DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: ECONOMIC AND COMMUNITY AFFAIRS, ALABAMA DEPARTMENT OF

Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 1

Report Period: 10/01/2023 to 09/30/2024

Report Status: Submission Accepted by CO (Revision #1)

Report Sections

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- 16. Section 15 Training
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- 19. Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- 20. Section 19: Certification Regarding Drug-Free Workplace Requirements
- 21. Section 20: Certification Regarding Lobbying
- 22. Assurances
- 23. Plan Attachments

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: 12/31/2024

| | | | | | * 1.c. Consolidated Application/ Plan/Funding Request? | | | * 1.d. Version: | | |
|--------------------------------|-----------------------|-------------|------------------------|--|---|-----------------|------------------------|----------------------------------|--|--|
| | | | | | Explanation: | | | Resubmission Revision Update | | |
| | | | | | 2. Date | Received: | | State Use Only: | | |
| | | | | | 3. Appl | icant Identific | er: | · | | |
| | | | | | | eral Entity Id | | 5. Date Received By State: | | |
| | | | | | | eral Award I | | 6. State Application Identifier: | | |
| 7. APPLICAN | T INFORM | IATION | | | | | | | | |
| | | | ent of Economic and Co | ommunity Affai | irs | | | | | |
| | | | on Number (EIN/TIN | | ii . | ganizational I | OUNS: 062620 | 0604 | | |
| * d. Address: | | | | | <u>/ </u> | | | | | |
| * Street 1: | 401 | 1 ADAMS | AVENUE | | Stre | et 2: | 401 ADAMS | SAVENUE | | |
| * City: | MO | ONTGOME | ERY | | Cou | nty: | Montgomery | , | | |
| * State: | AL | , | | | Prov | vince: | | | | |
| * Country: | Unit | ted States | | | * Zi Code: | p / Postal | 36103 - 5690 |) | | |
| e. Organizatio | nal Unit: | | | | | | | | | |
| Department N Alabama Dep | | conomic ar | nd Community Affairs | | Division Name: Energy | | | | | |
| f. Name and co | ontact inforr | mation of p | person to be contacted | l on matters in | volving t | his applicatio | n: | | | |
| Prefix: | * First Nan Nicole | ne: | | Middle Name: * Last Name: M. Northington | | | | | | |
| Suffix: | Title: | v Programe | s Unit Chief | Organizational Affiliation: | | | | | | |
| * Telephone | Fax Number | | S OILL CHIC | * Email: | | | | | | |
| Number: (334) 353- 3375 | 334-242-0 | | | nicole.northington@adeca.alabama.gov | | | | | | |
| * 8a. TYPE O A: State Gover | | NT: | | | | | | | | |
| b. Addition | al Descriptio | on: | | | | | | | | |
| * 9. Name of I | Federal Ager | ncy: | | | | | | | | |
| | | | | | | | | | | |
| | | | | Catalog of Federal Domes Assistance Number: | | cFDA Title: | | | | |
| 10. CFDA Num | bers and Title | es | 93.568 | | | Low-Income | Home Energy A | Assistance Program | | |
| 11. Descriptiv | | | | | | | | | | |
| 12. Areas Affe Statewide | ected by Fun | ding: | | | | | | | | |
| 13. CONGRES | SSIONAL D | ISTRICTS | S OF: | | | | | | | |
| * a. Applicant 2 | | | | | b. Program/Project: Statewide | | | | | |
| Attach an add | litional list o | f Program | /Project Congression | al Districts if n | eeded. | | | | | |
| 14. FUNDING | FERIOD: | | 14. FUNDING PERIOD: | | | | 15. ESTIMATED FUNDING: | | | |

| a. Start Date: 10/01/2023 | b. End Date: 09/30/2024 | * a. Federal (\$): \$0 | b. Match (\$): \$0 | | | | | |
|---|--|--|---------------------------|--|--|--|--|--|
| * 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS? | | | | | | | | |
| a. This submission was made available to the State under the Executive Order 12372 | | | | | | | | |
| Process for Review on : | | | | | | | | |
| b. Program is subject | t to E.O. 12372 but has not been selected by State | for review. | | | | | | |
| c. Program is not cov | ered by E.O. 12372. | | | | | | | |
| * 17. Is The Applicant D O YES O NO | | | | | | | | |
| Explanation: | | | | | | | | |
| complete and accurate to | o the best of my knowledge. I also provide the rec ware that any false, fictitious, or fraudulent state | the list of certifications** and (2) that the statements quired assurances** and agree to comply with any resments or claims may subject me to criminal, civil, or | sulting terms if I | | | | | |
| ** The list of certificatio specific instructions. | ns and assurances, or an internet site where you | may obtain this list, is contained in the announcemen | t or agency | | | | | |
| | ame and Title of Authorized Certifying Official | 18c. Telephone (area code, number and | extension) | | | | | |
| Nicole Northington, Com | munity Programs Unit Chief | 18d. Email Address nicole.northington@adeca.alabama.gov | | | | | | |
| 18b. Signature of Author | rized Certifying Official | 18e. Date Report Submitted (Month, Day, Year) 09/15/2023 | | | | | | |

Attach supporting documents as specified in agency instructions.

Section 1 - Program Components

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 12/31/2024

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

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

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

OMB Approval No. 0970-0075 Expiration Date: 12/31/2023

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

Section 1 Program Components

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

| (No | Check which components you will operate under the LIHEAP program. te: You must provide information for each component designated here as requested elsewhere in plan.) | Dates of Operation | |
|-----|--|--------------------|------------|
| | | Start Date | End Date |
| > | Heating assistance | 10/01/2023 | 05/31/2024 |
| Y | Cooling assistance | 06/01/2024 | 09/30/2024 |
| > | Crisis assistance | 10/01/2023 | 09/30/2024 |
| > | Weatherization assistance | 10/01/2023 | 09/30/2024 |

Provide further explanation for the dates of operation, if necessary

Crisis Heating Assistance - 10/1/2023 - 5/31/2024

Crisis Cooling Assistance - 6/1/2024 - 9/30/2024

Infrastructure Investment and Jobs Act (IIJA) Supplemental Funds -10/1/2023-9/30/2024

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 | 26.00% |
| Cooling assistance | 26.00% |
| Crisis assistance | 24.00% |
| Weatherization assistance | 11.00% |
| Carryover to the following federal fiscal year | 2.00% |
| Administrative and planning costs | 10.00% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 1.00% |
| Used to develop and implement leveraging activities | 0.00% |
| TOTAL | 100.00% |

| Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C) | | | | | | | | | | | |
|--|-------------------------------|--|---------|----------------------|--------|---------------------|------------------|---------------------|------|------------------------|--|
| 1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to: | | | | | | | | | | | |
| > | | Heating assistance | | | | | | Cooling assista | nce | | |
| | | Weatherization assistance | ; | | [| 4 | Other (specify:) | | | | |
| a . | | 06050\(0\(0\) | 240 | / \/d\/\\\ @<0.5/3\\ | (0.1) | | | <u>"</u> | | | |
| - | | y, 2605(b)(2)(A) - Assurance 2, nouseholds categorically eligible | | | | | follo | wing categories o | f he | nofits in the left | |
| | nn below? O Ye | | . 11 01 | ie nousenola men | iber i | receives one of the | TOTAL | wing categories o | ı be | nents in the left | |
| If yo | u answered "Yes | s" to question 1.4, you must cor | nplet | e the table below | and a | nnswer questions | 1.5 ar | nd 1.6. | | | |
| | | | | Heating | | Cooling | _ | Crisis | ` | Weatherization | |
| TANI | | | ╬ | | | Yes ONo | | O Yes O No | | O Yes O No | |
| SSI SNAF | • | | # | Yes O No | ╄ | | | O Yes O No | | O Yes O No | |
| _ | s-tested Veterans | Programs | # | Yes O No | ╄ | Yes O No | | Yes O No | | Yes ONo | |
| Wican | s-tested veterans | Program Name | ` | Heating | ~ | Cooling | | Crisis | ~ | Weatherization | |
| Other | (Specify) 1 | 1 Togram Name | | C Yes C No | | C Yes C No | | O Yes O No | | O Yes O No | |
| | | ally enroll households without | a dir | | tion' | | | 2 = 1.0 | | 1 | |
| _ | s, explain: | any emon nousenoius without | a UII' | ec amuai appiica | tiVII. | 105 100 | | | | | |
| | | | | | | | | | | | |
| | | re there is no difference in the t gibility and benefit amounts? | reatn | nent of categorica | lly el | igible households | from | those not receiving | ng o | ther public assistance | |
| SNA | P Nominal Payn | nents | | | | | | | | | |
| 1.7a | Do you allocate l | LIHEAP funds toward a nomin | al pa | yment for SNAP | hous | eholds? O Yes | No | 1 | | | |
| If yo | u answered "Yes | s" to question 1.7a, you must p | rovid | e a response to qu | estio | ns 1.7b, 1.7c, and | 1.7d. | | | | |
| | | inal Assistance: \$0.00 | | | | | | | | | |
| 1.7c | Frequency of As Once Per Year | | | | | | | | | | |
| | Once every five | | | | | | | | | | |
| | | | | | | | | | | | |
| | Other - Describ | | | | | | | | | | |
| 1.7d | How do you con | firm that the household receivi | ng a i | nominal payment | has a | nn energy cost or i | need? | ? | | | |
| Dete | rmination of Elig | gibility - Countable Income | | | | | | | | | |
| 1.8. I | n determining a | household's income eligibility | for L | IHEAP, do you us | e gro | oss income or net | incon | ne? | | | |
| > | Gross Income | | | | | | | | | | |
| | Net Income | | | | | | | | | | |
| 1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP | | | | | | | | | | | |
| Wages | | | | | | | | | | | |
| ~ | Self - Employment Income | | | | | | | | | | |
| ~ | Contract Incom | ne | | | | | | | | | |
| ~ | Payments from | n mortgage or Sales Contracts | | | | | | | | | |
| ~ | Unemployment | t insurance | | | | | | | | | |
| ~ | Strike Pay | | | | | | | | | | |

| ~ | Social Security Administration (SSA) benefits |
|------------------------------|--|
| | |
| | V Including MediCare |
| | deduction |
| | Complemental Complete Income (CCI) |
| ~ | Supplemental Security Income (SSI) |
| | |
| ~ | Retirement / pension benefits |
| | |
| | General Assistance benefits |
| | |
| H | TO A ' (P. N. 1 TO ')! (TRANTO) I P! |
| ~ | Temporary Assistance for Needy Families (TANF) benefits |
| | |
| | Supplemental Nutrition Assistance Program (SNAP) benefits |
| | |
| | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits |
| _ | |
| | Loans that need to be repaid |
| 1 | Loans that need to be repaid |
| $ldsymbol{ldsymbol{\sqcup}}$ | |
| ~ | Cash gifts |
| | |
| | Savings account balance |
| | |
| | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. |
| ~ | One-time lump-sum payments, such as repates/creatts, winnings from fotteries, retund deposits, etc. |
| <u> </u> | |
| 1 | Jury duty compensation |
| | |
| V | Rental income |
| | |
| | Income from employment through Workforce Investment Act (WIA) |
| ~ | income from employment unrough workforce investment Act (WIA) |
| | |
| 1 | Income from work study programs |
| Ш | |
| ~ | Alimony |
| | |
| ~ | Child support |
| | |
| | V V . V |
| ~ | Interest, dividends, or royalties |
| Ш | |
| > | Commissions |
| | |
| | Legal settlements |
| | |
| | |
| | Insurance payments made directly to the insured |
| | |
| | Insurance payments made specifically for the repayment of a bill, debt, or estimate |
| | |
| ~ | Veterans Administration (VA) benefits |
| - | |
| | E |
| | Earned income of a child under the age of 18 |
| | |
| | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |
| | |
| | Income tax refunds |
| | and a same a sa |
| | |
| | Stipends from senior companion programs, such as VISTA |
| | |
| | Funds received by household for the care of a foster child |
| | · · · · · · · · · · · · · · · · · · · |

| Ameri-Corp Program payments for living allowances, earnings, and in-kind aid | | | | | |
|---|--|--|--|--|--|
| Reimbursements (for mileage, gas, lodging, meals, etc.) | | | | | |
| Other | | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | | |

Section 2 - HEATING ASSISTANCE

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

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

Expiration Date: 12/31/2024

| Section 2 - Heating Assistance | | | | | | | |
|--|--|---------------|---|-----------------------|--|--|--|
| Eligibility, 2605(| b)(2) - Assurance 2 | | | | | | |
| 2.1 Designate the | e income eligibility threshold used for the | heating co | omponent: | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | | |
| 1 | All Household Sizes | | HHS Poverty Guidelines | 150.00% | | | |
| 2.2 Do you have HEATING ASSI | additional eligibility requirements for TANCE? | C Yes | € No | | | | |
| 2.3 Check the ap | propriate boxes below and describe the p | oolicies for | each. | | | | |
| Do you require a | n Assets test? | C Yes | ⊙ No | | | | |
| Do you have add | itional/differing eligibility policies for: | | | | | | |
| Renters? | | C Yes | ⊙ _{No} | | | | |
| Renters Li | ving in subsidized housing? | C Yes | ⊙ _{No} | | | | |
| Renters wi | th utilities included in the rent? | O Yes | ⊙ _{No} | | | | |
| Do you give prio | rity in eligibility to: | | | | | | |
| Elderly? | | • Yes | C _{No} | | | | |
| Disabled? | | • Yes | C _{No} | | | | |
| Young chil | dren? | ⊙ Yes | C _{No} | | | | |
| Household | s with high energy burdens? | C Yes | C Yes ⊙ No | | | | |
| Other? | | C Yes | ⊙ No | | | | |
| Vu which onl | | ld is consid | on. Vulnerable households have early application ered vulnerable if its members include someone e under the age of 18 (young children). | | | | |
| Determination of | f Benefits 2605(b)(5) - Assurance 5, 2605(| (c)(1)(B) | | | | | |
| 2.4 Describe how you prioritize the provision of heating assistance tovulnerable populations, e.g., benefit amounts, early application periods, etc. Administering agencies allow early application periods, which includes conductin appointments for the elderly on specific days of the week at Senior Centers. Also, vulnerable households are identified at time of application. | | | | | | | |
| 2.5 Check the va | riables you use to determine your benefit | t levels. (Cl | neck all that apply): | | | | |
| ✓ Income | | | | | | | |
| Family (hor | usehold) size | | | | | | |
| ✓ Home energy cost or need: | | | | | | | |
| ✓ Fuel type | | | | | | | |
| Climate/region | | | | | | | |
| Individual bill | | | | | | | |
| Dwelling type | | | | | | | |
| Energy burden (% of income spent on home energy) | | | | | | | |
| ✓ Ene | rgy need | | | | | | |
| Other - Describe: | | | | | | | |

Income eligibility is determined based on the household's gross income for the month prior to the month of application. Our benefits matrix is included in this State Plan as **Attachment A – PY2024 LIHEAP Payment Assistance Chart.** For example, if a household applies for assistance any time in August, they must provide verification of the gross monthly income each household member received in July. Beginning in the upcoming program year and thereafter, ADECA will update the Payment Assistance Chart when the federal poverty guidelines are issued to revise the income ranges.

To calculate the income levels on the PY2024 Payment Assistance Chart, we used the HHS Poverty guidelines mandatory for 2023 from the following website: https://aspee.hhs.gov/poverty-guidelines, but will adopt 2024 Federal Poverty Guidelines upon release. We will update the Payment Assistance Chart when the 2024 Federal Poverty Guidelines are released and notify our subrecipients.

This is a new change for our program. Previously, we adopted Federal Poverty Guidelines at the start of the new fiscal year in October. Due to the hardship this has placed on potential eligible LIHEAP clients, we have decided to adopt updated Federal Poverty Guidelines at the time they are released.

For a 1-person household, the maximum annual income based on 100% of HHS Poverty Guidelines is \$14,580. To calculate the maximum income for a 1- person household at 150% poverty, we multiplied \$14,580 by 1.5 = \$21,870. To determine the maximum monthly amount as shown on our benefits matrix, we divided \$21,870 by 12 = \$1,823.

