input checked="" type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested

Tribal ID, passport, etc.)							
	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	Documented Refugees and Lawful Permanent Resident (LPR) visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Describe any exceptions to the above policies.

Applicants do not have to provide an SSN if it is against their religious or political beliefs to do so. If an applicant is living temporarily in the United States for work or educational purposes, providing an SSN is not required. The reason that an applicant did not provide an SSN must be documented in the "Case Notes" section of the intake database. The database does have the ability to assign a unique identifier to applicants who do not provide an SSN during program intake. At least one member of the household is required to give their Social Security number. If a household has only one member, that person must provide their Social Security number, or they will be unable to participate in the LIHEAP program.

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 checked="" type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input type="checkbox"/>	Match with state Department of Labor system
<input type="checkbox"/>	Match with state and/or federal corrections system
<input type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only)
<input checked="" type="checkbox"/>	Other - Describe: In-person certification by staff, duplicate SSN check in statewide database.

17.4. Citizenship or Legal Residency Verification

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

<input type="checkbox"/>	Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Non-citizens must provide documentation of immigration status.
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport.
<input 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 checked="" type="checkbox"/>	Other - Describe: For SNAP and TANF eligible households, state eligibility system provides verification through SSA and SAVE interfaces.

17.5. Income Verification

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

<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input checked="" type="checkbox"/>	Bank statements
<input checked="" type="checkbox"/>	Tax statements
<input checked="" type="checkbox"/>	Zero income statements
<input checked="" type="checkbox"/>	Unemployment Insurance letters
<input checked="" type="checkbox"/>	Other - Describe: Self-declaration of income
<input checked="" type="checkbox"/>	Computer data matches:

<input checked="" type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input type="checkbox"/>	Social Security income verified with SSA
<input type="checkbox"/>	Utilize state directory of new hires
<input type="checkbox"/>	Other - Describe:
17.6. Protection of Privacy and Confidentiality	
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.	
<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards.
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location.
<input checked="" type="checkbox"/>	Electronic files are protected in a secure location.
<input checked="" type="checkbox"/>	Other - Describe: Electronic files are uploaded and stored in the statewide database which includes privacy/confidentiality safeguards.
17.7. Verifying the Authenticity	
What policies are in place for verifying vendor authenticity? Select all that apply.	
<input checked="" type="checkbox"/>	All vendors must register with the state/tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form.
<input type="checkbox"/>	Vendors are verified through energy bills provided by the household.
<input type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors.
<input type="checkbox"/>	Other - Describe and note any exceptions to policies above: Each LIHEAP energy vendor must sign a vendor agreement in order to receive LIHEAP payments.
17.8. Benefits Policy - Gas and Electric Utilities	
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.	
<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency.
<input type="checkbox"/>	Applicants must submit current utility bill.
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities.
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level.
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval.
<input type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments.
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy.
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities.
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only.
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above and provide enforcement mechanism.

<input checked="" type="checkbox"/>	Other - Describe: verification of current utility bill must be obtained from the applicant or vendor. Vendor monitoring is conducted to ensure payment processing meets timelines, is accurate and that customers are not treated adversely.
17.9. Benefits Policy - Bulk Fuel Vendors	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input type="checkbox"/>	Vendors are checked against an approved vendor list.
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors.
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery.
<input type="checkbox"/>	Two-party checks are issued naming client and vendor.
<input checked="" type="checkbox"/>	Direct payment to households is made in limited cases only.
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client.
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors.
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
17.10. Investigations and Prosecutions	
Describe the Grant recipient's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.	
<input type="checkbox"/>	Refer to state Inspector General.
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General.
<input type="checkbox"/>	Refer to U.S. DHHS Inspector General (including referral to OIG hotline).
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.
<input type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process.
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 12 months
<input checked="" type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated.
<input checked="" type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP.
<input type="checkbox"/>	Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

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

U.S. Department of Health and Human Services Administration for Children and Families	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN	
Section 18 – Certification Regarding Debarment, Suspension, and Other Responsibility Matters	
Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters	
Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions	
Instructions for Certification	
1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.	

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

<input type="checkbox"/>	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
Administration for Children and Families

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 19 – Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

Definitions of terms in the Non-procurement 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)

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

450 W. State Street

Address Line 2

Address Line 3

*City	*State	*Zip Code
Boise	Idaho	83702
<p>Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients Who Are Individuals)</p> <p>(a) The grant recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;</p> <p>(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.</p> <p>[55 FR 21690, 21702, May 25, 1990]</p>		
<input type="checkbox"/>	<p>By checking this box, the prospective primary participant is providing the certification set out above.</p>	

Section 20: Certification Regarding Lobbying

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

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

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

Section 20 – Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Section 21: Assurances

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

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

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

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

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

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

<input type="checkbox"/>	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
Administration for Children and Families**

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

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

The following documents must be attached to this application

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

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for Tribes