# **DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance

**Grantee Name:** SOUTH CAROLINA OFC. STATE TRSRR **Report Name:** DETAILED MODEL PLAN (LIHEAP)

**Report Period:** 10/01/2023 to 09/30/2024 **Report Status:** Submission Accepted by CO

### **Report Sections**

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# **Mandatory Grant Application SF-424**

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

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

|  |                     |                     | * 1.b. Frequency:  Annual |  | * 1.c. Consolidated Application/ Plan/Funding Request?  Explanation:  2. Date Received:  3. Applicant Identifier:  4a. Federal Entity Identifier: |                  | er:                     | * 1.d. Version:  © Initial  © Resubmission  © Revision  © Update  State Use Only:  5. Date Received By State: |  |  |
|--|---------------------|---------------------|---------------------------|--|---|------------------|-------------------------|---|--|--|
|  |                     |                     |                           |  | 4b. Fed   | leral Award Io   | ientiner:               | 6. State Application Identifier:  |  |  |
| 7. APPLICAN                                  |                     |                     |                           |  |   |                  |                         |   |  |  |
| * a. Legal Nai<br>* b. Employer<br>576000286 |                     |                     | on Number (EIN/TIN        | ():  | * c. Or   | ganizational D   | OUNS: 079               | 733487  |  |  |
| * d. Address:                                |                     |                     |                           |  | W   |                  |                         |   |  |  |
| * Street 1:                                  | 1                   | 205 Pendlete        | on Street                 |  | Stre  | et 2:            |                         |   |  |  |
| * City:                                      | C                   | Columbia            |                           |  | Cou   | nty:             |                         |   |  |  |
| * State:                                     | S                   | C                   |                           |  | Pro   | vince:           |                         |   |  |  |
| * Country:                                   | Ur                  | nited States        |                           |  | * Zi<br>Code:   | p / Postal       | 29201 - 37              | 9201 - 3734   |  |  |
| e. Organizatio                               | nal Unit:           |                     |                           |  | ·   |                  |                         |   |  |  |
| Department N Department of                   |                     | ration              |                           |  | Division Name: Office of Economic Opportunity   |                  |                         |   |  |  |
| f. Name and c                                | ontact info         | rmation of <b>j</b> | person to be contacted    | l on matters in                                | volving t   | this application | n:                      |   |  |  |
| Prefix:                                      | * First Na<br>Kelly | nme:                |                           | Middle Name<br>S                               | <b>:</b>  |                  | * Last Name:<br>Buckson |   |  |  |
| Suffix:                                      | Title:<br>Senior M  | Ianager             |                           | Organization                                   | nal Affiliation:  |                  |                         |   |  |  |
| * Telephone<br>Number:<br>803-734-<br>0662   | Fax Num             | ber                 |                           | * Email:<br>kelly.buckson@admin.sc.gov         |   |                  |                         |   |  |  |
| * <b>8a. TYPE O</b><br>A: State Gover        |                     | CANT:               |                           |  |   |                  |                         |   |  |  |
| b. Addition                                  | al Descript         | tion:               |                           |  |   |                  |                         |   |  |  |
| * 9. Name of I                               | Federal Ag          | ency:               |                           |  |   |                  |                         |   |  |  |
|  |                     |                     |                           | alog of Federal Domestic<br>Assistance Number: |   | tic CFDA Title:  |                         |   |  |  |
| 10. CFDA Num                                 | bers and Tit        | tles                | 93.568                    |  | Low-Income Home Energy Assistance Program   |                  |                         |   |  |  |
| 11. Descriptiv                               | e Title of A        | Applicant's I       | Project                   |  |   |                  |                         |   |  |  |
| 12. Areas Affe                               | ected by Fu         | ınding:             |                           |  |   |                  |                         |   |  |  |
| 13. CONGRE                                   | SSIONAL             | DISTRICT            | S OF:                     |  |   |                  |                         |   |  |  |
| * a. Applicant<br>06                         |                     |                     |                           |  | b. Program/Project:<br>Statewide  |                  |                         |   |  |  |
| Attach an add                                | litional list       | of Program          | /Project Congression      | al Districts if n                              | eeded.  |                  |                         |   |  |  |
| 14. FUNDING PERIOD:                          |                     |                     |                           |  | 15. ESTIMATED FUNDING:  |                  |                         |   |  |  |

| <b>a. Start Date:</b> 10/01/2023                    | <b>b. End Date:</b> 09/30/2024  | * a. Federal (\$): b. Matc   | ch (\$):<br>\$0 |  |  |  |  |  |
|---|---|--|-----------------|--|--|--|--|--|
| * 16. IS SUBMISSION S                               | UBJECT TO REVIEW BY STATE UNDER   | R EXECUTIVE ORDER 12372 PROCESS?   |                 |  |  |  |  |  |
| a. This submission wa                               | s made available to the State under the Exe   | ecutive Order 12372  |                 |  |  |  |  |  |
| Process for Review                                  | Process for Review on :   |  |                 |  |  |  |  |  |
| b. Program is subject                               | to E.O. 12372 but has not been selected by  | State for review.  |                 |  |  |  |  |  |
| c. Program is not cove                              | ered by E.O. 12372.   |  |                 |  |  |  |  |  |
| * 17. Is The Applicant D<br>O YES<br>O NO           |   |  |                 |  |  |  |  |  |
| Explanation:  |   |  |                 |  |  |  |  |  |
| complete and accurate to                            | the best of my knowledge. I also provide the vare that any false, fictitious, or fraudulent | ned in the list of certifications** and (2) that the statements herein are trube required assurances** and agree to comply with any resulting terms if statements or claims may subject me to criminal, civil, or administrative | fÍ              |  |  |  |  |  |
| ** The list of certification specific instructions. | ns and assurances, or an internet site where  | e you may obtain this list, is contained in the announcement or agency   |                 |  |  |  |  |  |
|   | ame and Title of Authorized Certifying Offi   | icial 18c. Telephone (area code, number and extension)   |                 |  |  |  |  |  |
| Kelly S. Buckson, Senior                            | Manager<br>   | 18d. Email Address<br>kelly.buckson@admin.sc.gov   |                 |  |  |  |  |  |
| 18b. Signature of Author                            | rized Certifying Official   | 18e. Date Report Submitted (Month, Day, Year) 08/29/2023   |                 |  |  |  |  |  |

### **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.<br>te: You must provide information for each component designated here as requested elsewhere in<br>plan.) | Dates of Operation |            |
|-----|--|--------------------|------------|
|     |  | Start Date         | End Date   |
| >   | Heating assistance   | 10/01/2023         | 04/30/2024 |
| >   | Cooling assistance   | 05/01/2024         | 09/30/2024 |
| >   | Crisis assistance  | 10/01/2023         | 09/30/2024 |
| >   | Weatherization assistance  | 04/01/2024         | 09/30/2024 |

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

South Carolina will operate its LIHEAP providing year-round crisis assistance according to the calendar year (January 1 - December 31.) If funding allows, an additional nonemergency benefit may be provided during the heating/cooling seasons. Therefore, LIHEAP assistance may also occur October 1 – December 31, 2024. South Carolina's Weatherization operates April 1, 2024 - March 31, 2025. South Carolina utilizes the SC Enterprise Information System (SCEIS) to ensure the proper tracking of federal grant awards by the appropriate year.