Our benefits matrix contains three income categories for each household size. The following is an example of how we calculated the income categories: For a 1-person household, we divided \$1,823 by 3 = \$608. The lowest income category (which receives the highest benefit) has a range of \$0 - \$608. The formula to calculate the next highest income category for a 1-person household (which receives a slightly lower benefit) is \$609 + \$608 =

\$1,217. Therefore, the range for that income category is \$609 - 1,217.

The highest income category for a 1-person household starts at \$1,218. We added \$605 to that amount for a maximum monthly income of \$1,823. Therefore, the range is \$1,218 - \$1,823.

We used the same method to complete the benefit matrix for households with two to eight people. To determine the maximum monthly income for households with more than eight people, we added \$643 for each additional member.

As stated on the matrix, households with more than four people will receive benefits in the same amount as shown for a household of four.

If a household has a high energy need (including, but not limited to, those with children under 18, elderly members, or members with a disabling condition), subrecipients may award an additional \$50.

*The same Payment Assistance Chart is used to determine income eligibility to receive a supplemental benefit from the Infrastructure Investment and Jobs Act fund. Each time a household receives a Heating benefit, the household also receives a \$100 supplemental benefit at the same time, if funding is available.

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

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

Minimum Benefit \$280 Maximum Benefit \$580

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? Yes No

If yes, describe.

Section 3 - COOLING ASSISTANCE

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

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

Expiration Date: 12/31/2024

| Section 3 - Cooling Assistance | | | | | | |
|--|---|--------------|--|-----------------------------------|--|--|
| Eligibility, 2605(| c)(1)(A), 2605 (b)(2) - Assurance 2 | | | | | |
| 3.1 Designate Th | e income eligibility threshold used for th | e Cooling o | component: | | | |
| Add | Household size Eligibility Guideline Eligibility Threshold | | | | | |
| 1 | All Household Sizes | | HHS Poverty Guidelines | 150.00% | | |
| 3.2 Do you have COOLING ASS | additional eligibility requirements for ISTANCE? | C Yes | ⊙ _{No} | | | |
| 3.3 Check the ap | propriate boxes below and describe the p | | | | | |
| Do you require a | an Assets test? | C Yes | ⊙ No | | | |
| Do you have add | itional/differing eligibility policies for: | | | | | |
| Renters? | | O Yes | | | | |
| Renters Li | ving in subsidized housing? | O Yes | | | | |
| Renters wi | th utilities included in the rent? | C Yes | ⊙ No | | | |
| Do you give prio | rity in eligibility to: | | | | | |
| Elderly? | | Yes | | | | |
| Disabled? | | • Yes | C No | | | |
| Young children? | | | | | | |
| Household | s with high energy burdens? | O Yes | ⊙ _{No} | | | |
| Other? | | C Yes | ⊙ No | | | |
| Explanations of | policies for each "yes" checked above: | | | | | |
| centers. A | | nembers inc | ration. Early application periods, designated time lude someone aged 60 or older (elderly), someon hildren). | | | |
| 3.4 Describe how | you prioritize the provision of cooling a | ssistance to | ovulnerable populations, e.g., benefit amounts | , early application periods, etc. | | |
| | Iministering agencies allow early application enior Centers. Also, vulnerable households | | which includes conducting appointments for the ed at time of application. | elderly on specific days of the | | |
| Determination of | f Benefits 2605(b)(5) - Assurance 5, 2605 | (c)(1)(B) | | | | |
| 3.5 Check the va | 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 | | | | | | |
| Indi | vidual bill | | | | | |
| Dwe | elling type | | | | | |
| Energy burden (% of income spent on home energy) | | | | | | |

| V | Energy need |
|-------|--|
| 4 | Other - Describe: |
| assis | Income eligibility is determined based on the household's gross income for the month prior to the month of application. Our benefix is included in this State Plan as Attachment A – PY2024 LIHEAP Payment Assistance Chart. For example, if a household application and time in August, they must provide verification of the gross monthly income each household member received in July. Begupcoming program year and thereafter, ADECA will update the Payment Assistance Chart when the federal poverty guidelines are is see the income ranges. |
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| | For a 1-person household, the maximum annual income based on 100% of HHS Poverty Guidelines is \$14,580. To calculate the time for a 1- person household at 150% poverty, we multiplied \$14,580 by $1.5 = $21,870$. To determine the maximum monthly amount on our benefits matrix, we divided \$21,870 by $12 = $1,823$. |
| has a | Our benefits matrix contains three income categories for each household size. The following is an example of how we calculated one categories: For a 1-person household, we divided \$1,823 by 3 = \$608. The lowest income category (which receives the highest b a range of \$0 - \$608. The formula to calculate the next highest income category for a 1-person household (which receives a slightly lefti) is \$609+\$608 = |
| | \$1,217. Therefore, the range for that income category is \$609 - \$1,217. |
| \$1,8 | The highest income category for a 1-person household starts at \$1,218. We added \$605 to that amount for a maximum monthly in 323. Therefore, the range is \$1,218 - \$1823. |
| inco | We used the same method to complete the benefit matrix for households with two to eight people. To determine the maximum mome for households with more than eight people, we added \$643 for each additional member. |
| | As stated on the matrix, households with more than four people will receive benefits in the same amount as shown for a househol |
| disal | If a household has a high energy need (including, but not limited to, those with children under 18, elderly members, or members bling condition), subrecipients may award an additional \$50. |
| Inve | *The same Payment Assistance Chart is used to determine income eligibility to receive a supplemental benefit from the Infrastruestment and Jobs Act fund. Each time a household receives a Cooling benefit, the household also receives a \$100 supplemental benef |

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 \$320 Maximum Benefit \$520

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? • Yes • No

If yes, describe.

Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2024

| Section 4: CRISIS ASSISTANCE | | | | | | | |
|--|---|---|------------------------|--|--|--|--|
| Eligibility - 2604 | (c), 2605(c)(1)(A) | | | | | | |
| 4.1 Designate the | e income eligibility threshold used for the crisis comp | onent | | | | | |
| Add | Household size | Eligibility Guideline | Eligibility Threshold | | | | |
| 1 | All Household Sizes | HHS Poverty Guidelines | 150.00% | | | | |
| 4.2 Provide your | LIHEAP program's definition for determining a cris | sis. | | | | | |
| not provide | An energy-related crisis may exist when: a household member's health and/or well-being would likely be endangered if crisis assistance is not provided; when a household has been negatively impacted by a State- or Federally-declared disaster or emergency; or, a household has at least one child under age 18. | | | | | | |
| 4.3 What constitu | utes a <u>life-threatening crisis?</u> | | | | | | |
| A 1 | life-threatening crisis exists when there is clear and prese | ent danger to the life of a household member d | ue to extreme weather. | | | | |
| Crisis Requireme | | | | | | | |
| 4.4 Within how n | nany hours do you provide an intervention that will r | resolve the energy crisis for eligible househol | lds? 48Hours | | | | |
| 4.5 Within how n situations? 18Ho | nany hours do you provide an intervention that will rours | resolve the energy crisis for eligible househol | ds in life-threatening | | | | |
| Crisis Eligibility, | , 2605(c)(1)(A) | | | | | | |
| 4.6 Do you have a ASSISTANCE? | additional eligibility requirements for CRISIS | € Yes C No | | | | | |
| 4.7 Check the ap | propriate boxes below and describe the policies for ea | ach | | | | | |
| Do you require a | Do you require an Assets test? | | | | | | |
| Do you give prior | rity in eligibility to: | | | | | | |
| Elderly? | | € Yes C No | | | | | |
| Disabled? | | ⊙ Yes ○ No | | | | | |
| Young Chi | ldren? | ⊙ Yes O No | | | | | |
| Households | s with high energy burdens? | C Yes ⊙ No | | | | | |
| Other? Sea | e notes section below | ⊙ Yes O No | | | | | |
| In Order to recei | ive crisis assistance: | | | | | | |
| | ousehold have received a shut-off notice or have a ne | ar C _{Yes} • No | | | | | |
| Must the h | ousehold have been shut off or have an empty tank? | C Yes ⊙ No | | | | | |
| Must the h | ousehold have exhausted their regular heating benefi | it? O Yes O No | | | | | |
| Must rente received an evict | ers with heating costs included in their rent have ion notice? | C Yes ⊙ No | | | | | |
| Must heati | ng/cooling be medically necessary? | ⊙ Yes C No | | | | | |
| Must the he equipment? | Must the household have non-working heating or cooling | | | | | | |
| Other? See notes section below | | | | | | | |
| Do you have additional/differing eligibility policies for: | | | | | | | |
| Renters? C Yes O No | | | | | | | |

