

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** CT ST DEPARTMENT OF SOCIAL SERVICES

**Report Name:** DETAILED MODEL PLAN (LIHEAP)

**Report Period:** 10/01/2020 to 09/30/2021

**Report Status:** Submission Accepted by CO

### Report Sections

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## Mandatory Grant Application SF-424

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

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

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

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

**7. APPLICANT INFORMATION**

**\* a. Legal Name:** State of Connecticut

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 000006100	<b>* c. Organizational DUNS:</b> 807854435
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**\* d. Address:**

<b>* Street 1:</b>	55 Farmington Avenue	<b>Street 2:</b>	
<b>* City:</b>	HARTFORD	<b>County:</b>	HARTFORD
<b>* State:</b>	CT	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	06105-5033

**e. Organizational Unit:**

<b>Department Name:</b> Department of Social Services	<b>Division Name:</b> Office of Community Services
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b>	<b>* First Name:</b> Linette	<b>Middle Name:</b>	<b>* Last Name:</b> Pisani
<b>Suffix:</b>	<b>Title:</b> Public Assistance Consultant	<b>Organizational Affiliation:</b> State of Connecticut Department of Social Services	
<b>* Telephone Number:</b> 860 424-5392	<b>Fax Number:</b> 860 424-4952	<b>* Email:</b> linette.pisani@ct.gov	

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

**b. Additional Description:**

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

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

**11. Descriptive Title of Applicant's Project**

**12. Areas Affected by Funding:**  
All municipalities within the state

<b>13. CONGRESSIONAL DISTRICTS OF:</b>			
<b>* a. Applicant</b> 01		<b>b. Program/Project:</b> Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			
<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2020	<b>b. End Date:</b> 09/30/2021	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
<b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Kathleen M. Brennan		<b>18c. Telephone (area code, number and extension)</b> (860) 424-5693	
		<b>18d. Email Address</b> kathleen.brennan@ct.gov	
<b>18b. Signature of Authorized Certifying Official</b> 		<b>18e. Date Report Submitted (Month, Day, Year)</b> 09/01/2020	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

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

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

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

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

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

### Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	11/02/2020	03/31/2021
<input type="checkbox"/> Cooling assistance		
<input checked="" type="checkbox"/> Crisis assistance	11/02/2020	03/31/2021
<input checked="" type="checkbox"/> Weatherization assistance	11/02/2020	03/31/2021

Provide further explanation for the dates of operation, if necessary

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )
Heating assistance	55.98%
Cooling assistance	0.00%
Crisis assistance	30.04%
Weatherization assistance	2.17%
Carryover to the following federal fiscal year	0.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	1.81%

Used to develop and implement leveraging activities	0.00%			
<b>TOTAL</b>	<b>100.00%</b>			
<b>Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)</b>				
<b>1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:</b>				
<input checked="" type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance	
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify:)	
<b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</b>				
<b>1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>				
	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
TANF	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
SSI	<input type="radio"/> Yes <input checked="" type="radio"/> No			
SNAP	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No			
	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
Other(Specify) 1	State Supplemental to the Aged Blind & Disabled	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other(Specify) 2	Refugee Assistance	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>1.5 Do you automatically enroll households without a direct annual application?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>If Yes, explain:</b>				
<b>1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?</b>				
A household in which ALL members are participating in one or more of the programs noted in Section 1.4 above will automatically be considered income eligible for CEAP. Categorically eligible households whose annual gross income is above 150% of the federal poverty guidelines shall be determined income eligible at the same level as households with incomes between 126% to 150% FPG, but must meet all other program requirements in order to receive energy assistance. Under Assurance 8, (page 5 of the Model Plan) Connecticut makes payments to households where all members are recipients of TANF, State Supplemental to the Aged, Blind & Disabled and Refugee Assistance. Please see attached the LIHEAP Allocation Plan that was approved by the committees of cognizance at the state legislature.				
<b>SNAP Nominal Payments</b>				
<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.</b>				
<b>1.7b Amount of Nominal Assistance:</b> \$20.01				
<b>1.7c Frequency of Assistance</b>				
<input checked="" type="checkbox"/>	Once Per Year			
<input type="checkbox"/>	Once every five years			
<input type="checkbox"/>	Other - Describe:			
<b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>				
This benefit is applied to SNAP recipients who have their heat included in their rent, and pay less than 30% of their income toward their rent and have a shelter/utility obligation. These households have the lowest energy burdens, thus resulting in the lowest LIHEAP benefit.				
<b>Determination of Eligibility - Countable Income</b>				
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?</b>				
<input checked="" type="checkbox"/>	Gross Income			
<input type="checkbox"/>	Net Income			
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>				