### 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  | 10.00%           |
| Cooling assistance  | 5.00%            |
| Crisis assistance   | 50.00%           |
| Weatherization assistance   | 15.00%           |
| Carryover to the following federal fiscal year  | 10.00%           |
| Administrative and planning costs   | 10.00%           |
| Services to reduce home energy needs including needs assessment (Assurance 16)  | 0.00%            |
| 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 | Cooling assistance |          |                        |
|  |   | Weatherization assistance                                 |          |                    |           |                   |                 | Other (specify:    | :)       |                        |
| Coto   | garigal Fligibility 2   | 2605(b)(2)(A) Assurance 2                                 | 2605(a)  | (1)(A) 2605(b)     | (QA)      | A ccuronoo Q      |                 | <u>  </u>          |          |                        |
| Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8  1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left |   |   |          |                    |           |                   |                 |                    |          |                        |
|  | column below? O Yes O No  |   |          |                    |           |                   |                 |                    |          |                        |
| II yo  | If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.  Heating Cooling Crisis Weatherization |   |          |                    |           |                   |                 |                    |          |                        |
| TANI   | 7   |   | Ov       | Heating<br>es O No | Os        | Cooling Yes No    | 0               | Yes O No           |          | Yes No                 |
| SSI  | ;   |   |          | es O No            | _         | res ONo           | -               | Yes ONo            | <u> </u> | Yes ONo                |
|  |   |   |          | es O No            | _         |                   | _               |                    | _        | Yes O No               |
| SNAP   |   |   | _        |                    | _         | es O No           | _               | Yes O No           | _        |                        |
| Mean   | s-tested Veterans Pro   | grams   | O Y      | es 🖰 No            | O         | es O No           | O.              | Yes O No           | С        | Yes O No               |
|  |   | Program Name  |          | Heating            | _         | Cooling           | _               | Crisis             |          | Weatherization         |
| Other  | (Specify) 1   |   | (        | O Yes O No         |           | O Yes O No        |                 | C Yes C No         |          | C Yes C No             |
| 1.5 D  | o you automatically   | y enroll households without                               | a direct | annual applica     | ation?    | O Yes O No        |                 |                    |          |                        |
| If Ye  | s, explain:   |   |          |                    |           |                   |                 |                    |          |                        |
|  |   | here is no difference in the tillity and benefit amounts? | reatmer  | nt of categorica   | ılly eliş | ible households   | from            | those not receivi  | ng o     | ther public assistance |
| witer  | determining engin   | mity and benefit amounts:                                 |          |                    |           |                   |                 |                    |          |                        |
| SNA  | P Nominal Paymen  | ts  |          |                    |           |                   |                 |                    |          |                        |
| 1.7a   | Do you allocate LII   | IEAP funds toward a nomin                                 | al payn  | nent for SNAP      | housel    | nolds? 🗖 Yes 🕻    | € No            |                    |          |                        |
| If you   | u answered "Yes" t  | o question 1.7a, you must pr                              | rovide a | response to qu     | iestion   | s 1.7b, 1.7c, and | 1.7d.           |                    |          |                        |
| 1.7b   | Amount of Nomina  | l Assistance: \$0.00                                      |          |                    |           |                   |                 |                    |          |                        |
| 1.7c l   | Frequency of Assist   | ance  |          |                    |           |                   |                 |                    |          |                        |
|  | Once Per Year   |   |          |                    |           |                   |                 |                    |          |                        |
|  | Once every five ye  | ears  |          |                    |           |                   |                 |                    |          |                        |
|  | Other - Describe:   |   |          |                    |           |                   |                 |                    |          |                        |
| 1.7d   | How do you confirm  | n that the household receiving                            | ng a nor | ninal payment      | has an    | energy cost or    | need?           |                    |          |                        |
|  |   |   |          |                    |           |                   |                 |                    |          |                        |
| Deter  | rmination of Eligibi  | ility - Countable Income                                  |          |                    |           |                   |                 |                    |          |                        |
| 1.8. I   |   | usehold's income eligibility f                            | for LIH  | EAP, do you u      | se gros   | s income or net   | incon           | ne?                |          |                        |
| <b>&gt;</b>  | Gross Income  |   |          |                    |           |                   |                 |                    |          |                        |
|  | Net Income  |   |          |                    |           |                   |                 |                    |          |                        |
| 1.9. 8   | Select all the applica  | able forms of countable inco                              | me used  | to determine :     | a house   | ehold's income e  | ligibil         | lity for LIHEAP    |          |                        |
| >  | Wages   |   |          |                    |           |                   |                 |                    |          |                        |
| <b>&gt;</b>  | Self - Employmen  | t Income  |          |                    |           |                   |                 |                    |          |                        |
| ~  | Contract Income   |   |          |                    |           |                   |                 |                    |          |                        |
|  | Payments from me  | ortgage or Sales Contracts                                |          |                    |           |                   |                 |                    |          |                        |
| <b>&gt;</b>  | Unemployment in   | surance   |          |                    |           |                   |                 |                    |          |                        |
|  | Strike Pay  |   |          |                    |           |                   |                 |                    |          |                        |
|  | Suike Lay   |   |          |                    |           |                   |                 |                    |          |                        |

| <b>&gt;</b> | Social Security Administration (SSA ) benefits  |  |  |  |  |  |  |
|-------------|---|--|--|--|--|--|--|
|             | To be live Me l'Occupation of the live Me l'Occupation of |  |  |  |  |  |  |
|             | <b>Including MediCare</b> deduction  Excluding MediCare deduction   |  |  |  |  |  |  |
| >           | Supplemental Security Income (SSI )   |  |  |  |  |  |  |
| <b>&gt;</b> | Retirement / pension benefits   |  |  |  |  |  |  |
|             | General Assistance benefits   |  |  |  |  |  |  |
|             | Temporary Assistance for Needy Families (TANF) benefits   |  |  |  |  |  |  |
|             | Supplemental Nutrition Assistance Program (SNAP) benefits   |  |  |  |  |  |  |
|             | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits  |  |  |  |  |  |  |
| Ļ           |   |  |  |  |  |  |  |
|             | Loans that need to be repaid  |  |  |  |  |  |  |
| >           | Cash gifts  |  |  |  |  |  |  |
|             | Savings account balance   |  |  |  |  |  |  |
|             | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.   |  |  |  |  |  |  |
|             | Jury duty compensation  |  |  |  |  |  |  |
| <b>&gt;</b> | Rental income   |  |  |  |  |  |  |
|             | Income from employment through Workforce Investment Act (WIA)   |  |  |  |  |  |  |
|             | Income from work study programs   |  |  |  |  |  |  |
| >           | Alimony   |  |  |  |  |  |  |
| >           | Child support   |  |  |  |  |  |  |
| H           |   |  |  |  |  |  |  |
|             | Interest, dividends, or royalties   |  |  |  |  |  |  |
| >           | Commissions   |  |  |  |  |  |  |
| >           | Legal settlements   |  |  |  |  |  |  |
|             | Insurance payments made directly to the insured   |  |  |  |  |  |  |
|             | Insurance payments made specifically for the repayment of a bill, debt, or estimate   |  |  |  |  |  |  |
| <b>&gt;</b> | Veterans Administration (VA) benefits   |  |  |  |  |  |  |
|             | 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  |  |  |  |  |  |  |
|             | Stipends from senior companion programs, such as VISTA  |  |  |  |  |  |  |
| H           | Funds received by howesheld for the care of a faster shild  |  |  |  |  |  |  |
|             | 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  Section 8 utility allowance checks provided directly to the customer.   |
|   | iny of the above questions require further explanation or clarification that could not be made in 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 c                                   | omponent:   |                                    |  |  |  |
| Add  | Household size   | Eligibility Guideline Eligibility Threshold |   |                                    |  |  |  |
| 1  | All Household Sizes  |   | State Median Income   | 60.00%                             |  |  |  |
| 2.2 Do you have<br>HEATING ASSI  | additional eligibility requirements for ITANCE?                                  | <b>⊙</b> Yes                                | C <sub>No</sub>   |                                    |  |  |  |
| 2.3 Check the ap   | propriate boxes below and describe the p   | olicies for                                 | each.   |                                    |  |  |  |
| Do you require a   | nn Assets test?  | C Yes                                       | <b>⊙</b> No   |                                    |  |  |  |
| Do you have add  | litional/differing eligibility policies for:                                     |   |   |                                    |  |  |  |
| Renters?   |  | C Yes                                       | ⊙ No  |                                    |  |  |  |
| Renters Li   | ving in subsidized housing?  | O Yes                                       | ⊙ No  |                                    |  |  |  |
| Renters wi   | th utilities included in the rent?   | O Yes                                       | ⊙ No  |                                    |  |  |  |
| Do you give prio   | rity in eligibility to:  | •   |   |                                    |  |  |  |
| Elderly?   |  | Yes   | O <sub>No</sub>   |                                    |  |  |  |
| Disabled?  |  | • Yes                                       | C <sub>No</sub>   |                                    |  |  |  |
| Young chil   | ldren?   | • Yes                                       | O <sub>No</sub>   |                                    |  |  |  |
| Household  | s with high energy burdens?  | • Yes                                       | O <sub>No</sub>   |                                    |  |  |  |
|  | ersons not previously served, high energy incomes, veterans, and fuel customers. | • Yes                                       | O <sub>No</sub>   |                                    |  |  |  |
| Explanations of  | policies for each "yes" checked above:   |   |   |                                    |  |  |  |
| priority fo<br>emergency   | r nonemergency heating assistance. High er                                       | nergy users                                 | d), young children (age 5 and under), and persons with the lowest incomes, fuel customers and veting assistance will be determined by the State and | erans may also qualify for a non-  |  |  |  |
| Determination of   | f Benefits 2605(b)(5) - Assurance 5, 2605(                                       | (c)(1)(B)                                   |   |                                    |  |  |  |
| 2.4 Describe how   | you prioritize the provision of heating a  | ssistance t                                 | ovulnerable populations, e.g., benefit amounts  | s, early application periods, etc. |  |  |  |
| South Carolina considers vulnerable households as having at least one member that is elderly (age 60 or older), disabled, or a young child (age 5 and under). Benefit amounts increase when the household includes at least one member of the vulnerable population. Agencies may set aside a designated day/period to serve vulnerable households. Eligible entities provide the state a written plan to ensure vulnerable households are given priority as part of the agency's Community Action Plan submission. The State verifies prioritization during monitoring. |  |   |   |                                    |  |  |  |
| 2.5 Check the va   | riables you use to determine your benefit  | levels. (C                                  | heck all that apply):   |                                    |  |  |  |
| <b>✓</b> Income  |  |   |   |                                    |  |  |  |
| Family (hor  | usehold) size  |   |   |                                    |  |  |  |
| ✓ Home ener  | gy cost or need:   |   |   |                                    |  |  |  |
| ✓ Fuel   | <b>✓</b> Fuel type   |   |   |                                    |  |  |  |
| Clin   | nate/region  |   |   |                                    |  |  |  |
| ✓ Indi   | vidual bill  |   |   |                                    |  |  |  |
| Dwe  | elling type  |   |   |                                    |  |  |  |
| Energy burden (% of income spent on home energy)   |  |   |   |                                    |  |  |  |

| ✓ Energy need   |                               |                                 |                    |  |  |  |  |  |
|---|-------------------------------|---------------------------------|--------------------|--|--|--|--|--|
| Other - Describe:   |                               |                                 |                    |  |  |  |  |  |
| Each eligible household receives a minimum non-emergency benefit of \$200. Additional benefits are awarded if the household/a member of the household is: elderly (\$75); disabled (\$50); household income 70% of the SMI or less (\$175); child age 5 or under (\$50); household energy burden is demonstrated ((20% or more of income used for utilities) \$175); heats with fuel (\$75); a veteran (\$50). The maximum nonemergency benefit during the heating season is \$850. |                               |                                 |                    |  |  |  |  |  |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(   | (c)(1)(B)                     |                                 |                    |  |  |  |  |  |
| 2.6 Describe estimated benefit levels for the fis   | scal year for which this plan | applies                         |                    |  |  |  |  |  |
| Minimum Benefit   | \$200                         | Maximum Benefit                 | \$850              |  |  |  |  |  |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? O Yes  |                               |                                 |                    |  |  |  |  |  |
| If yes, describe.   |                               |                                 |                    |  |  |  |  |  |
|   |                               |                                 |                    |  |  |  |  |  |
| If any of the above questions re  | anire further expla           | nation or clarification that co | uld not be made in |  |  |  |  |  |