| Renters living in | subsidized housing? | C Yes O No | | | | | | |
|---|---|--|--|--|--|--|--|--|
| Renters with util | ities included in the rent? | € Yes C No | | | | | | |
| Explanations of policies for each "yes" checked above: | | | | | | | | |
| Note for "Do you give priority in eligibility to:" and "In order to receive crisis assistance:" Priority is given to households that: have been negatively impacted by a State- or Federally-declared disaster or emergency; or households with at least one child under 18; or, when a household member has a weather-related medical condition which would endanger member's health and/or well-being if assistance is not provided. | | | | | | | | |
| Determination of Benefits | | | | | | | | |
| 4.8 How do you handle crisis situations? | | | | | | | | |
| ~ | Separate component | | | | | | | |
| | Fast Track | | | | | | | |
| | Other - Describe: | | | | | | | |
| 4 9 If you have a separ | ate component, how do you determine crisis assist | tance benefits? | | | | | | |
| ✓ | Amount to resolve the crisis. | ance penemes. | | | | | | |
| | Other - Describe: | | | | | | | |
| | Income eligibility is determined based on the household's gross income for the month prior to the month of application. Our benefits matrix is included in this State Plan as Attachment A – PY2024 LIHEAP Payment Assistance Chart. For example, if a household applies for assistance any time in August, they must provide verification of the gross monthly income each household member received in July. Beginning in the upcoming program year and thereafter, ADECA will update the Payment Assistance Chart when the federal poverty guidelines are issued to revise the income ranges. | | | | | | | |
| | To calculate the income levels on the FY2024 Payment Assistance Chart, we used the HHS Poverty guideline mandatory for FFY2023 from the following website: https://aspe.hhs.gov/poverty-guidelines For a 1-person household, the maximum annual income based on 100% of HHS Poverty Guidelines is \$14,58 To calculate the maximum income for a 1- person household at 150% poverty, we multiplied \$14,580 by 1.5 = \$21,8 To determine the maximum monthly amount as shown on our benefits matrix, we divided \$21,870 by 12 = \$1,823. Our benefits matrix contains three income categories for each household size. The following is an example o how we calculated the income categories: For a 1-person household, we divided \$1,823 by 3 = \$608. The lowest inc category (which receives the highest benefit) has a range of \$0 - \$608. The formula to calculate the next highest incocategory for a 1-person household (which receives a slightly lower benefit) is \$609+\$608 = \$1,217. Therefore, the refort that income category is \$609 - \$1,217. | | | | | | | |
| | The highest income category for a 1-maximum monthly income of \$1,823. There | -person household starts at \$1,218. We added \$605 to that amount for a fore, the range is \$1,218 - \$1,823. | | | | | | |
| | | ology described above to complete the calculations for households with two sistance Chart. To determine the maximum monthly income for households 3 for each additional member. | | | | | | |
| | Determining Crisis Assistance Benefits | | | | | | | |
| | provide utility service or deliverable fuel to exceed 200% of the benefit the household is | benefit must be the minimum amount necessary to alleviate the crisis and the household for the next 30 days. The crisis assistance benefit must not a eligible for based on the benefits matrix. Subrecipients contact the pointment to determine the minimum amount required. | | | | | | |
| | members, or members with a disabling cond on the benefits matrix, the entire \$50 must b | ed (including, but not limited to, those with children under age 18, elderly lition), local administering agencies may award an additional \$50. As noted be awarded; it cannot be issued as a partial amount. Also, if awarding the acceeding the minimum amount necessary to alleviate the crisis, then the \$50 | | | | | | |
| | benefit. The household qualifies for crisis as electric vendor was contacted and required \$ | hold with a gross monthly income of \$700 is eligible for a \$410 Heating ssistance; therefore, they are eligible for up to \$820 in crisis benefits. The \$900 to avoid disconnection of services. The applicant is elderly and d \$820 in crisis benefits plus the additional \$50 for a total benefit amount of | | | | | | |

| \$870. The applicant | \$870. The applicant was responsible for the remaining \$30 balance owed. | | | | | |
|--|---|---|--|--|--|--|
| | | | | | | |
| LIHEAP Em | LIHEAP Emergency Supplemental Funds | | | | | |
| Households must me related crisis as desc period. Agencies are IIJA awards and Cris | et all points ribed in Line allowed to p sis assistance ng to elimina | of eligibility 4.2 above H provide LIHE if needed or | as previously described in this plan and meet the definition of an energy-ouseholds may receive assistance up to three times during the program AP Crisis Supplemental Funding assistance in combination with Regular/ as a stand-alone award. Eligible applicants can receive Crisis e outstanding balance of the home heating and/or cooling bill. Utility | | | |
| Cuiria Daguinamenta 2004(a) | | | | | | |
| Crisis Requirements, 2604(c) 4.10 Do you accept applications for energy crisis a | ssistance at | sites that are | e geographically accessible to all households in the area to be served? | | | |
| • Yes • No Explain. | 5525441100 401 | | e goog aparemy accessions to an accession and access to be seen than | | | |
| Subrecipients maintain service centers | in each cour | nty of the stat | te. | | | |
| 4.11 Do you provide individuals who are physically | y disabled th | ne means to: | | | | |
| Submit applications for crisis benefits without le | eaving their | homes? | | | | |
| Yes No If No, explain. | | | | | | |
| Travel to the sites at which applications for crisi | is assistance | are accepte | d? | | | |
| C Yes No If No, explain. | 4.11 mlaasa | lain alta | rnative means of intake to those who are homebound or physically | | | |
| disabled? | 4.11, piease | expiam aitei | rnative means of intake to those who are nomebound or physicany | | | |
| Benefit Levels, 2605(c)(1)(B) | | | | | | |
| 4.12 Indicate the maximum benefit for each type o | f crisis assis | tance offere | d. | | | |
| Winter Crisis \$1,110.00 maximum ben | efit | | | | | |
| Summer Crisis \$990.00 maximum benef | it | | | | | |
| Year-round Crisis \$0.00 maximum benefit | | | | | | |
| 4.13 Do you provide in-kind (e.g. blankets, space h | eaters, fans) | and/or othe | er forms of benefits? | | | |
| ⊙ Yes ○ No If yes, Describe | | | | | | |
| | | | ortable heaters, and electric blankets, payment for the minor repair/s and provide temporary housing for households who qualify for crisis | | | |
| 4.14 Do you provide for equipment repair or repla | cement usin | g crisis fund | ls? | | | |
| • Yes • No | | | | | | |
| If you answered "Yes" to question 4.14, you must | complete qu | estion 4.15. | | | | |
| 4.15 Check appropriate boxes below to indicate ty | pe(s) of assis | stance provi | ded. | | | |
| | Winter Crisis | Summer Crisis | Year-round Crisis | | | |
| Heating system repair | ✓ | | | | | |
| Heating system replacement | | | | | | |
| Cooling system repair | | > | | | | |
| Cooling system replacement | | | | | | |
| Wood stove purchase | | | | | | |
| Pellet stove purchase | | | | | | |
| Solar panel(s) | | | | | | |

| Utility poles / gas line hook-ups | | | | | | |
|---|-------------|-------------|------------|--|--|--|
| Other (Specify): | | | | | | |
| 4.16 Do any of the utility vendors you work with e | nforce a mo | ratorium on | shut offs? | | | |
| C 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. | | | | | | |
| | | | | | | |
| 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: 12/31/2024

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 Household Size Eligibility Threshold Eligibility Guideline HHS Poverty Guidelines All Household Sizes 5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component? O Yes 5.3 If yes, name the agency. 5.4 Is there a separate monitoring protocol for weatherization? • Yes No WEATHERIZATION - Types of Rules 5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.) Entirely under LIHEAP (not DOE) rules Entirely under DOE WAP (not LIHEAP) rules Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply): Income Threshold Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities). Other - Describe: Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.) Income Threshold V Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit. 4 Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards. Other - Describe: A dwelling may receive re-weatherization fifteen (15) years after the date previous weatherization was completed. Energy related home repair - the use of LIHEAP weatherization funds is allowable for structural and ancillary repairs, such as roof, wall and flooring repairs, only if the repairs are required to enable effective weatherization. These repairs will help ensure the health and safety of the clients and help reduce the occurrence of deferrals due to the condition of the homes. LIHEAP Weatherization Funds may also be used in conjunction with or similarly to DOE Weatherization Readiness Funding to provide services that are outside the scope of weatherization before the weatherization services can commence. Weatherization Readiness Funding will bring the dwelling into weatherization readiness by addressing structural and health and safety issues that would otherwise require the client to be deferred. The LIHEAP Weatherization budget categories will mirror that of DOE's to allow allocated portions of shared costs to be expensed to the program.