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

<input checked="" type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input checked="" 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"/>	<p><b>Other</b></p> <p>The value of non-monetary contributions, such as non-custodial parents who provide food, clothing etc. rather than cash to the parent with primary residential custody of their child(ren).</p> <p>The fair market rent value in cases where a non-residing owner of a home allows a relative to occupy it without charging rent.</p>
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

## Section 2 - HEATING ASSISTANCE

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

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

### Section 2 - Heating Assistance

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

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

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

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

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

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

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

**Renters?**  Yes  No

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

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

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young children?**  Yes  No

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

**Other?**  Yes  No

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

Please refer to the FFY 2021 LIHEAP Allocation Plan for further information.

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

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

Households described as vulnerable, those with one member who is elderly (60 or over), disabled, or young child (under the age of 6) qualify for higher basic benefit awards per income category than non-vulnerable households. Agencies also accommodate the application process for vulnerable homebound residents.

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

- Income
- Family (household) size
- Home energy cost or need:
  - Fuel type
  - Climate/region
  - Individual bill
  - Dwelling type

<input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)			
<input checked="" type="checkbox"/> Energy need			
<input type="checkbox"/> Other - Describe:			
<p>A household's liquid assets might affect the energy assistance benefit eligibility or award level. Benefits are based on the total funds available after administration, Assurance 16, SNAP SUA Benefit, and Heating System Repair Replacement allocations are determined. Consideration includes numbers of vulnerable and non-vulnerable households, heat included in rent households and households using deliverable fuels to determine amount set aside for the Crisis components.</p>			
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies</b>			
<b>Minimum Benefit</b>	\$340	<b>Maximum Benefit</b>	\$725
<b>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

## Section 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

Do you require an Assets test ?  Yes  No

Do you have additional/differing eligibility policies for:

- Renters?  Yes  No
- Renters Living in subsidized housing ?  Yes  No
- Renters with utilities included in the rent ?  Yes  No

Do you give priority in eligibility to:

- Elderly?  Yes  No
- Disabled?  Yes  No
- Young children?  Yes  No
- Households with high energy burdens ?  Yes  No
- Other?  Yes  No

Explanations of policies for each "yes" checked above:

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

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

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

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

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

3.6 Describe estimated benefit levels for the fiscal year for which this plan applies

Minimum Benefit	\$0	Maximum Benefit	\$0
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3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?  Yes  No

If yes, describe.

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

## Section 4 - CRISIS ASSISTANCE

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

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

#### Section 4: CRISIS ASSISTANCE

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

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

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

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

There are two categories of Crisis in use. Winter crisis refers to benefits provided to households that have fully utilized their heating assistance benefit and are still in need of assistance. Other Crisis assistance refers to benefits provided to households that have fully utilized their heating and winter crisis benefits and are in a life-threatening situation. The eligibility threshold for households receiving Other Crisis benefits is 200% FPG.

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

A life threatening crisis is defined as being within one week of being without primary heating fuel (for oil and kerosene heated households this means the lessor of 70 gallons of fuel or one-quarter tank). In addition, the household must have exhausted its heating benefits.