# **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 The income eligibility threshold used for the Cooling component:  |  |              |  |                                 |  |  |  |
| Add   | Add Household size Eligibility Guideline Eligibility Threshold |              |  |                                 |  |  |  |
| 1   | All Household Sizes  |              | State Median Income  | 60.00%                          |  |  |  |
| 3.2 Do you have<br>COOLING ASS  | additional eligibility requirements for ISTANCE?               | • Yes        | C No   |                                 |  |  |  |
| 3.3 Check the ap  | propriate boxes below and describe the p                       | olicies for  | each.  |                                 |  |  |  |
| Do you require a  | nn Assets test?  | C Yes        | <b>⊙</b> 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?                             | C Yes        | ⊙ No   |                                 |  |  |  |
| Do you give prio  | rity in eligibility to:  |              |  |                                 |  |  |  |
| Elderly?  |  | • Yes        | C <sub>No</sub>  |                                 |  |  |  |
| Disabled?   |  | • Yes        | C <sub>No</sub>  |                                 |  |  |  |
| Young chil  | dren?  | © Yes CNo    |  |                                 |  |  |  |
| Household   | s with high energy burdens?                                    | € Yes C No   |  |                                 |  |  |  |
|   | rsons not previously served, high energy incomes and veterans. | € Yes C No   |  |                                 |  |  |  |
| Explanations of   | policies for each "yes" checked above:                         |              |  |                                 |  |  |  |
| priority fo<br>cooling be   | r nonemergency cooling assistance. High en                     | nergy users  | ), young children (age 5 and under), and persons n<br>with the lowest incomes and veterans may also quality will be determined by the State and communic | nalify for a non-emergency      |  |  |  |
| 3.4 Describe how  | you prioritize the provision of cooling a                      | ssistance to | ovulnerable populations, e.g., benefit amounts, o  | early application periods, etc. |  |  |  |
| South Carolina considers vulnerable households as having at least one member that is elderly (age 60 or older), disabled, or a young child (age 5 and under). Benefit amounts increase when the household includes at least one member of the vulnerable population. In many cases, agencies set aside a designated day/period to serve vulnerable households, only. Eligible entities provide the State a written plan to ensure vulnerable households are given priority as part of the agency's Community Action Plan submission. The state verifies prioritization during monitoring. |  |              |  |                                 |  |  |  |
| Determination of  | f Benefits 2605(b)(5) - Assurance 5, 2605(                     | (c)(1)(B)    |  |                                 |  |  |  |
| 3.5 Check the variables you use to determine your benefit levels. (Check all that apply):   |  |              |  |                                 |  |  |  |
| <b>✓</b> Income   |  |              |  |                                 |  |  |  |
| Family (hor   | usehold) size  |              |  |                                 |  |  |  |
| <b>✓</b> Home ener  | <b>✓</b> Home energy cost or need:                             |              |  |                                 |  |  |  |
| Fuel  | l type   |              |  |                                 |  |  |  |
| Clin  | nate/region  |              |  |                                 |  |  |  |
| ✓ Indi  | ☑ Individual bill  |              |  |                                 |  |  |  |

| Dwelling type   | Dwelling type                     |           |  |  |  |  |  |  |
|---|-----------------------------------|-----------|--|--|--|--|--|--|
| Energy burden (% of income  | spent on home energy)             |           |  |  |  |  |  |  |
| Energy need   |                                   |           |  |  |  |  |  |  |
| Other - Describe:   |                                   |           |  |  |  |  |  |  |
| The minimum non-emergency benefit provided during the cooling season is \$200. Additional benefits are awarded if: elderly (\$75); disabled (\$50); household income 70% of the SMI or less (\$175); child age 5 or under (\$50); household energy burden is demonstrated ((20% or more of income used for utilities) \$175); veteran (\$50). The maximum non-emergency benefit during the cooling season is \$775. |                                   |           |  |  |  |  |  |  |
| Benefit Levels, 2605(b)(5) - Assurance 5,   | 2605(c)(1)(B)                     |           |  |  |  |  |  |  |
| 3.6 Describe estimated benefit levels for the   | ne fiscal year for which this pla | n applies |  |  |  |  |  |  |
| Minimum Benefit \$200 Maximum Benefit \$775   |                                   |           |  |  |  |  |  |  |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? C Yes O No  |                                   |           |  |  |  |  |  |  |
| If yes, describe.   |                                   |           |  |  |  |  |  |  |
| If any of the above questions require further explanation or clarification that could not be made in  |                                   |           |  |  |  |  |  |  |

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

# **Section 4 - CRISIS ASSISTANCE**

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

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  | State Median Income   | 60.00%   |  |  |  |
| 4.2 Provide your                  | LIHEAP program's definition for determining a cris   | sis.  |  |  |  |  |
| heating/co-<br>elderly (60        | n energy crisis is when a low-income household is facing source. An energy crisis may also be the result of 0 and older) individual, disabled (proof required) individual energy crisis may be deemed to exist where there is an me. | weather or energy-related emergencies. Vulner dual or young child (5 and under) with a bill due | able households (including an<br>e may be treated as a crisis. |  |  |  |
| 4.3 What constitu                 | utes a <u>life-threatening crisis?</u>   |   |  |  |  |  |
|                                   | life-threatening crisis is an emergency requiring immedi if the household's energy service is interrupted.   | ate action to prevent the loss or impairment of l   | life/health due to a medical                                   |  |  |  |
| Crisis Requireme                  | ent, 2604(c)   |   |  |  |  |  |
| 4.4 Within how n                  | nany hours do you provide an intervention that will  | 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  | resolve the energy crisis for eligible househol   | lds in life-threatening  |  |  |  |
| Situations. 10110                 | ours   |   |  |  |  |  |
| 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 e  | each  |  |  |  |  |
| Do you require a                  | n Assets test?   | C Yes O No  |  |  |  |  |
| Do you give prio                  | rity in eligibility to:  |   |  |  |  |  |
| Elderly?                          |  | ⊙ Yes ○ No  |  |  |  |  |
| Disabled?                         |  | € Yes C No  |  |  |  |  |
| Young Chi                         | ldren?   | ⊙ Yes O No  |  |  |  |  |
| Household                         | s with high energy burdens?  | ⊙ Yes O No  |  |  |  |  |
| Other?                            |  | C Yes ⊙ No  |  |  |  |  |
| In Order to recei                 | ive crisis assistance:   |   |  |  |  |  |
| Must the ho empty tank?           | ousehold have received a shut-off notice or have a ne  | ear O Yes O No  |  |  |  |  |
| Must the h                        | ousehold have been shut off or have an empty tank?   | ⊙ Yes ○ No  |  |  |  |  |
| Must the h                        | ousehold have exhausted their regular heating benef  | it? O Yes O No  |  |  |  |  |
| Must rente<br>received an evicti  | ers with heating costs included in their rent have ion notice?   | C Yes € No  |  |  |  |  |
| Must heati                        | ng/cooling be medically necessary?   | O Yes O No  |  |  |  |  |
| Must the he equipment?            | ousehold have non-working heating or cooling   | ⊙Yes CNo  |  |  |  |  |
| Other?                            |  | O yes O No  |  |  |  |  |