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

| 5.6 Do you require an assets test? | C Yes O No | | | |
|--|--------------------------------|---|--|--|
| 5.7 Do you have additional/differing eligib | ility policies for : | | | |
| Renters | ⊙ Yes ONo | | | |
| Renters living in subsidized housing? | ⊙Yes ONo | | | |
| 5.8 Do you give priority in eligibility to: | | | | |
| Elderly? | ⊙ Yes O No | | | |
| Disabled? | ⊙ Yes O No | | | |
| Young Children? | ⊙ Yes O No | | | |
| House holds with high energy burdens? | € Yes C No | | | |
| Other? | O Yes O No | | | |
| If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below. Regarding question 5.7 – Renters must have approval of landlord prior to weatherization of the home. In addition, renters living in subsidized housing are not eligible for weatherization. Regarding question 5.8 - Households applying for weatherization are awarded the following priority points if applicable: -Head of Household Disabled - 10 points -Head of Household Elderly (60 or older) - 10 points -Children under age 18 - 10 points -Other members elderly/disabled - 5 points -High Energy Consumer or LIHEAP client- 5 points -High Energy Burden (greater than or equal to 17%) - 5 points Weatherization applicants are ranked by Priority Points. Applicants with the most points are first in line to receive services when funding is available. | | | | |
| Benefit Levels | | | | |
| 5.9 Do you have a maximum LIHEAP wea | therization benefit/expenditur | e per household? C Yes O No | | |
| 5.10 If yes, what is the maximum? \$0 | | | | |
| Types of Assistance, 2605(c)(1), (B) & (D) | | | | |
| 5.11 What LIHEAP weatherization measu | res do you provide ? (Check a | | | |
| Weatherization needs assessments/ | audits | Energy related roof repair | | |
| Caulking and insulation | | Major appliance repairs | | |
| Storm windows | | Major appliance replacement | | |
| Furnace/heating system modification | ons/repairs | Windows/sliding glass doors | | |
| Furnace replacement | | ✓ Doors | | |
| Cooling system modifications/repair | rs | ₩ Water Heater | | |
| Water conservation measures | | Cooling system replacement | | |
| Compact florescent light bulbs | | Other - Describe: Health and safety measures; LED bulb installation; code compliance; plumbing, electrical, roof or flooring repairs. | | |

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

OMB Clearance No.: 0970-0075

Expiration Date: 12/31/2024

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

Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) 6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available: | Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. | Publish articles in local newspapers or broadcast media announcements. | Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. | Mass mailing(s) to prior-year LIHEAP recipients. | Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. | Execute interagency agreements with other low-income program offices to perform outreach to target groups. | Other (specify):

If any of the above questions require further explanation or clarification that could not be made in

the fields provided, attach a document with said explanation here.

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

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

agencies and non-profit agencies.

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN 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.). Joint application for multiple programs Intake referrals to/from other programs One - stop intake centers Other - Describe: ADECA administers the LIHEAP, the Community Services Block Grant (CSBG) Program, and the Weatherization Assistance Program which aids in improving the close coordination between the programs. These programs are administered at the local level by community action

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.

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2024

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

Section 8: Agency Designation 2605(b)(6) - Assurance 6 (Required for state grantees an

| the Commonwealth of Puerto Rico) | | | | | | | |
|--|---|------------------------------|------------------------------|------------------------------|------------------------------|--|--|
| 8.1 Ho | w would you categorize the primary respons | sibility of your State ag | ency? | | | | |
| > | Administration Agency | | | | | | |
| | Commerce Agency | | | | | | |
| | Community Services Agency | | | | | | |
| | Energy/Environment Agency | | | | | | |
| | Housing Agency | | | | | | |
| | Welfare Agency | | | | | | |
| | Other - Describe: | | | | | | |
| If you | ate Outreach and Intake, 2605(b)(15) - Assu selected "Welfare Agency" in question 8.1, y | you must complete que | | as applicable. | | | |
| 8.3 Ho | w do you provide alternate outreach and int | ake for COOLING AS | SISTANCE? | | | | |
| 8.4 Ho | w do you provide alternate outreach and int | ake for CRISIS ASSIS | TANCE? | | | | |
| 8.5 LII | HEAP Component Administration. | Heating | Cooling | Crisis | Weatherization | | |
| | ho determines client eligibility? | Community Action Agencies | Community Action Agencies | Community Action Agencies | Community Action Agencies | | |
| electric | 8.5b Who processes benefit payments to gas and electric vendors? Community Action Agencies Community Action Agencies Community Action Agencies | | | | | | |
| vendor | 8.5c who processes benefit payments to bulk fuel rendors? Community Action Agencies Community Action Agencies Community Action Agencies 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? | | | | | | | |

| | In the event a local administering agency needs to be selected to administer LIHEAP in any area not currently being served, a Request for Proposal (RFP) will be released. The RFP would be posted to ADECA's website for any potential applicants to respond to. While the RFP proces is competitive, ADECA gives special consideration to any local, public, or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program under the Economic Opportunity Act (EOA) of 1964 or any other provision of law on the day before the date of enactment of this Act. |
|------------------------|---|
| 8.7 Ho | w many local administering agencies do you use? 18 |
| 8.8 Har C Yes No | |
| 8.9 If s | o, why? |
| | Agency was in noncompliance with grantee requirements for LIHEAP - |
| | Agency is under criminal investigation |
| | Added agency |
| | Agency closed |
| | Other - describe |
| | y of the above questions require further explanation or clarification that could not be made e fields provided, attach a document with said explanation here. |