**Crisis Requirement, 2604(c)**

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

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

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

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

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

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

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

Elderly?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Disabled?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Young Children?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Households with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No

**In Order to receive crisis assistance:**

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

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

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

**Must renters with heating costs included in their rent have received an eviction notice ?**  Yes  No

**Must heating/cooling be medically necessary?**  Yes  No

Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you have additional / differing eligibility policies for:</b>	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>Eligible deliverable fuel heated households with incomes from 0 to 200% of the FPG, that have exhausted their Basic Benefit award and are unable to secure primary heat, will be eligible to receive a Crisis Benefit of \$710. Eligible deliverable fuel heated households with incomes above 200% of the FPG up to 60% of the SMI guidelines, will be eligible to receive a Crisis Assistance benefit of \$350.</p>	
<b>Determination of Benefits</b>	
<b>4.8 How do you handle crisis situations?</b>	
<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>	
<input checked="" type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	Other - Describe: A redetermination of income eligibility will not be required to receive Crisis Assistance.
<b>Crisis Requirements, 2604(c)</b>	
<b>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?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.	
Applications are taken at community action agencies or through a network of intake sites throughout the state.	
<b>4.11 Do you provide individuals who are physically disabled the means to:</b>	
<b>Submit applications for crisis benefits without leaving their homes?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> 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?	
The provision of crisis benefits are typically processed through phone calls, with no need for travel required by the client.	
<b>Benefit Levels, 2605(c)(1)(B)</b>	
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>	
Winter Crisis	\$710.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$0.00 maximum benefit
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe	
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
If you answered "Yes" to question 4.14, you must complete question 4.15.	
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>	

	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?**

Yes  No

**If you responded "Yes" to question 4.16, you must respond to question 4.17.**

**4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.**

The utility moratorium in Connecticut is from November 1st through May 1st for natural gas heating and all electric utility accounts. Households that use a utility for their primary heating source and have an arrearage may qualify to participate in the Matching Payment Program. The program will "match" the amount of a household's LIHEAP benefit plus payments made by the household during the moratorium, and apply this to the household's account at the end of the moratorium, down to a zero balance.

**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: 09/30/2020

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency.

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

WEATHERIZATION - Types of Rules

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

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

The Heating System Repair/Replacement (HSRR) Program component of \$1.8 million that is administered by the Department of Social Services uses LIHEAP Rules which do not require an enery audit to be completed.
- Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.):
  - Income Threshold
  - Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
  - Weatherization measures are not subject to DOE Savings to Investment Ration (SIR ) standards.
  - Other - Describe:

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

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

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.

DSS has set aside \$1.8 million dollars to provide repairs or replacement of heating systems, oil tanks and hot water heaters, for single family, owner-occupied or life tenant-occupied dwellings that are deemed to be unsafe or inoperable and aged inefficient with obsolete parts. These funds will be available to eligible homeowners and life tenant occupied dwellings with household incomes up to 60% of the SMI. Heating system, components replaced with this funding will comply with Energy Star standards. This funding will be directly administered by DSS under LIHEAP rules. LIHEAP rules are used for the DSS component Heating System Repair/Replacement, including oil tanks, water heaters and heating systems.

**Benefit Levels**

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

5.10 If yes, what is the maximum? \$15,000

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

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

<input type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance Repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input type="checkbox"/> Other - Describe: oil tanks and clean tune and test of heating systems.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)**

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

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

Publish articles in local newspapers or broadcast media announcements.

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

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

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

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

Other (specify):

The state maintains a website with up to date information for residents and vendors at [www.ct.gov/staywarm](http://www.ct.gov/staywarm) and operate an Energy Assistance Hotline, at 1(800) 842-1132. In our Regional Offices, information about the program is posted on the DSS Digital Network. The United Way of Connecticut, through its DSS funded 2-1-1 toll-free services and on its website ([www.211ct.org](http://www.211ct.org)) or text CTWARM to 898211, provides program and contact information for energy assistance intake sites throughout the state. Also information about the program is broadcast at the Department of Motor Vehicle Offices in their waiting rooms on their Digital Communications Network. In our efforts to ensure CT's most vulnerable residents have access to the LIHEAP resource, we are expanding our mail-in application option, ensuring that folks who are unable to access and/or apply at a CAA office or network of intake sites across the state have the same opportunities. Many CAAs maintain websites with updated information as well. Meetings with deliverable fuel vendors are also convened annually to keep them apprised of program changes.