| Do you have additional/differing   | ng eligibility policies  | for:           |                 |   |  |  |
|--|--|----------------|-----------------|---|--|--|
| Renters?   |  |                |                 | C Yes O No  |  |  |
| Renters living in subsidiz   | zed housing?   |                | C Yes ⊙ No      |   |  |  |
| Renters with utilities incl  | uded in the rent?  |                |                 | € Yes C No  |  |  |
| Explanations of policies for each  | ch "yes" checked ab  | ove:           | <u> </u>        |   |  |  |
|  |  |                |                 |   |  |  |
| At least one condi   | ition listed above mu  | st exist.      |                 |   |  |  |
| Equitable treatme  | nt of renters: If an ap  | plicant is be  | hind on their   | rent, which includes their energy bill, the LIHEAP benefit must only be   |  |  |
|  | . South Carolina's LI  | HEAP Rente     | er's Affidavit  | vices, not for general rental payments. Payments cannot be made directly to should be used to gather and document information that demonstrates the   |  |  |
| Determination of Benefits  |  |                |                 |   |  |  |
| 4.8 How do you handle crisis si  | tuations?  |                |                 |   |  |  |
| _  | e component  |                |                 |   |  |  |
| Fast Tra   | ack  |                |                 |   |  |  |
| Other -  | Describe:  |                |                 |   |  |  |
| a  | Eligible applic  | ble applicant  | ts with a life- | EAP emergency must be processed within 48 hours (2 business days) of the threatening emergency must be processed within 18 hours (1 business day) eligibility is determined a pledge is made to the vendor for payment on the |  |  |
| 4.9 If you have a separate comp  | ponent, how do you   | determine c    | risis assista   | nce benefits?   |  |  |
| Amount   | to resolve the crisis  | i <b>.</b>     |                 |   |  |  |
| Other -  | Describe:  |                |                 | <del>.</del>  |  |  |
|  | s for energy crisis as   | ssistance at   | sites that are  | e geographically accessible to all households in the area to be served?   |  |  |
| © Yes ○ No Explain.  |  |                |                 |   |  |  |
| Applications are g   | geographically access  | sible to house | eholds in eac   | ch of South Carolina's 46 counties.   |  |  |
| 4.11 Do you provide individuals who are physically disabled the means to:  |  |                |                 |   |  |  |
| Submit applications for crisis benefits without leaving their homes?   |  |                |                 |   |  |  |
| © Yes ○ No If No, explain.   |  |                |                 |   |  |  |
| Travel to the sites at which applications for crisis assistance are accepted?  |  |                |                 |   |  |  |
| © Yes © No If No, explain.  If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled? |  |                |                 |   |  |  |
| D 64 Y 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |  |                |                 |   |  |  |
| Benefit Levels, 2605(c)(1)(B)  | nofit for each time =  | f origin conta | tanco offers    | d   |  |  |
| 4.12 Indicate the maximum benefit for each type of crisis assistance offered.  Winter Crisis SO 00 maximum benefit   |  |                |                 |   |  |  |
|  | Winter Crisis \$0.00 maximum benefit  Summer Crisis \$0.00 maximum benefit |                |                 |   |  |  |
| Year-round Crisis \$1,500.00 maximum benefit   |  |                |                 |   |  |  |
| 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?   |  |                |                 |   |  |  |
| C Yes No If yes, Describe  |  |                |                 |   |  |  |
| ,  |  |                |                 |   |  |  |
| 4.14 Do you provide for equipm   | nent repair or repla   | cement usin    | g crisis fund   | ds?   |  |  |
| ⊙ Yes C No   |  |                |                 |   |  |  |
| If you answered "Yes" to ques  | tion 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 Summer Year-round Crisis  |  |                |                 |   |  |  |
|  |  | Crisis         | Crisis          |   |  |  |
| Heating system repair  |  |                |                 |   |  |  |

| Heating system replacement   |               |              |  |    |  |
|--|---------------|--------------|--|----|--|
| Cooling system repair  |               |              | ✓  |    |  |
| Cooling system replacement   |               |              |  |    |  |
| Wood stove purchase  |               |              |  |    |  |
| Pellet stove purchase  |               |              |  |    |  |
| Solar panel(s)   |               |              | V  |    |  |
| Utility poles / gas line hook-ups  |               |              | V  |    |  |
| Other (Specify): Chimney sweep service(s) as a health and safety measure for households that heat using wood stoves.   |               |              | V  |    |  |
| 4.16 Do any of the utility vendors you work with ea  | nforce a mo   | ratorium on  | n shut offs?   |    |  |
| ⊙ Yes C 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 an   | y special dis | pensation re | received by LIHEAP clients during or after the moratorium period | ı. |  |
| From December 1 to March 31, Dominion Energy South Carolina and Duke Energy will not disconnect a residential customer if the customer or a member of his household at the premises being served, furnishes the vendor, no less than three days prior to termination or to the terminating crew at the time of termination, a certificate on a form provided by the vendor and signed by (i) a licensed physician, stating that termination of electric and/or gas service would be especially dangerous to such person's health, and (ii) the customer, stating that he is unable to pay by installments. A certification expires 31 days after execution by the physician and may be renewed for an additional 30 days no more than three times. |               |              |  |    |  |
| South Carolina does not provide special dispensation to clients during or after the moratorium. All qualifying households may receive up to \$1,500 in crisis benefits.  |               |              |  |    |  |
| 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 Guideline Eligibility Threshold All Household Sizes HHS Poverty Guidelines 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 ~ 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: LIHEAP Weatherization (LWAP) work will not be subject to the DOE Weatherization maximum average cost per dwelling unit. The LWAP work will not be subject to DOE Saving to Investment Ratio (SIR) standards. Energy Conservation Measures with an SIR or 0.5 or greater can be installed with LWAP money. In addition, an entire dwelling can be completed with LWAP money if the cumulative SIR of the dwelling is below the 1.0 threshold require by DOE. Eligibility, 2605(b)(5) - Assurance 5 5.6 Do you require an assets test? O Yes O No 5.7 Do you have additional/differing eligibility policies for : Renters Renters living in subsidized Yes □ No housing? 5.8 Do you give priority in eligibility to: Elderly? Yes □ No Disabled? Tes O No

| Young Children?  | <b>⊙</b> Yes <b>○</b> No   |  |  |  |  |
|--|--|--|--|--|--|
| House holds with high energy burdens?                    | € Yes C No   |  |  |  |  |
| Other?   | C Yes  |  |  |  |  |
| If you selected "Yes" for any of the optibelow.          | ons in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field  |  |  |  |  |
|  | ion from owner and rent must not increase once weatherization services are completed. Subgrantees shall use n in DBA FACSPro which prioritizes program eligible persons who are: |  |  |  |  |
| • Elderly - 60 years of age                              | and older  |  |  |  |  |
| • Disabled   |  |  |  |  |  |
| • Households with minors u                               | • Households with minors under age 18  |  |  |  |  |
| • A high energy burden - at                              | • A high energy burden - at least 20 percent of the household income is utilized to pay for energy usage.  |  |  |  |  |
| • A high energy user - LIH                               | • A high energy user - LIHEAP eligible household benefit   |  |  |  |  |
|  | ion from owner and rent must not increase once weatherization services are completed. Subgrantees shall use n in DBA FACSPro which prioritizes program eligible persons who are: |  |  |  |  |
| • Elderly - 60 years of age                              | and older  |  |  |  |  |
| • Disabled   | • Disabled   |  |  |  |  |
| • Households with minors u                               | • Households with minors under age 18  |  |  |  |  |
| • A high energy burden - at                              | • A high energy burden - at least 20 percent of the household income is utilized to pay for energy usage.  |  |  |  |  |
| • A high energy user - LIHEAP eligible household benefit |  |  |  |  |  |

### 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? C Yes 6 No 5.10 If yes, what is the maximum? \$0 Types of Assistance, 2605(c)(1), (B) & (D) 5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.) Energy related roof repair Weatherization needs assessments/audits Major appliance repairs Caulking and insulation V Major appliance replacement Storm windows **✓** Furnace/heating system modifications/repairs Windows/sliding glass doors **✓** Doors Furnace replacement Water Heater Cooling system modifications/repairs ~ Water conservation measures Cooling system replacement Compact florescent light bulbs **✓** Other - Describe: LED Bulbs, HVAC Assessments

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# 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): | Special assistance with language translation.

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

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

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

# 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: Eligible entities are required to outline coordination efforts in their agency's annual Community Action Plan submission. OEO will verify these efforts during monitoring.

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# 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

| BCC      | 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<br>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<br>Agencies | Community Action<br>Agencies | Community Action<br>Agencies | Community Action<br>Agencies |  |  |
| electric | ho processes benefit payments to gas and vendors?  | Community Action<br>Agencies | Community Action<br>Agencies | Community Action<br>Agencies |                              |  |  |
| vendor   | 5c who processes benefit payments to bulk fuel Agencies Community Action Agencies Community Action Agencies Community Action Agencies                  |                              |                              |                              |                              |  |  |
| measu    | 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 Wh   | 8.6 What is your process for selecting local administering agencies?   |                              |                              |                              |                              |  |  |

OEO may redesignate an eligible entity if an area of the state is not served or ceases to be served by an eligible entity. This includes situations where an existing eligible entity goes out of business, funding is terminated, or relinquishes its designation as an eligible entity. The procedure for redesignation shall be as follows: 1. The State will notify in writing and request written applications from:(a) Any private nonprofit organization that is geographically located in the unserved area, that can provide a range of services designed to meet the requirements of the LIHEAP Statute; and (b)Any private nonprofit eligible entity that is geographically located in an area contiguous to or within reasonable proximity of the unserved area and that is already providing related services in the unserved area. 2. Special Consideration. The designation shall be granted to an organization of demonstrated effectiveness in meeting the goals and purposes of LIHEAP. Priority may be given to eligible entities that are providing related services in the unserved area.