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2024

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

| 9.1 Do you make payments directly to home energy suppliers? Heating | Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7 |
|--|---|
| Crisis Yes No Are there exceptions? Yes No If yes, Describe. Payments to renters whose utilities are included in their rent. In these cases, payments are made directly to the applicant. 9.2 How do you notify the client of the amount of assistance paid? When an application has been approved, the client is provided a copy of the application which describes the amount of the benefit, the energy supplier the benefit will be provided to, as well as the account name and number to which the benefit is applied. This information is provided to the client at the time of their appointment. 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state in order to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY 2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of this State Plan. 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY 2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of the State Plan. | 9.1 Do you make payments directly to home energy suppliers? |
| Are there exceptions? Yes No Are there exceptions? Yes No If yes, Describe. Payments to renters whose utilities are included in their rent. In these cases, payments are made directly to the applicant. 9.2 How do you notify the client of the amount of assistance paid? When an application has been approved, the client is provided a copy of the application which describes the amount of the benefit, the energy supplier the benefit will be provided to, as well as the account name and number to which the benefit is applied. This information is provided to the client at the time of their appointment. 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state in order to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of this State Plan. 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY 2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of the State Plan. | Heating • Yes • No |
| Are there exceptions? Yes No If yes, Describe. Payments to renters whose utilities are included in their rent. In these cases, payments are made directly to the applicant. 9.2 How do you notify the client of the amount of assistance paid? When an application has been approved, the client is provided a copy of the application which describes the amount of the benefit, the energy supplier the benefit will be provided to, as well as the account name and number to which the benefit is applied. This information is provided to the client at the time of their appointment. 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment? All energy suppliers are required to sign a LiHEAP Energy Supplier Agreement with the state in order to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY2024 LiHEAP Energy Supplier Agreement is included in the Attachments section of this State Plan. 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LiHEAP assistance? All energy suppliers are required to sign a LiHEAP Energy Supplier Agreement with the state to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY 2024 LiHEAP Energy Supplier Agreement is included in the Attachments section of the State Plan. 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? Yes No | Cooling • Yes • No |
| If yes, Describe. Payments to renters whose utilities are included in their rent. In these cases, payments are made directly to the applicant. 9.2 How do you notify the client of the amount of assistance paid? When an application has been approved, the client is provided a copy of the application which describes the amount of the benefit, the energy supplier the benefit will be provided to, as well as the account name and number to which the benefit is applied. This information is provided to the client at the time of their appointment. 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state in order to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of the State Plan includes the FY 2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of the State Plan. 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY 2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of the State Plan. | Crisis • Yes O No |
| Payments to renters whose utilities are included in their rent. In these cases, payments are made directly to the applicant. 9.2 How do you notify the client of the amount of assistance paid? When an application has been approved, the client is provided a copy of the application which describes the amount of the benefit, the energy supplier the benefit will be provided to, as well as the account name and number to which the benefit is applied. This information is provided to the client at the time of their appointment. 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state in order to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of this State Plan. All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY 2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of the State Plan. 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? Yes No | Are there exceptions? |
| 9.2 How do you notify the client of the amount of assistance paid? When an application has been approved, the client is provided a copy of the application which describes the amount of the benefit, the energy supplier the benefit will be provided to, as well as the account name and number to which the benefit is applied. This information is provided to the client at the time of their appointment. 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state in order to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of this State Plan. 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY 2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of the State Plan. | If yes, Describe. |
| When an application has been approved, the client is provided a copy of the application which describes the amount of the benefit, the energy supplier the benefit will be provided to, as well as the account name and number to which the benefit is applied. This information is provided to the client at the time of their appointment. 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state in order to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of this State Plan. 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance? All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state to receive payments. The agreement prohibits this practice. Attachment B of this State Plan includes the FY 2024 LIHEAP Energy Supplier Agreement is included in the Attachments section of the State Plan. 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? Yes No | Payments to renters whose utilities are included in their rent. In these cases, payments are made directly to the applicant. |
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| n 50, describe the measures unregulated religious may take. | 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? Yes No |
| | n so, describe the measures unregulated vehicors may take. |

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| | Section 1 | 0: Program, Fiscal Mo | onitoring, and Audit, 260 | 05(b)(10) | |
|---|---|---|---|---------------------------------------|--|
| 10.1. How do | you ensure good fiscal | accounting and tracking of LIHEA | P funds? | | |
| of LIH | d to submit an invoice a | at least once per month to request fund | ng procedures for the expenditure of LIH is. The Alabama Examiners of Public Ac are required to arrange for an annual aud | counts will annually conduct an audit | |
| admini | Additionally, the State strative costs. | is in the process of revising the monitor | oring process to include more fiscal over | sight—particularly for subrecipient | |
| Audit Process | 1 | | | | |
| 10.2. Is your I | | ited annually under the Single Audi | t Act and OMB Circular A - 133? | | |
| | | | s or reportable condition cited in the A riews of the LIHEAP agency from the | | |
| No Findings | <u> </u> | | | | |
| Finding | Type | Brief Summary | Resolved? | Action Taken | |
| 1 | | | | | |
| | | | administering agencies/district offices | ? | |
| . 4 | | ices are required to have an annual a | audit in compliance with Single Audit | Act and OMB Circular A-133 | |
| Loca | al agencies/district offi | ces are required to have an annual a | audit (other than A-133) | | |
| ✓ Loca | al agencies/district offi | ices' A-133 or other independent aud | lits are reviewed by Grantee as part o | f compliance process. | |
| ✓ Gra | ntee conducts fiscal an | nd program monitoring of local agen | cies/district offices | | |
| Compliance N | Ionitoring | | | | |
| 10.5. Describe | 10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all | | | | |
| Grantee employees: | | | | | |
| Internal program review | | | | | |
| Departmental oversight | | | | | |
| Secondary review of invoices and payments | | | | | |
| Other program review mechanisms are in place. Describe: | | | | | |
| | | | | | |
| Local Admini | Local Administering Agencies/District Offices: | | | | |
| ✓ On - | site evaluation | | | | |
| ✓ Ann | ual program review | | | | |

| ~ | Monitoring through central database |
|---|---|
| ~ | Desk reviews |
| ~ | Client File Testing/Sampling |
| | Other program review mechanisms are in place. Describe: |

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

The State has been divided into four regions. Subrecipients have one program manager who is the primary point of contact for both LIHEAP and CSBG. While programmatic reviews have historically been conducted annually for LIHEAP and triennially for CSBG, timelines for each program's monitoring schedule will be adjusted over the next two fiscal years. By FY25, subrecipients will be monitored on a biennial schedule.

The following summarizes the actions taken during each visit:

Case Review Procedures

A random sampling of current fiscal year client files from each county in the agency's service area are assessed to verify required documentation. For site visits made during the Heating season (October through May), the Program Monitor reviews Heating and Crisis Heating files. During site visits made in the Cooling season (June through September), the monitor reviews Heating and Crisis Heating as well as Cooling and Crisis Cooling files. The State has not established a minimum standard for the number of client files to be reviewed at each agency; however, the program monitor is trained to examine files from every month in both the Heating and Cooling seasons and from a variety of energy vendors.

- 1. Conduct an entrance conference with the executive director and/or LIHEAP Coordinator to discuss the monitoring procedures
- 2. Review client files of regular, crisis, and supplemental assistance (if applicable) awarded during the current fiscal year for completeness and accuracy
- 3. If applicable, observe how and where paper case files are maintained to ensure confidentiality
- 4. Review batching and vendor payments of 10-15 client files that were reviewed during visit
- 5. Review general agency procedures using the LIHEAP Monitoring Review Checklist. (see attached)
- 6. Conduct an exit conference with the executive director and/or LIHEAP Coordinator to discuss any findings

Client files are reviewed for the following documentation:

- Application a complete application with the client's signature/electronic signature and the intake worker's signature. Accuracy of the information and award amount is confirmed during review. The monitor also reviews case notes.
 - Client identification -copy of picture ID and Social Security Card
 - Household member(s) identification -copies of the Social Security Card of all household members

Household income - copies of payroll, check stubs, or checks; records of the self-employed; written statements from employers; documents from social agencies such as the Department of Human Resources; or statements of someone in a position to know the circumstances of the household. Declaration of Household Income form for household members aged 18 and over that had no income and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.; received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained; received money from family/friends; or received income not reported elsewhere.

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

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

- Date of application
- Type of benefit
- Applicant name

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

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

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

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

Site Visits:

Program managers will conduct on-site monitoring visits to nine (9) of the eighteen (18) subrecipients at least once every two years.

Desk Reviews:

The LIHEAP staff will perform a monthly desk review for subrecipients that are not scheduled for an on-site programmatic review. This will include reviewing ten randomly-selected client files for completeness and accuracy and checking the timeliness of vendor payments at least once during the fiscal year.

10.8. How often is each local agency monitored?

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

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

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

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

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

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

SF - 424 - MANDATORY 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) V Draft Plan posted to website and available for comment Hard copy of plan is available for public view and comment V Comments from applicants are recorded ~ Request for comments on draft Plan is advertised Stakeholder consultation meeting(s) Comments are solicited during outreach activities Other - Describe: 11.2 What changes did you make to your LIHEAP plan as a result of this participation? No changes were made 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? **Event Description** 06/08/2023 Virtual Public Hearing 11.4. How many parties commented on your plan at the hearing(s)? $\,0\,$ 11.5 Summarize the comments you received at the hearing(s). A public hearing for the presentation and review of the annual state plan is conducted in mid-June. Prior to the public hearing, the annual state plan is revised internally taking into consideration any changes that were requested during the previous program year, as well as, any changes in guidance from HHS. The announcement of the public hearing is posted on the Secretary of State's website at least 10 days prior to the hearing, all of the state's Community Action Agencies are notified of the hearing, and a draft of the state plan is posted on ADECA's website for public view. All parties are encouraged to attend, invite others to attend, and submit comments for review. Notification of the public hearing was posted in 5 newspaper A summary of the public hearing is attached. The comment period is open for 30 days following the public hearing. We did not receive any comments this year. Please see FY24 Public Hearing Advertisement and FY24 CAA Public Hearing Memo attachments* 11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)? No changes were made.