An early application period is used at the beginning of the program to allow agencies time to provide outreach to households, especially those that are vulnerable and/or homebound.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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 SF - 424 - MANDATORY**

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

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

<input checked="" type="checkbox"/>	Joint application for multiple programs
<input checked="" type="checkbox"/>	Intake referrals to/from other programs
<input checked="" 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  
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**Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)**

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

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

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

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

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

All Outreach/Intake for heating assistance is performed by the community action agencies.

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

n/a

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

All Outreach and Crisis Assistance services are provided by the community action agencies

<b>8.5 LIHEAP Component Administration.</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	Community Action Agencies	Non-Applicable	Community Action Agencies	Community Action Agencies
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	Community Action Agencies	Non-Applicable	Community Action Agencies	

8.5c who processes benefit payments to bulk fuel vendors?	Community Action Agencies	Non-Applicable	Community Action Agencies	
8.5d Who performs installation of weatherization measures?				Community Action Agencies

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

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

The Economic Opportunity Act allows for community action agencies (CAAs) to be designated and prioritized as community based organizations. As such, waivers from competitive procurement are secured by the state's Office of Policy and Management (OPM) prior to contracting with CAAs to operate the Low Income Home Energy Assistance Program (LIHEAP). Additionally relating to the selection process, the annual Connecticut Energy Assistance Program (CEAP) Allocation Plan for LIHEAP specifically identifies the CAAs as the contractors for CEAP. This plan is reviewed by the State OPM, and submitted by the Governor to the state's LIHEAP legislative committees of cognizance for approval - Appropriations, Human Services and Energy/Technology.

**8.7 How many local administering agencies do you use? 9**

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

- Yes  
 No

**8.9 If so, why?**

- Agency was in noncompliance with grantee requirements for LIHEAP -
- Agency is under criminal investigation
- Added agency
- Agency closed
- 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 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7

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

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

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

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

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

The only exception to this is when the household's heat is included in their rent, in which case a check is sent directly to the household.

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

All eligible clients receive an eligibility letter stating the amount of benefits they are awarded. Payments on behalf of utility heated households are sent directly by CAAs to their utility (with the exception of payments made directly by DSS to utility companies on behalf of New Opportunities, Inc. and Community Action Agency of New Haven, Inc.) and are reflected on the household's utility bill. Deliverable fuel heated households contact their CAA when they need fuel and are informed of their benefit balance prior to authorization of each fuel delivery.

##### 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?

Participating deliverable fuel vendors each sign a document that specifies that they are not to charge clients the difference for deliveries made through the program, should their retail price be higher than the fixed margin price.

##### 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

All home energy suppliers (except wood and coal) are required to sign an agreement which details the conditions of their participation. Please see the attached vendor agreements for deliverable fuel energy suppliers and utility energy suppliers.

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

Yes  No

If so, describe the measures unregulated vendors may take.

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

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

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

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

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

Each week, or more often if necessary, the Office of Community Services pulls Activity Summary Reports that include case processing information, demographics and fiscal information such as funds committed, funds invoiced for payment and actual expenditures. These reports are analyzed to ensure that funds are being committed in a timely manner and that funds are being expended properly and timely. Quarterly reports are required from CAAs for the reporting of administrative expenditures. Reports are compared with each agency's approved budget, and payments are made accordingly.

Obligation of Funds:

When used in connection with a non-Federal entity's utilization of funds under a Federal award, obligations in Connecticut, means orders placed for property and services, contracts and subawards made, and similar transactions during a given period that require payment by the non-Federal entity during the same or a future period.

The initial step is to prepare the allocations for the federal fiscal year, which is generally based on the funding received prior year. The allocations take into consideration the number of applications taken and transactions made for each fuel type (oil, gas, electric, etc.) from the prior year. Once the allocations are finalized, the contracts are prepared and include the budget amount for program services, admin and assurance 16.

Tracking Funds and Expenditures:

LIHEAP funds are tracked in CORE-CT, the accounting software used in State of Connecticut. The system includes but not limited to the GL, accounts payable, accounts receivable, and commitment control/budgets. The SID, budget reference, and project number track funds separately.