Each CAA is assigned a service area made up of a county or counties whereby program services of these grants are provided to specific county residents. Allocations for LIHEAP and LIHEAP Weatherization Assistance Program (LWAP) are prepared by OEO's Fiscal Manager. Sub-grantee allocations for each grant are calculated based on the poverty rates of the county(s) served by the sub-grantee. Disbursements are payments to the sub-grantees for administrative and program costs based, in part, on the funding allocated to a sub-grantee, timing, and reason for disbursement. All disbursements made to sub-grantees must ensure that the time between the day the funds are paid to the sub-grantee and when the sub-grantee spends the funds are minimized, ensuring compliance with federal requirements. The SC OEO references Omni Circular §200. 305(b)(1) for guidance. During the program year, it is the sub-grantee's responsibility to track their expenditures and submit a Certification of Advancement of Funds requesting funds needed and the reason for the request through the statewide database. The Certification of Advancement of Funds must be signed and dated by the sub-grantee's Executive Director, Finance Officer, and Program Officer. A separate form is required for each grant. The Senior Fiscal Manager must review the request, and if approved, a disbursement request will be submitted to Accounts Payable within the Department of Administration's Finance office for processing.

| 8.7 Ho            | w many local administering agencies do you use? 13  |
|-------------------|---|
| 8.8 Ha<br>Yes  No | ve you changed any local administering agencies in the last year?<br>s                        |
| 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  |
|                   |   |
| If on             | by 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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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

|  | Section 9: Energy Suppliers, 2605(b)(7) - Assurance  |   |
|--|--|---|
| 9.1 Do you make  | ke payments directly to home energy suppliers?   |   |
| Heating  | <b>©</b> Yes <b>○</b> No   |   |
| Cooling  | <b>⊙</b> Yes <b>○</b> No   |   |
| Crisis   | <b>⊙</b> Yes <b>○</b> No   |   |
| Are there exce   | ceptions? C Yes O No   |   |
| If yes, Describ  | be.  |   |
| 9.2 How do you   | u notify the client of the amount of assistance paid?  |   |
|  | LIHEAP Subgrantees must provide the customer a copy of the customer voucher generated through the fair Hearing and Appeals. The customer voucher includes the amount of assistance paid to the vendo   |   |
| actual cost of the  The and the are entity is rether time of | u assure that the home energy supplier will charge the eligible household, in the normal billing presented he home energy and the amount of the payment?  The vendor shall charge the eligible household, in the normal billing process, the difference between the amount of the payment. The vendor agreement attached is an arrangement between the energy supplier responsible for making direct payments to the vendor on behalf of the customer. Eligible customers are of application and a voucher is generated via the statewide database. The state office (OEO) does not neappliers. However, the validity of charges and payments are reviewed by OEO during monitoring. | e actual cost of the home energy<br>and the eligible entity. The eligible<br>enotified of the award amount at |
| 9.4 How do you assistance?                                   | u assure that no household receiving assistance under this title will be treated adversely because o   | f their receipt of LIHEAP   |
| Th   | The State prohibits any difference in treatment to households because of their receipt of LIHEAP assistation and the statewide Vendor Agreement.   | ance. This prohibition is reflected   |
| on the cus   |  |   |
|  | ake payments contingent on unregulated vendors taking appropriate measures to alleviate the ene  | rgy burdens of eligible   |

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|   | Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)  |                                      |  |              |  |  |
|---|---|--------------------------------------|--|--------------|--|--|
| 10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?  The State maintains the internal controls and financial management system necessary to accurately account for LIHEAP expenditures; both fiscally and programmatically. OEO's fiscal team initially reviews and approves budget applications, then closely monitors comprehensive expenditure reports and monthly financial status reports prepared/submitted by Subgrantees. Technical assistance and fiscal training are ongoing for agency fiscal officers and staff. |   |                                      |  |              |  |  |
| Audit Process   |   |                                      |  |              |  |  |
| 10.2. Is your I   |   | ited annually under the Single Audit | Act and OMB Circular A - 133?  |              |  |  |
|   |   |                                      | or reportable condition cited in the A ews of the LIHEAP agency from the |              |  |  |
| No Findings   | _   | , 8                                  |  |              |  |  |
| Finding   | Туре  | Brief Summary                        | Resolved?  | Action Taken |  |  |
| 1   |   |                                      |  |              |  |  |
| What types of Select all that  Loca  Loca  Loca   | 10.4. Audits of Local Administering Agencies  What types of annual audit requirements do you have in place for local administering agencies/district offices?  Select all that apply.  Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133  Local agencies/district offices are required to have an annual audit (other than A-133)  Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.  Grantee conducts fiscal and program monitoring of local agencies/district offices |                                      |  |              |  |  |
| Compliance M  | Compliance Monitoring   |                                      |  |              |  |  |
| 10.5. Describe that apply   | 10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply  |                                      |  |              |  |  |
| Grantee empl  | oyees:  |                                      |  |              |  |  |
| ✓ Inte  | rnal program review   |                                      |  |              |  |  |
| Departmental oversight  |   |                                      |  |              |  |  |
| Secondary review of invoices and payments   |   |                                      |  |              |  |  |
| Other program review mechanisms are in place. Describe:   |   |                                      |  |              |  |  |
|   |   |                                      |  |              |  |  |
| Local Admini  | stering Agencies/Distr  | ict Offices:                         |  |              |  |  |
| ☑ On -  | site evaluation   |                                      |  |              |  |  |
|   | ual program review  |                                      |  |              |  |  |
| ✓ Mon   | itoring through centra  | al database                          |  |              |  |  |
| Desk reviews  |   |                                      |  |              |  |  |



Client File Testing/Sampling



Other program review mechanisms are in place. Describe:

Monthly financial and household reports; quarterly vendor interaction reports; annual cumulative financial and household reports.

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

To assure the accomplishment of program outcomes and grant compliance, the OEO will monitor each Subgrantee a minimum of one time per three program years. Monitoring visits will be scheduled and confirmation letters will be forwarded to the Subgrantee at least one month prior to the scheduled visit. The OEO may conduct monitoring through a team visit. The team or individuals visiting Subgrantees will prepare a summary of the field visit and monitoring report upon return to the OEO. Subsequently, the monitoring report will be forwarded to the Subgrantee, with a copy to the Chairman of the Board of Directors, and will address any deficiencies identified during the field visit. (Copies of the monitoring report will be forwarded to the entire Board of Directors when there are major issues to be addressed.) Each Subgrantee will have a specific period of time to correct the deficiencies identified, if applicable. Major findings will be tracked by OEO to final resolution. Uncorrected deficiencies may result in contract suspension or possible termination in accordance with established policies. Monitoring Report Timeline: Following the exit conference, the CAA has five (5) business days to provide pending information requested by OEO to resolve outstanding monitoring concerns. Following the exit conference, OEO has twenty-five (25) calendar days to issue a draft report to the CAA. From the date of receipt, the CAA has ten (10) calendar days to respond to OEO's report. Finally, OEO has twenty (20) calendar days to issue a final report, including the CAA's rebuttals. Note: If the deadline falls on a holiday or weekend, the deadline will be extended to the next business day. It is a best practice for OEO to monitor each subgrantee annually. Along with the yearly review, OEO reviews financial expenditures monthly by way of the subgrantee submissions of financial status reports. A fiscal desk review of subgrantee's detailed general ledgers and summary expenditure reports is also performed intermittently throughout the year. A tracking of quarterly expenditures is reviewed by programmatic LIHEAP staff and households served. OEO may also review real-time customer intake applications through the statewide database.

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

### Site Visits:

OEO provides program and fiscal monitoring for each agency, at least once every three program years. Additional monitoring will be imposed by the state if severe deficiencies are identified. As a best practice, OEO makes the effort to monitor annually. The state attempts to perform on-site monitorings annually as a best practice. Criteria used to determine the scope of monitoring include the following: Financial stability of agency-Agency's financial/quality management systems-Results of past monitorings and status of findings-Results of single audit report-Leadership and key staff of agency, turnover-Reporting and timely submission-News, word of mouth, complaints, etc.-Additional monitoring activities may be performed due to:Results of last monitoring performed-Unresolved findings-Escalation of findings from last monitoring from noncompliant to deficient or immediate deficiency-Resolution of findings-News, word of mouth, complaints, etc.-Potential mismanagement of funds-Consistent errors in reporting-Monitoring activities of the state include, but are not limited to the following:On-site monitoring (program and fiscal)-Desk monitoring-Monthly review of Financial Status Reports-Single audit review-Consistent errors in reporting

### Desk Reviews:

Fiscal monitoring staff perform a desk monitiring of all subgrantees in addition to the on-site monitoring to assist in identifying potential issues, opportunities for training and technical assistance, and areas to focus on during the on-site monitoring. A desk review is also performed on the subgrantees single audit with a management decision issued when required. Programmatic desk reviews will be performed as needed.

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

Each agency is monitored at least once every three (3) program years. As a best practice, OEO makes the effort to monitor annually.