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.

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|---------------|--|

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

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

12.2 How many of those fair hearings resulted in the initial decision being reversed? None

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

N/A

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

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

12.5 When and how are applicants informed of these rights?

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

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

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

12.7 When and how are applicants informed of these rights?

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

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

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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?

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

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

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

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

During the previous Federal fiscal year (2022), 13 of the 18 subrecipients utilized Energy Counseling funds to reduce their clients' home energy needs, and thereby, the need for energy assistance. The following provides the results of their efforts:

- 1. 37,713 households received an energy conservation brochure/flyer/resource guide (Note: This is a duplicated count since eligible households could potentially receive LIHEAP up to four (4) times per fiscal year (Heating, Cooling, Crisis Heating, and Crisis Cooling) and might receive a brochure each time.)
- 1. 26,179 households received energy conservation counseling at time of intake (Note: This is a duplicated count since eligible households could potentially receive LIHEAP up to four (4) times per fiscal year (Heating, Cooling, Crisis Heating, and Crisis Cooling) and might receive counseling each time.)
- 1. 2,290 households subrecipient contacted the household's home energy supplier to restore service or negotiate payment arrangement
- 1. 6,358 households subrecipient and client reviewed household expenses and developed a budget
- 1. 781 households client attended financial literacy/budgeting workshop (no energy conversation discussion)
- 1. 741 households received an energy conservation kit
- $1.\ 1,172\ households-received\ a\ do-it-yourself\ home\ energy\ evaluation\ packet\ (TVA,\ etc.)$
- $1.\,217\ households-client\ attended\ workshop\ that\ discussed\ both\ energy\ conservation\ and\ financial\ literacy/budgeting$
- 1. 193 households client received an HVAC unit assessment
- 1. 195 households client attended workshop on energy conservation (no discussion of finances or budgeting)

In addition, subrecipients tracked the household's energy bills of 3,063 households after they attended an energy counseling workshop and provided the following data:

2,934 households - energy bills were reduced 0%-5% after tracking up to 90 days after workshop

 $69\ households$ - energy bills were reduced 5%-10% after tracking up to $90\ days$ after workshop

 $25\ households-energy\ bills$ were reduced 10%--20% after tracking up to $90\ days$ after workshop

35 households - energy bills were reduced 20% or more after tracking up to 90 days after workshop

13.4 Describe the level ofdirect benefitsprovided to those households in the previous Federal fiscal year.

N/A

13.5 How many households applied for these services? 15,638

13.6 How many households received these services? 15,638

Section 14 - Leveraging Incentive Program ,2607A

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

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Section 14:Leveraging Incentive Program, 2607(A)

| C Yes O No | | | |
|------------|--|--|--|
| | | | |

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

N/A

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

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

Section 15 - Training

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| Section 15: Training | | | | | |
|--|---|--|--|--|--|
| 15.1 Describe the training you provide for each of the following groups: | | | | | |
| a. Grantee Staff: | | | | | |
| Formal training on grantee policies and procedures | | | | | |
| How often? | | | | | |
| Annually | | | | | |
| Bi-annually | | | | | |
| As needed | | | | | |
| Other - Describe: | | | | | |
| Employees are provided with policy manual | | | | | |
| Other-Describe: | | | | | |
| b. Local Agencies: | | | | | |
| Formal training conference | | | | | |
| How often? | | | | | |
| Annually | | | | | |
| Bi-annually | | | | | |
| As needed | | | | | |
| Other - Describe: | | | | | |
| ✓ On-site training | | | | | |
| How often? | • | | | | |
| Annually | | | | | |
| Bi-annually | | | | | |
| As needed | | | | | |
| Other - Describe: | | | | | |
| Employees are provided with policy manual | | | | | |
| Other - Describe | | | | | |
| c. Vendors | | | | | |
| Formal training conference | | | | | |
| How often? | | | | | |
| Annually | | | | | |
| Bi-annually | | | | | |
| As needed | | | | | |
| Other - Describe: | | | | | |
| V Policies communicated through vendor agreements | | | | | |
| Policies are outlined in a vendor manual | | | | | |

Other - Describe:

The Program Manager and/or Program Supervisor contacts vendors during subrecipient monitoring

15.2 Does your training program address fraud reporting and prevention?

© Yes

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

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

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

ADECA submitted data for all required sections of the FY 2022 Performance Measures Report. We collected twelve months of bill payment data for approximately 24% of LIHEAP households that received assistance between October 1, 2021, through September 30, 2022. Expenditure data was collected from 20 electric, natural gas, and propane vendors. Our Benefit Targeting Index for All Households was 108 and our Burden Reduction Targeting Index for High Burden Households was 91.

ADECA continues to prioritize receiving useful data to report to HHS as a means to not only meet requirements but also to demonstrate the need for LIHEAP funding in the state of Alabama. The data collected helps ADECA identify any gaps in services or areas where specific needs aren't being met. ADECA also analyzes the data received to determine if any adjustments should be considered to the benefit matrix (Payment Assistance Chart). Over the past several years, the State has made incremental increases to the benefit amounts to reduce the energy burden for the households with the lowest incomes and highest energy bills. ADECA's goal in FY2023-FY2024 is to remove barriers related to arrearages which keep clients from establishing energy stability within their homes. We're accomplishing this by using the supplemental appropriations awarded to the state during FY2023.

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| Section 17: Program Integrity, 2605(b)(10) | | | | | | | | | | | |
|---|---|-------|----------------------------|---------------------------|-----------|----------------------------|----------------------------|-----------|---------------------------------|--------------------------|--|
| 17.1 Fraud Reporting Mechanisms | | | | | | | | | | | |
| a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply. | | | | | | | | | | | |
| | Online Fraud Reporting | | | | | | | | | | |
| > | Dedicated Fraud Reporting Hotline | | | | | | | | | | |
| > | Report directly to local agency/district office or Grantee office | | | | | | | | | | |
| | Report to State Inspector General or Attorney General | | | | | | | | | | |
| > | Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse | | | | | | | | | | |
| | Other - Describe: | | | | | | | | | | |
| b. Describe strategies in place for advertising the above-referenced resources. Select all that apply | | | | | | | | | | | |
| | Printed outreach materials | | | | | | | | | | |
| | Addressed on LIHEAP application | | | | | | | | | | |
| > | Website | | | | | | | | | | |
| > | ✓ Other - Describe: | | | | | | | | | | |
| | Fraud training and reporting provided at annual LIHEAP workshop. | | | | | | | | | | |
| | | | | | | | | | | | |
| 17.2. Id | lentification Documentation | n Req | uirements | | | | | | | | |
| a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members. | | | | | | | | | | | |
| Collected from Whom? | | | | | | | | | | | |
| Type of Identification Collected | | | | | | All Adults in Household | | | All Hanashald | Monthous | |
| Social Security Card is photocopied and retained | | Н | Applicant Only Required | | | Required | | | All Household Members Required | | |
| | | > | 1 | | ~ | 1 | | > | 4 | | |
| | | | Requested | | | Requested | | | Requested | | |
| | | | | | | | | 4 | | | |
| Social Security Number (Without actual Card) | | | Required | | | Required | | | Required | | |
| | | | | | | | | | | | |
| | | | Requested | | Requested | | | Requested | | | |
| | | | | | | | | | | | |
| Government-issued identification | | | Required | | | Required | | | Required | | |
| card (i.e.: driver's license, state ID, | | | | | | _ | | | | | |
| Tribal ID, passport, etc.) | | > | Requested | | | Requested | | | Requested | | |
| | Other | | Applicant Only Required | Applicant On Requested | | All Adults in Household | All Adults in Household | | All Household Members | All Household Members | |