Captain and Fuelware are the two energy data source systems used statewide by the community action agencies (CAAs). DSS is able to generate expenditure directly from the system at any moment in time for each CAA, which payments are based on. Expenditures for Admin and Assurance 16 are entered by the CAA directly into CORE and require DSS to review and approve before a subsequent payment is issued.

Accounting reconciliation of payments and expenditures are done for each subgrantee throughout the program year as well as during the close out, which requires signature of CAA fiscal and program staff. LIHEAP CARES ACT funds are being tracked separately.

Refunds:

Refunds checks are received from the utilities on an ongoing basis and are reviewed by the DSS Office of Community that administers LIHEAP. The check stub has the client name, applicant number, name of the CAA, payment amount and the program year of the refund. This information is then transferred onto a spreadsheet and forwarded with the refund checks to the Division of Fiscal Services, who makes the deposit according to the SID, budget reference and project number.

**Audit Process**

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

Yes  No

**10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.**

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	other	DSS received a cumulative grant award of \$78,712,451 for LIHEAP for fiscal year 2017. The state also	Yes	procedure/policy changes

		received a redistribution of FY 2016 LIHEAP funds of \$68,535 for fiscal year 2017. Federal funds authorized totaled \$78,780,986. \$0 questioned costs. DSS took necessary steps to ensure accurate reporting.		
2	monitoring	DSS was not fully aware of the extent or magnitude of its subrecipients misuse of LIHEAP funds until complaints from a utility vendor and a number of fuel vendors brought it to the departments attention. One CAA has entered into a repayment plan with the utility companies and is current. The second CAA is on a debt repayment plan with the Department and is current with the repayment. DSS made restitution to the vendors and the agency is now repaying the Department for that debt.	In Progress	procedure/policy changes

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

**10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply**

**Grantee employees:**

- Internal program review
- Departmental oversight
- Secondary review of invoices and payments
- Other program review mechanisms are in place. Describe:

The Auditors of Public Accounts for the state complete an annual audit of DSS that includes LIHEAP.

**Local Administering Agencies / District Offices:**

- On - site evaluation
- Annual program review
- Monitoring through central database
- Desk reviews
- Client File Testing / Sampling
- Other program review mechanisms are in place. Describe:

Monitoring includes the review of sample program files and payments to ensure that the program is being operated in accordance with the State Plan. All monitoring is conducted by DSS staff. Due to COVID-19 onsite evaluations may be restricted, the plan is to do these activities by computer remotely.

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

Each CAA is assigned staff from the DSS Office of Community Services to provide technical assistance and monitoring oversight.

Frequent on-site visits are conducted during the program year to review sample files and resolve any emergent issues. A sampling of deliverable fuel slips and associated payments are also examined during the program year to ensure accurate, proper, and timely payments. Attached are the various monitoring instruments that are used to monitor subgrantees. Due to COVID-19 onsite evaluations may be restricted, the plan is to do these activities by computer remotely.

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

**Site Visits:**

All CAAs are monitored.

**Desk Reviews:**

DSS has access to the LIHEAP computer systems used by each community action agency. Beyond pulling caseload and fiscal information, we can review individual computer files to access the records of clients who have contacted DSS for assistance with their specific case. Note that this assistance is different from the formal appeal process that LIHEAP applicants/clients have the right to i.e., desk review of their case by the community action agency should they believe that they were wrongfully denied benefits, and if still unsatisfied, an appeal to the DSS Office of Legal Counsel, Regulations and Administrative Hearings. DSS also does an in depth review of heating system repair and replacement request to determine eligibility for repair/replacement.

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

Continuously during the full program year.