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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|---|--|--|--|--|
| 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?<br>Select all that apply.   |  |  |  |  |
| Tribal Council meeting(s)   |  |  |  |  |
| <b>✓</b> Public Hearing(s)  |  |  |  |  |
| ✓ Draft Plan posted to website and available for comment  |  |  |  |  |
| Hard copy of plan is available for public view and comment  |  |  |  |  |
| Comments from applicants are recorded   |  |  |  |  |
| Request for comments on draft Plan is advertised  |  |  |  |  |
| Stakeholder consultation meeting(s)   |  |  |  |  |
| Comments are solicited during outreach activities   |  |  |  |  |
| Other - Describe:   |  |  |  |  |
| 11.2 What changes did you make to your LIHEAP plan as a result of this participation?  State plans were issued to South Carolina's Community Action network and community partners on May 8, 2023, to ensure reasonable time for review and feedback. OEO hosted a virtual webinar on June 16, 2023, with eligible entities and community partners to review the LIHEAP plan and discuss areas for change based on South Carolina's performance measures. Following the webinar, additional time was permitted for further review and comments prior to and during the Public Hearing. It was decided that South Carolina would streamline its 2024 LIHEAP to improve service delivery and offer year-round energy assistance with the option of incorporating emergency heating/cooling assistance. Emergency energy assistance may be provided up to the increased benefit of \$1,500 per service (from \$1,000.) A draft plan that reflected these proposed changes was posted to OEO's website on May 8, 2023 and allowed for public review and input through August 25, 2023. Documentation from South Carolina's virtual community review forum and attendance logs have been attached. |  |  |  |  |
| Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only   |  |  |  |  |
| 11.3 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?   |  |  |  |  |
| Date Event Description  |  |  |  |  |
| 1 08/17/2023 Combined 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).  No comments were made during the combined public hearing.  |  |  |  |  |
| 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 as a result of comments made at the public hearing.   |  |  |  |  |
| 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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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### 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? 0

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.

An OEO-approved Appeal and Fair Hearing notice must be posted in the lobbies and at intake sites where LIHEAP applications are taken. OEO verifies this during site visits and with the submission of the agency's Community Action Plan for LIHEAP.

Denials: Applicants who assert being unfairly treated, denied assistance and/or services must be informed at the time of application of the reason for denial. Such notification must clearly cite the reason for denial. The applicant has the right to appeal/request an official hearing within 30 days of the date of denial. A Notice of Denial can be issued when: applicant is refused access to services and financial assistance; applicant does not fulfill his/her obligations to program participatory requirements or exceeds the income eligibility requirement; applicant does not provide sufficient information to complete his/her application or has knowingly provided false and/or misleading information; applicant has maxed out his/her eligibility for program assistance during the program year; funds are exhausted; applicant has not met the time restraints on program availability (e.g. between LIHEAP heating and cooling periods).

Levels of Appeal

Applicants should first file a written appeal with the Community Action Agency in which he/she applied for service(s), requesting a formal hearing within 30 calendar days of the agency's Notice of Denial of Assistance/Services.

If the appeal is denied at the Community Action Agency, the applicant may file a written appeal to the Office of Economic Opportunity (OEO) within 20 calendar days of the agency's notification of their hearing decision. The written appeal shall be submitted to:

Attention: Legal Counsel The South Carolina Department of Administration Office of Economic Opportunity 1205 Pendleton Street, Suite 366 Columbia, SC 29201

If the appeal is further denied by OEO, the applicant may file a written appeal within 20 calendar days of the applicant's receipt of OEO's written hearing decision. The Department of Administration's Chief Legal Counsel will select a Hearings Officer to conduct the hearing within 30 days of receipt of the letter of appeal, utilizing the informal disposition procedures outlined in S.C. Code §§ 1-23-310 to 1-23-400 of the State Administrative Procedures Act.

The funds or services in question must be obligated (set aside) until a final decision is reached. If the applicant is successful, the funds or services will be provided to the applicant. If the applicant is unsuccessful, funds are to be reverted to Client Assistance and made available to eligible participants.

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

An OEO-approved Appeal and Fair Hearing notice must be posted in the lobbies and at intake sites where LIHEAP applications are taken. The State verifies the posting during site visits. In addition to the notice posted at each intake site, the fair hearing notice appears on the statewide application, the customer's commitment voucher, and OEO website.

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

Eligible entities are required to make determinations and provide notification of eligibility decisions on applications for nonemergency LIHEAP benefits within 30 business days after the filing of application with all required documents. For emergency LIHEAP assistance, the agency is required to determine eligibility within 18 to 48 hours upon the receipt of all required documents necessary for application. Individuals whose applications are not acted upon within the established timeframes may appeal at the agency and state level.

Applicants should first file a written appeal with the Community Action Agency in which he/she applied for service(s), requesting a formal hearing within 30 calendar days of the agency's Notice of Denial of Assistance/Services.•If the appeal is denied at the Community Action Agency, the applicant may file a written appeal to the Office of Economic Opportunity (OEO) within 20 calendar days of the agency's notification of their hearing decision. The written appeal shall be submitted to:• Attention: Legal Counsel The South Carolina Department of Administration Office of Economic Opportunity 1205 Pendleton Street, Suite 366 Columbia, SC 29201If the appeal is further denied by OEO, the applicant may file a written appeal within 20 calendar days of the applicant's receipt of OEO's written hearing decision. The Department of Administration's Chief Legal Counsel will select a Hearings Officer to conduct the hearing within 30 days of receipt of the letter of appeal, utilizing the informal disposition procedures outlined in S.C. Code §§ 1-23-310 to 1-23-400 of the State Administrative Procedures Act.•The funds or services in question must be obligated (set aside) until a final decision is reached. If the applicant is successful, the funds or services will be provided to the applicant. If the applicant is unsuccessful, funds are to be reverted to Client Assistance and made available to eligible participants.OEO will also provide training and technical assistance to agencies whose applications fail to be processed in a timely manner. OEO verifies applications are processed in a timely manner during monitoring.

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

An Appeal and Fair Hearing notice must be posted in the lobbies and at intake sites where LIHEAP applications are taken. The notice outlines the escalation process for appeals, beginning with the serving agency. Applicants are also informed of their right to appeal on the statewide application, the customer's commitment voucher, and OEO website.

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| Section 13: Reduction of home energy needs, 2605(b)(16) - Assurance 16  |
|---|
| 13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance? |
| N/A   |
| 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?   |
| N/A   |
| 13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.   |
| N/A   |
| 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? 0  |
| 13.6 How many households received these services? 0   |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.       |
|   |

# Section 14 - Leveraging Incentive Program ,2607A

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

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)

| Yes • No |  |  |  |
|----------|--|--|--|
|          |  |  |  |
|          |  |  |  |

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

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**

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

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| <u> </u>                                 |  |   |  |  |  |
|--|--|---|--|--|--|
|  | Section 15: Training   |   |  |  |  |
| 15.1 Describe th                         | 15.1 Describe the training you provide for each of the following groups: |   |  |  |  |
| a. Grantee St                            | aff:   |   |  |  |  |
| ✓ Forma                                  | l training on grantee policies and procedures                            |   |  |  |  |
| How ofter                                | n?   |   |  |  |  |
|  | Annually   |   |  |  |  |
|  | Bi-annually  |   |  |  |  |
| >  | As needed  |   |  |  |  |
| >  | Other - Describe: New employees as hired                                 |   |  |  |  |
| <b>✓</b> Emplo                           | yees are provided with policy manual                                     |   |  |  |  |
|  | Describe: al training is requested per the needs of the state            |   |  |  |  |
| b. Local Agen                            |  |   |  |  |  |
|  | l training conference  |   |  |  |  |
| How ofter                                |  |   |  |  |  |
|  | Annually   |   |  |  |  |
| <b>✓</b>                                 | Bi-annually  |   |  |  |  |
| ~  | As needed  |   |  |  |  |
| ~  | Other - Describe: Upon request   |   |  |  |  |
| ✓ On-site                                | e training   |   |  |  |  |
| How ofter                                | 1?   |   |  |  |  |
|  | Annually   |   |  |  |  |
|  | Bi-annually  |   |  |  |  |
| ~  | As needed  |   |  |  |  |
| <b>&gt;</b>                              | Other - Describe: Upon request and as mandated by the state              |   |  |  |  |
| <b>✓</b> Emplo                           | yees are provided with policy manual                                     |   |  |  |  |
| Other                                    | Other - Describe   |   |  |  |  |
| c. Vendors                               |  | - |  |  |  |
| ✓ Forma                                  | l training conference  |   |  |  |  |
| How ofter                                | n?   |   |  |  |  |
|  | Annually   |   |  |  |  |
|  | Bi-annually  |   |  |  |  |
| >  | As needed  |   |  |  |  |
| ~  | Other - Describe: As requested   |   |  |  |  |
| ✓ Policie                                | <b>V</b> Policies communicated through vendor agreements                 |   |  |  |  |
| Policies are outlined in a vendor manual |  |   |  |  |  |

| Other - Describe:  |   |
|--|---|
| 15.2 Does your training program address fraud reporting and p  Yes No                    | revention?  |
| If any of the above questions require furthe the fields provided, attach a document with | r explanation or clarification that could not be made in said explanation here. |

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

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

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

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (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.

Performance data is used to determine South Carolina's LIHEAP benefit matrix and the level of benefit assistance provided for energy assistance. Performance measures influenced changes to South Carolina's eligibility guidelines (ex. FPL vs. SMI). An annual review of energy data and households served is used to guide South Carolina's benefit matrix which is designed to target households with the lowest incomes and highest energy need. South Carolina will continue to engage additional vendors and collect data from electric, natural gas and propane vendors/ utilities to ensure a more accurate account of customer energy consumption and costs.