| | | ĺ | | | Required | Requested | Required | Requested | | | | |
|---|---|---|-----------------------|---------------------|---------------------|---------------------|----------------|------------------|--|--|--|--|
| 1 | Picture II | D | ~ | | | | | | | | | |
| | | | | | | | | | | | | |
| b. Describe any exceptions to the above policies. | | | | | | | | | | | | |
| During a State-declared or Federally-declared emergency, applicants and household members that have been assisted previously are not required to provide their Social Security cards; those who are first-time applicants and cannot provide cards may provide previous year's tax | | | | | | | | | | | | |
| return or another State/Federal form that shows the Social Security number of the applicant and/or the household members as proof. | | | | | | | | | | | | |
| | 17.3 Identification Verification | | | | | | | | | | | |
| | Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply | | | | | | | | | | | |
| | Verify SSNs with Social Security Administration | | | | | | | | | | | |
| | Match SSNs with death records from Social Security Administration or state agency | | | | | | | | | | | |
| | Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) | | | | | | | | | | | |
| | Matc | Match with state Department of Labor system | | | | | | | | | | |
| | Matc | atch with state and/or federal corrections system | | | | | | | | | | |
| | Matc | Match with state child support system | | | | | | | | | | |
| | Verif | Verification using private software (e.g., The Work Number) | | | | | | | | | | |
| | In-pe | rson certification by staff | (for tribal grantees | s only) | | | | | | | | |
| | Matc | h SSN/Tribal ID number | with tribal databas | e or enrollment re | cords (for tribal g | rantees only) | | | | | | |
| V | Other | r - Describe: | | | | | | | | | | |
| Applicants are required to provide their photo ID and SS cards for all household members. Exceptions are made for: 1. a State-declared or Federally-declared emergency when applicants and household members that have been assisted previously are not required to provide their Social Security cards; or, 2.those who are first-time applicants and cannot provide cards may provide previous year's tax return or another State/Federal form that shows the Social Security number of the applicant and/or the household members. | | | | | | | | | | | | |
| 17. | 4. Citizen | ship/Legal Residency Veri | ification | | | | | | | | | |
| | at are yo hat apply | ur procedures for ensurin | g that household m | nembers are U.S. o | itizens or aliens w | ho are qualified to | receive LIHEAP | benefits? Select | | | | |
| - | Clients sign an attestation of citizenship or legal residency | | | | | | | | | | | |
| | Client's submission of Social Security cards is accepted as proof of legal residency | | | | | | | | | | | |
| | Noncitizens must provide documentation of immigration status | | | | | | | | | | | |
| | Citiz | zens must provide a copy o | of their birth certif | icate, naturalizati | on papers, or pass | port | | | | | | |
| | Citizens must provide a copy of their birth certificate, naturalization papers, or passport Noncitizens are verified through the SAVE system | | | | | | | | | | | |
| | Tribal members are verified through Tribal enrollment records/Tribal ID card | | | | | | | | | | | |
| Other - Describe: | | | | | | | | | | | | |
| 17 | 5 Income | Verification | | | | | | | | | | |
| | | | e to verify househo | ld income? Select | all that apply. | | | | | | | |
| What methods does your agency utilize to verify household income? Select all that apply. Require documentation of income for all adult household members | | | | | | | | | | | | |
| | V | Pay stubs | | | | | | | | | | |
| | ~ | Social Security award le | etters | | | | | | | | | |
| | | Bank statements | | | | | | | | | | |
| | ~ | Tax statements | | | | | | | | | | |
| | ~ | Zero-income statements | | | | | | | | | | |
| | ~ | Unemployment Insurance letters | | | | | | | | | | |
| | ✓ Other - Describe: | | | | | | | | | | | |
| | Income can also be verified by the following: | | | | | | | | | | | |
| | Statements from employers | | | | | | | | | | | |
| | Documentation from the Department of Human Resources to verify income, child support and/or TANF payments | | | | | | | | | | | |

| Declaration of Household Income form - completed by the applicant if any household member age 18 and over had no income for the previous month and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.; received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained; received money from family/friends; or received income not reported elsewhere. Subrecipients can accept facsimiles, scanned documents, or legible, printable photos of required documentation. |
|---|
| Subrecipients can use the household member's current Social Security Administration benefits letter if the subrecipient has it on file. |
| Subrecipients may accept bank statements as proof if the applicant or household member does not have verification for child support and/or TANF received in the previous month. |
| |
| Computer data matches: |
| Income information matched against state computer system (e.g., SNAP, TANF) |
| Proof of unemployment benefits verified with state Department of Labor |
| Social Security income verified with SSA |
| Utilize state directory of new hires |
| Other - Describe: |
| 17.6. Protection of Privacy and Confidentiality |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| Policy in place prohibiting release of information without written consent |
| Grantee LIHEAP database includes privacy/confidentiality safeguards |
| Employee training on confidentiality for: |
| Grantee employees |
| ✓ Local agencies/district offices |
| Employees must sign confidentiality agreement |
| Grantee employees |
| ✓ Local agencies/district offices |
| Physical files are stored in a secure location |
| Other - Describe: |
| 17.7. Verifying the Authenticity |
| What policies are in place for verifying vendor authenticity? Select all that apply. |
| All vendors must register with the State/Tribe. |
| All vendors must supply a valid SSN or TIN/W-9 form |
| ✓ Vendors are verified through energy bills provided by the household |
| Grantee and/or local agencies/district offices perform physical monitoring of vendors |
| Other - Describe and note any exceptions to policies above: |
| 17.8. Benefits Policy - Gas and Electric Utilities |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| Applicants required to submit proof of physical residency |
| Applicants must submit current utility bill |
| Data exchange with utilities that verifies: |
| Account ownership |
| Consumption |
| Balances |
| |
| Payment history |
| Account is properly credited with benefit |

| Centralized computer system/database tracks payments to all utilities |
|--|
| Centralized computer system automatically generates benefit level |
| Separation of duties between intake and payment approval |
| Payments coordinated among other energy assistance programs to avoid duplication of payments |
| Payments to utilities and invoices from utilities are reviewed for accuracy |
| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |
| Direct payment to households are made in limited cases only |
| Procedures are in place to require prompt refunds from utilities in cases of account closure |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| Other - Describe: |
| 17.9. Benefits Policy - Bulk Fuel Vendors |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. |
| ✓ Vendors are checked against an approved vendors list |
| Centralized computer system/database is used to track payments to all vendors |
| Clients are relied on for reports of non-delivery or partial delivery |
| Two-party checks are issued naming client and vendor |
| Direct payment to households are made in limited cases only |
| Vendors are only paid once they provide a delivery receipt signed by the client |
| Conduct monitoring of bulk fuel vendors |
| Bulk fuel vendors are required to submit reports to the Grantee |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| Other - Describe: |
| 17.10. Investigations and Prosecutions |
| 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. |
| Refer to state Inspector General |
| Refer to local prosecutor or state Attorney General |
| Refer to US DHHS Inspector General (including referral to OIG hotline) |
| Local agencies/district offices or Grantee conduct investigation of fraud complaints from public |
| Grantee attempts collection of improper payments. If so, describe the recoupment process |
| Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 year |
| Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated |
| Vendors found to have committed fraud may no longer participate in LIHEAP |
| ✓ Other - Describe: |
| Clients committing fraud (providing false information) or attempting to commit fraud are typically banned for one (1) year. If improper payments are made on client's behalf, the household cannot apply for assistance until restitution has been made, at which time they must submit a request to the agency to be considered eligible to apply for benefits. |
| If any of the above questions require further explanation or clarification that could not be made in |

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

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

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.BrBbr.
- 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

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 pint 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)

| 401 Adams Avenue * Address Line 1 | | |
|------------------------------------|---------------|----------------------------|
| Address Line 2 | | |
| Address Line 3 | | |
| Montgomery * City | AL * State | 36103 * 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

(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 disbursal 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 | | | |
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| The following documents must be attached to this application | | | |
| • Delegation Letter is required if someone other than the Governor or Chairman Certified this Report. | | | |
| Heating component benefit matrix, if applicable | | | |
| Cooling component benefit matrix, if applicable | | | |
| Minutes, notes, or transcripts of public hearing(s). | | | |