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

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

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

**10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 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 ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020
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**Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)**

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

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

Public participation in the development of the plan, is accomplished through input from the CAA program operators and directors, and from members of the Low Income Energy Advisory Board (LIEAB). The responsibility of LIEAB is to advise and assist the State Office of Policy and Management and DSS in the planning, development, implementation and coordination of the energy assistance program. LIEAB is also required to make recommendations to the General Assembly regarding legislation and plans to ensure affordable access to residential energy services to low income state residents. Membership of LIEAB includes representatives from the Connecticut Association for Community Action, Commission on Aging, the Department of Energy and Environmental Protection, the Office of Consumer Council, Operation Fuel, 211 United Way, Connecticut Local Administrators of Social Services, Legal Assistance Resource Center of Connecticut, Connecticut AARP, Connecticut Energy Marketers Association, Eversource utility companies, Avangrid utility companies and Norwich Public Utilities, representing municipal utility companies. Many of these organizations and members of LIEAB represent the low-income population in Connecticut.

Copies of the proposed FFY 2021 LIHEAP Allocation Plan were provided to LIEAB members, the CAAs and linked on the DSS main website and the DSS Energy Staywarm website also provided to others who requested it prior to review and approval by the legislative committees of cognizance.

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

No changes were made this year LIEAB's recommendations from the previous year continues

**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	08/26/2020	Due to COVID-19 the LIHEAP Block Grant Informational Forum / Public Hearing was held remotely via Zoom by the legislative committees of cognizance.

**11.4. How many parties commented on your plan at the hearing(s)?** 9

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

Questions and comments at the hearing came from the members of the state legislative committees. Written comments were also submitted by two organizations, CAFCA and Connecticut Legal Services. Questions and comments from the committee members focused on boarders, non-

qualified aliens, carry-forward funds, outreach, vendor refunds, and the LIHEAP CARES Act funds. The comments submitted by CAFCA focused on the impact of Covid-19 on both FY 2020 and the expectation that more households will be in need of LIHEAP funds in FY 2021. The comments submitted by Connecticut Legal Services supported the approval of the allocation plan, and also recommended that DSS modify its applications and redetermination forms for its other benefit programs (non-LIHEAP) to include a section for applicants to authorize DSS to share information with the utilities about households who automatically qualify for winter shut-off protection and other services.

The Allocation Plan was unanimously passed by all three legislative committees of cognizance.

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

n/a

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

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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 2

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

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

n/a

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

If a household has been denied, they have the right to a desk review at the community action agency where their application was certified. The request must be made in writing to the Chief Executive of the agency. Requests for desk reviews must be submitted within sixty (60) days of the occurrence or the discovery of the occurrence, or by the end of the program year, whichever comes first. If the household is dissatisfied with the results of the desk review, they may request in writing, a fair hearing with the Department of Social Services' Office of Legal Counsel, Regulations and Administrative Hearings.

12.5 When and how are applicants informed of these rights?

All households are notified in writing at the time of application of their rights and responsibilities and the procedures for appeal. Award letters also include information regarding the applicants right to and process for appeals.

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

If a household has not been informed of their eligibility in a timely manner, they have the right to a desk review at the community action agency where their application was certified. The request must be made in writing to the Chief Executive of the agency. Requests for desk reviews must be submitted within sixty (60) days of the occurrence or the discovery of the occurrence, or by the end of the program year, whichever comes first. If the household is dissatisfied with the results of the desk review, they may request in writing, a fair hearing with the Department of Social Services' Office of Legal Counsel, Regulations and Administrative Hearings.

12.7 When and how are applicants informed of these rights?

All households are notified in writing when they apply, of their rights and obligations and the procedures for appeal.

**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: 09/30/2020

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

**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?**

Assurance 16 funds play a significant role in the ability of CAAs to provide the appropriate case management activities aimed at reducing reliance on LIHEAP funds and reducing their overall energy needs. Such activities include, but are not limited to, assistance with arrearage reduction, non-CEAP funded fuel banks, financial education, energy conservation and vendor mediation.

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

DSS allocates less than the 5% maximum of the LIHEAP funds for these activities to the CAAs. The agencies are required to submit quarterly fiscal and programmatic reports detailing their use of these funds for the specific purposes intended.

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

Beyond the direct benefits to LIHEAP recipients are described in Section 13.4 below, clients benefited from budget counseling and money management services, energy conservation counseling, and vendor mediation.