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| L   |  |   |                            |                           |       |  |   |             |                                      |                                       |  |
|---|--|---|----------------------------|---------------------------|-------|--|---|-------------|--------------------------------------|---------------------------------------|--|
| Section 17: Program Integrity, 2605(b)(10)  |  |   |                            |                           |       |  |   |             |                                      |                                       |  |
| 17.1  | 17.1 Fraud Reporting Mechanisms  |   |                            |                           |       |  |   |             |                                      |                                       |  |
| a. D  | escribe all mechanisms availal   | ole to  | the public for repo        | orting cases of           | susp  | ected waste, frau                      | ıd, and abuse. S                        | elect       | all that apply.                      |                                       |  |
|   | ✓ Online Fraud Reportin  | ıg  |                            |                           |       |  |   |             |                                      |                                       |  |
|   | Dedicated Fraud Report   | Dedicated Fraud Reporting Hotline   |                            |                           |       |  |   |             |                                      |                                       |  |
|   | Report directly to local   | Report directly to local agency/district office or Grantee office   |                            |                           |       |  |   |             |                                      |                                       |  |
|   | Report to State Inspect  | Report to State Inspector General or Attorney General   |                            |                           |       |  |   |             |                                      |                                       |  |
|   | Forms and procedures   | Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse |                            |                           |       |  |   |             |                                      |                                       |  |
|   | Other - Describe:  | Other - Describe:   |                            |                           |       |  |   |             |                                      |                                       |  |
|   | Each subgrantee is required to submit an annual LIHEAP integrity plan to address fraud, waste and abuse. |   |                            |                           |       |  |   |             |                                      |                                       |  |
| b. D  | escribe strategies in place for a  | adve  | rtising the above-re       | eferenced reso            | urce  | s. Select all that a                   | pply                                    |             |                                      |                                       |  |
|   | Printed outreach mater   | rials   |                            |                           |       |  |   |             |                                      |                                       |  |
|   | Addressed on LIHEAP  | app   | lication                   |                           |       |  |   |             |                                      |                                       |  |
|   | Website  |   |                            |                           |       |  |   |             |                                      |                                       |  |
|   | Other - Describe:  |   |                            |                           |       |  |   |             |                                      |                                       |  |
| 17.2  | . Identification Documentation   | ı Rec   | quirements                 |                           |       |  |   |             |                                      |                                       |  |
|   | ndicate which of the following t   | form  | s of identification a      | re required o             | r req | uested to be colle                     | cted from LIHI                          | EAP         | applicants or the                    | eir household                         |  |
|   |  |   | Collected from Whom?       |                           |       |  |   |             |                                      |                                       |  |
| Type of Identification Collected  |  |   | Applicant Only             |                           |       | All Adults in Household                |   |             | All Household Members                |                                       |  |
| Social Security Card is photocopied and retained  Social Security Number (Without actual Card)  Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) |  |   | Required                   |                           |       | Required                               |   | <b>&gt;</b> | Required                             |                                       |  |
|   |  |   | Requested                  |                           |       | Requested                              |   |             | Requested                            |                                       |  |
|   |  |   | Required                   |                           |       | Required                               |   |             | Required                             |                                       |  |
|   |  |   | Requested                  |                           |       | Requested                              |   |             | Requested                            |                                       |  |
|   |  | >   | Required                   |                           |       | Required                               |   |             | Required                             |                                       |  |
|   |  |   | Requested                  |                           |       | Requested                              |   |             | Requested                            |                                       |  |
|   | Other  |   | Applicant Only<br>Required | Applicant On<br>Requested |       | All Adults in<br>Household<br>Required | All Adults in<br>Household<br>Requested |             | All Household<br>Members<br>Required | All Household<br>Members<br>Requested |  |