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

Services provided through Assurance 16 funded staff helped leverage millions of dollars for LIHEAP recipients through enrollment in utility arrearage forgiveness programs (Matching Payment Program and NewStart), as well as through Operation Fuel, which is a non-profit organization that provides heating assistance to households tht have exhausted their LIHEAP benefits or that are at risk of losing their heat from shut-offs. Also vendor mediation to prevent shut-off or reduce monthly budget payments and financial literacy to assist in money management.

**13.5 How many households applied for these services?** 13,045

**13.6 How many households received these services?** 11,501

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

## Section 14 - Leveraging Incentive Program ,2607A

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

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

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

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

Yes  No

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

Fixed Margin Pricing Program (FMP) - Heating Oil Vendors are required to post their price on fuel slips when they make a delivery, this price is posted in the energy assistance software system, which allows for the tracking of the difference between the FMP and the retail price.

Operation Fuel and Arrearage Forgiveness Programs - Upon request, Operation Fuel and Utility companies can provide the total amount of funding provided to LIHEAP clients through Operation Fuel or through utility-administered arrearage forgiveness programs.

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Fixed Margin Pricing Program	The Fixed Margin Pricing Program will pay oil vendors making deliveries to LIHEAP households the lessor of their retail price or the margin over rack price based on information downloaded each work day from the Oil Price Information Services (OPIS). The daily fixed margin price is based on the daily New Haven rack average OPIS ultra-low sulfur distillate price, plus a fixed margin of 35 cents per gallon, plus the appropriate county differential, which ranges from 3.3 cents to 11.5 cents per gallon.	Any leveraged funds will be used for direct program services to clients.
2	Operation Fuel	Operation Fuel is a private, non-profit organization that distributes privately raised funds through a network of fuel banks that accept and approve applications from households in need of emergency fuel oil deliveries or protection from shut-offs. Operation Fuel can as funding permits and with the approval of its Board of Directors, on an annual basis provide limited assistance to LIHEAP households that are facing crisis because they have exhausted all available LIHEAP benefits, or because	Any leveraged funds will be used for direct program services to clients.

		they did not apply for energy assistance program by the required deadlines.	
3	Utility Arrearage Forgiveness Programs	CAAs also refer eligible households to utility companies that operate arrearage forgiveness programs. Households that participate in these programs will have a portion of their arrears (back bills) forgiven if all payment arrangements are kept, and if the household has been approved for LIHEAP. In order to participate in the arrearage forgiveness programs, households must provide utility companies with verification as to the amount of the energy assistance payment which will be issued by the CAA on their behalf. The amount of arrearage forgiveness received by the household is dependent on the amount of personal payments made by the household and the amount of the household's benefit.	Any leveraged funds will be used for direct program services to clients.
4	Home Energy Solutions - Income Eligible	Households under 60% of the SMI may qualify for services through this program.	Any leveraged funds will be used for direct program services to clients.
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

## Section 15 - Training

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

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

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

## Section 15: Training

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

**a. Grantee Staff:**

<input checked="" type="checkbox"/>	Formal training on grantee policies and procedures	
<b>How often?</b>		
<input checked="" 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 conference	
<b>How often?</b>		
<input checked="" type="checkbox"/>	Annually	
<input type="checkbox"/>	Biannually	
<input checked="" type="checkbox"/>	As needed	
<input type="checkbox"/>	Other - Describe:	
<input checked="" type="checkbox"/>	On-site training	
<b>How often?</b>		
<input checked="" type="checkbox"/>	Annually	
<input type="checkbox"/>	Biannually	
<input checked="" type="checkbox"/>	As needed	
<input checked="" type="checkbox"/>	Other - Describe: Technical Assistance/Monitoring visits based on COVID-19 may be conducted remotely	
<input checked="" type="checkbox"/>	Employees are provided with policy manual	
<input type="checkbox"/>	Other - Describe	

**c. Vendors**

<input checked="" type="checkbox"/>	Formal training conference	
<b>How often?</b>		
<input checked="" type="checkbox"/>	Annually	
<input type="checkbox"/>	Biannually	
<input type="checkbox"/>	As needed	

<input checked="" type="checkbox"/> <b>Other - Describe:</b> Due to ongoing pandemic will be done remotely	
<input checked="" type="checkbox"/> <b>Policies communicated through vendor agreements</b>	
<input type="checkbox"/> <b>Policies are outlined in a vendor manual</b>	
<input type="checkbox"/> <b>Other - Describe:</b> Vendor meetings are held each year after approval of the Allocation Plan.	
<b>15.2 Does your training program address fraud reporting and prevention?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### 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.

Connecticut was successful in completing its LIHEAP Performance Measures Report with statewide aggregate data. Data was harvested from all nine independent source systems that store client data and matched with the top ten deliverable fuel vendors and the top five utility vendors. In addition, data was also captured from propane and kerosene vendors, but not for wood/coal vendors CT will be working with the source systems to capture aggregate preventative and restorative data within the next federal reporting year.

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

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

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

**17.1 Fraud Reporting Mechanisms**

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

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

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

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

**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 type="checkbox"/> Required	<input type="checkbox"/> Required	<input checked="" type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe any exceptions to the above policies.							
<b>17.3 Identification Verification</b>							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<input checked="" type="checkbox"/> Verify SSNs with Social Security Administration							
<input checked="" type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency							
<input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)							
<input type="checkbox"/> Match with state Department of Labor system							
<input type="checkbox"/> Match with state and/or federal corrections system							
<input type="checkbox"/> Match with state child support system							
<input type="checkbox"/> Verification using private software (e.g., The Work Number)							
<input type="checkbox"/> In-person certification by staff (for tribal grantees only)							
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)							
<input type="checkbox"/> Other - Describe:							
<b>17.4. Citizenship/Legal Residency Verification</b>							
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.							
<input type="checkbox"/> Clients sign an attestation of citizenship or legal residency							
<input type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency							
<input type="checkbox"/> Noncitizens must provide documentation of immigration status							
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input type="checkbox"/> Noncitizens are verified through the SAVE system							
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input checked="" type="checkbox"/> Other - Describe:  Valid social security numbers must be submitted for household members at the time of application. The only exceptions are limited, including cases where an SSN is pending, an SSN is applied for, an SSN is not required for battered spouses, victims of human trafficking and their derivative beneficiaries. Non-qualified aliens (NQAs) are not eligible for LIHEAP benefits. Applications for households that include non-qualified aliens and citizens/qualified aliens may be processed however, any non-qualified aliens will not be included in the count of the household size, even though their income will be counted.							
<b>17.5. Income Verification</b>							
What methods does your agency utilize to verify household income? Select all that apply.							
<input checked="" type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input checked="" type="checkbox"/> Bank statements							
<input checked="" type="checkbox"/> Tax statements							
<input checked="" type="checkbox"/> Zero-income statements							
<input checked="" type="checkbox"/> Unemployment Insurance letters							
<input type="checkbox"/> Other - Describe:							

<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:
<b>17.6. Protection of Privacy and Confidentiality</b>
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"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input type="checkbox"/> Employees must sign confidentiality agreement
<input type="checkbox"/> Grantee employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" 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 checked="" type="checkbox"/> Other - Describe:  When household members move from prior addresses, CAAs may require documentation that verifies their current residential address.
<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 type="checkbox"/>	Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendors list
<input 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 type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.10. Investigations and Prosecutions</b>	
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.	
<input type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/>	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input type="checkbox"/>	Grantee attempts collection of improper payments. If so, describe the recoupment process
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 2 years.
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input checked="" type="checkbox"/>	Other - Describe:  Vendors determined to have committed fraud are banned for 5 years.
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

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

**Instructions for Certification**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

explanation to this proposal.

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

### **Instructions for Certification**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

programs; and

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

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

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

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

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

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

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

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

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

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

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

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

55 Farmington Avenue

\* **Address Line 1**

Address Line 2

Address Line 3

Hartford

\* **City**

CT

\* **State**

06105

\* **Zip Code**

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

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

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

## Plan Attachments

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