| no neconidered vulnerable and previous additional conference reception of additional conference reception of additional conference of the  |          |   | 11                    |   | n-                   | 1                                       |                |                  |
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| 2 considered to receive additional momentages benefit if thinks are leading and a momentage stage benefit if thinks are leading and a momentage stage benefit if the stage of a momentage stage benefit if the stage of a momentage stage of a m | 1        | receive expedited or additional   |                       |   |                      |   | >              |                  |
| Green cards, consular identification, visus or proof of right to work in the state is allowed for foreign naturals. Elderly and/or homebound applicants may qualify for a waiver if documents, cannot be provided (on exception for proof of dischella stants). If a Social Security card is not available, the site will accept a Social Security cand is not available, the site will accept a Social Security and provided by clients or household members. Select all that apply  Verify SNSs with Social Security Administration  Match SSNs with Social Security Administration or state agency  Match SSNs with state eligibility/case management system (e.g., SNAP, TANP)  Match with state Department of Labor system  Match with state and/or federal corrections system  Werification using private software (e.g., The Work Number)  In-person certification by staff (for tribal grantess only)  Match SSNs Tribal ID number with tribal database or enrollment records (for tribal grantees only)  Other - Describe:  7.4. Citizenshipl-gad Residency Verification  What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LHEAP benefits? Select all that apply.  Citient's submission of Social Security cards is accepted as proof of legal residency  Noncitizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens must provide documentation of immigration status  Citizens must provide documentation of inmigration status  Citizens must provide documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Zoro-income statements  Zoro-income statements  Zoro-income statements  Zoro-income statements  Zoro-income statements  Computer data matches:  | 2        | considered to receive additional nonemergency benefits if funds are         |                       |   |                      |   | Ŋ              |                  |
| Green cards, consular identification, visus or proof of right to work in the state is allowed for foreign naturals. Elderly and/or homebound applicants may qualify for a waiver if documents, cannot be provided (on exception for proof of dischella stants). If a Social Security card is not available, the site will accept a Social Security cand is not available, the site will accept a Social Security and provided by clients or household members. Select all that apply  Verify SNSs with Social Security Administration  Match SSNs with Social Security Administration or state agency  Match SSNs with state eligibility/case management system (e.g., SNAP, TANP)  Match with state Department of Labor system  Match with state and/or federal corrections system  Werification using private software (e.g., The Work Number)  In-person certification by staff (for tribal grantess only)  Match SSNs Tribal ID number with tribal database or enrollment records (for tribal grantees only)  Other - Describe:  7.4. Citizenshipl-gad Residency Verification  What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LHEAP benefits? Select all that apply.  Citient's submission of Social Security cards is accepted as proof of legal residency  Noncitizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens must provide documentation of immigration status  Citizens must provide documentation of inmigration status  Citizens must provide documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Zoro-income statements  Zoro-income statements  Zoro-income statements  Zoro-income statements  Zoro-income statements  Computer data matches:  |          |   |                       |   |                      |   |                |                  |
| appleams any qualify for a waiver if documents cannot be provided (no exception for proof of disabled situs). If a Social Security card is not available, the state will accept a Social Security number printed on a government issued document.  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 SNSs with Social Security Administration  Match SNSs with death records from Social Security Administration or state agency  Match SNSs with state child support system  Match with state child support system  Match with state child support system  Verification using private software (e.g., The Work Number)  In-person certification by staff (for tribal grantees only)  Match SNSTribal ID number with tribal database or enrollment records (for tribal grantees only)  Other - Describe:  17.4. Citizenship/Legal Residency Verification  What are your procdures for censuring that household members are U.S. citizens or aliens who are qualified to receive LHEAP benefits? Select all that apply.  Cilients sign an attestation of citizenship or legal residency  Citizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens are verified through the SAVE system  Tribal members are verif | b. D     | escribe any exceptions to the above   | e policies.           |   |                      |   |                |                  |
| Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply  Verify SNSs with Social Security Administration  Match SNSs with death records from Social Security Administration or state agency  Match SNSs with state eligibility/case management system (e.g., SNAP, TANF)  Match with state bepartment of Labor system  Match with state and/or federal corrections system  Match with state child support system  Verification using private software (e.g., The Work Number)  In-person certification by staff (for tribal grantees only)  Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)  Other - Describe:  17.4. Citizenshipf_egal Residency Verification  What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LHEAP benefits? Select all that apply.  Citicat's submission of Social Security cards is accepted as proof of legal residency  Noncitizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens must provide a copy of their birth certificate, naturalization papers, or passport  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Trans statements  Trans statements  Trans statements  Cumputer data matches:   |          | applicants may qualify for a waiv   | er if documents can   | not be provided (no                           | exception for prod   | of of disabled status)                  |                |                  |
| yerify SSNs with Scala Security Administration  ✓ Match SSNs with death records from Social Security Administration or state agency  ✓ Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)  Match with state Department of Labor system  Match with state Department of Labor system  Match with state and/or federal corrections system  Match with state child support system  Verification using private software (e.g., The Work Number)  In-person certification by staff (for tribal grantees only)  Match SSNS/tribal ID number with tribal database or enrollment records (for tribal grantees only)  Other - Describe:  17.4. Citizenship*Legal Residency Verification  What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LHIEAP benefits? Select all that apply.  Client's submission of Social Security cards is accepted as proof of legal residency  ✓ Client's submission of Social Security cards is accepted as proof of legal residency  ✓ Noncitizens must provide documentation of immigration status  Citizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens are verified through the SAYE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  ✓ Require documentation of income for all adult household members  ✓ Pay stubs  ✓ Social Security award letters  Match with statements  ✓ Lemployment Insurance letters  ✓ Computer data matches:  Computer data matches:   | 17.      | 3 Identification Verification   |                       |   |                      |   |                |                  |
| Match SSNs with death records from Social Security Administration or state agency   Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)   Match with state Department of Labor system   Match with state and/or federal corrections system   Match with state child support system   Verification using private software (e.g., The Work Number)   In-person certification by staff (for tribal grantees only)   Match SSN/Tribal D number with tribal database or enrollment records (for tribal grantees only)   Other - Describe:   17.4. Critizenship/Legal Residency Verification   What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LHEAP benefits? Select all that apply.   Clients sign an attestation of citizenship or legal residency   Clients sign an attestation of citizenship or legal residency   Noncitizens must provide documentation of humigration status   Citizens must provide a copy of their birth certificate, naturalization papers, or passport   Noncitizens are verified through the SAVE system   Tribal members are verified through Tribal enrollment records/Tribal ID card   Other - Describe:   17.5. Income Verification   What methods does your agency utilize to verify bousehold income? Select all that apply.   Pay stubs   Pay stubs   Pay stubs   Pays tubs   Pays tubs   Pays tubs   Conjuter data matches:   Unemployment Insurance letters   Other - Describe:   Section 8 utility allowance check copies   |          |   |                       |   |                      |   |                |                  |
| Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)  Match with state Department of Labor system  Match with state and/or federal corrections system  Verification using private software (e.g., The Work Number)  In-person certification by staff (for tribal grantees only)  Match SSNS/Tribal ID number with tribal database or enrollment records (for tribal grantees only)  Other - Describe:  17.4. Citizenship/Legal Residency Verification  What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LHEAP benefits? Select all that apply.  Citient's submission of Social Security cards is accepted as proof of legal residency  Nonctizens must provide documentation of immigration status  Citizens must provide a copy of their birth certificate, naturalization papers, or passport  Nonctizens are verified through the SAVE system  Tribal members are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Tribal members are verified through teters  Bank statements  Currentments  Unemployment Insurance letters  Unemployment Insurance letters  Computer data matches:   | V        | Verify SSNs with Social Securi  | ity Administration    |   |                      |   |                |                  |
| Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)  | V        | Match SSNs with death record  | s from Social Secu    | rity Administratio                            | n or state agency    |   |                |                  |
| Match with state Department of Labor system  Match with state and/or federal corrections system  Match with state child support system  Verification using private software (e.g., The Work Number)  In-person certification by staff (for tribal grantees only)  Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)  Other - Describe:  17.4. Citizenship/Legal Residency Verification  What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LHEAP benefits? Select all that apply.  Citients sign an attestation of citizenship or legal residency  V. Citient's submission of Social Security cards is accepted as proof of legal residency  V. Noncitizens must provide documentation of immigration status  Citizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  Pay stubs  Social Security award letters  Bank statements  Tax statements  Tax statements  Tax statements  Unemployment Insurance letters  Unemployment Insurance letters  Computer data matches:   |          |   |                       | -   |                      |   |                |                  |
| Match with state and/or federal corrections system     Match with state child support system     Verification using private software (e.g., The Work Number)     In-person certification by staff (for tribal grantees only)     Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)     Other - Describe:     17.4. Citizenship/Legal Residency Verification     What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LHEAP benefits? Select all that apply.     Clients sign an attestation of citizenship or legal residency     V. Client's submission of Social Security cards is accepted as proof of legal residency     V. Noncitizens must provide documentation of immigration status     Citizens must provide a copy of their birth certificate, naturalization papers, or passport     Noncitizens are verified through the SAVE system     Tribal members are verified through Tribal enrollment records/Tribal ID card     Other - Describe:     17.5. Income Verification     What methods does your agency utilize to verify household income? Select all that apply.     V Require documentation of income for all adult household members     V Pay stubs     V Social Security award letters     Bank statements     V Tax statements     V Linemployment Insurance letters     V Unemployment Insurance letters     V Unemployment Insurance letters     V Unemployment Insurance letters     Computer data matches:  |          | Triaten 55145 With State engions  |                       | it system (e.g., 514                          | AI, IANE)            |   |                |                  |
| Match with state child support system  Verification using private software (e.g., The Work Number)  In-person certification by staff (for tribal grantees only)  Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)  Other - Describe:  17.4. Citizenship/Legal Residency Verification  What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive L.IHEAP benefits? Select all that apply.  Client's sign an attestation of citizenship or legal residency  ✓ Client's submission of Social Security cards is accepted as proof of legal residency  ✓ Noncitizens must provide documentation of immigration status  Citizens must provide dorough the SAVE system  Tribal members are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  ✓ Require documentation of income for all adult household members  ✓ Pay stubs  ✓ Social Security award letters  Bank statements  ✓ Tax statements  ✓ Tax statements  ✓ Unemployment Insurance letters  ✓ Other - Describe: Section 8 utility allowance check copies   | H        |   |                       |   |                      |   |                |                  |
| Verification using private software (e.g., The Work Number)   In-person certification by staff (for tribal grantees only)   Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)   Other - Describe:   17.4. Cltizenship/Legal Residency Verification  | H        | Match with state and/or federa  | al corrections system | n   |                      |   |                |                  |
| In-person certification by staff (for tribal grantees only)   Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)   Other - Describe:   17.4. Citizenship/Legal Residency Verification   What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.   Cilient's submission of Social Security cards is accepted as proof of legal residency   V Cilient's submission of Social Security cards is accepted as proof of legal residency   V Noncitizens must provide documentation of immigration status   Citizens must provide a copy of their birth certificate, naturalization papers, or passport   Noncitizens are verified through the SAVE system   Tribal members are verified through Tribal enrollment records/Tribal ID card   Other - Describe:   17.5. Income Verification   What methods does your agency utilize to verify household income? Select all that apply.   V Require documentation of income for all adult household members   V Pay stubs   V Social Security award letters   Bank statements   V Tax statements   V Tax statements   V Unemployment Insurance letters   V Other - Describe:   Section 8 utility allowance check copies   Computer data matches:   | 片        | 1   |                       |   |                      |   |                |                  |
| Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)  Other - Describe:  17.4. Citizenship/Legal Residency Verification  What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.  Client's submission of Social Security cards is accepted as proof of legal residency  ✓ Client's submission of Social Security cards is accepted as proof of legal residency  ✓ Noncitizens must provide documentation of immigration status  Citizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  ✓ Require documentation of income for all adult household members  ✓ Pay stubs  ✓ Social Security award letters  Bank statements  ✓ Tax statements  ✓ Tax statements  ✓ Unemployment Insurance letters  ✓ Other - Describe:  Section 8 utility allowance check copies  Computer data matches:   | H        | ☐ Verification using private softv  | ware (e.g., The Wor   | k Number)                                     |                      |   |                |                  |
| Other - Describe:   17.4. Citizenship/Legal Residency Verification   What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.   Client's sign an attestation of citizenship or legal residency   Client's submission of Social Security cards is accepted as proof of legal residency   Noncitizens must provide documentation of immigration status   Citizens must provide a copy of their birth certificate, naturalization papers, or passport   Noncitizens are verified through the SAVE system   Tribal members are verified through Tribal enrollment records/Tribal ID card   Other - Describe:   17.5. Income Verification   What methods does your agency utilize to verify household income? Select all that apply.   Require documentation of income for all adult household members   Y Pay stubs   Y Social Security award letters   Bank statements   Y Tax statements   Y Tax statements   Y Unemployment Insurance letters   W Other - Describe:   Section 8 utility allowance check copies   Computer data matches:  | H        | In-person certification by staff  | (for tribal grantee   | s only)                                       |                      |   |                |                  |
| 17.4. Citizenship/Legal Residency Verification  What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.  Client's submission of Social Security cards is accepted as proof of legal residency  Noncitizens must provide documentation of immigration status  Citizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Tax statements  Tax statements  Unemployment Insurance letters  Other - Describe: Section 8 utility allowance check copies  Computer data matches:   | L        | Match SSN/Tribal ID number  | with tribal databas   | e or enrollment r                             | ecords (for tribal g | grantees only)                          |                |                  |
| What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.  Client's submission of Social Security cards is accepted as proof of legal residency  Noncitizens must provide documentation of immigration status  Citizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Tax statements  Unemployment Insurance letters  Unemployment Insurance letters  Computer data matches:   |          | Other - Describe:   |                       |   |                      |   |                |                  |
| Clients sign an attestation of citizenship or legal residency   Client's submission of Social Security cards is accepted as proof of legal residency   Noncitizens must provide documentation of immigration status   Citizens must provide a copy of their birth certificate, naturalization papers, or passport   Noncitizens are verified through the SAVE system   Tribal members are verified through Tribal enrollment records/Tribal ID card   Other - Describe:   17.5. Income Verification   What methods does your agency utilize to verify household income? Select all that apply.   Require documentation of income for all adult household members   Pay stubs   Social Security award letters   Bank statements   Tax statements   Tax statements   Unemployment Insurance letters   Unemployment Insurance letters   Computer data matches:  | 17.      | I. Citizenship/Legal Residency Ver  | rification            |   |                      |   |                |                  |
| Clients sign an attestation of citizenship or legal residency  Client's submission of Social Security cards is accepted as proof of legal residency  Noncitizens must provide documentation of immigration status  Citizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Tax statements  Tax statements  Unemployment Insurance letters  Unemployment Insurance letters  Section 8 utility allowance check copies  Computer data matches:   |          |   | ng that household n   | nembers are U.S. o                            | citizens or aliens w | vho are qualified to                    | receive LIHEAP | benefits? Select |
| □ Client's submission of Social Security cards is accepted as proof of legal residency     □ Noncitizens must provide documentation of immigration status     □ Citizens must provide a copy of their birth certificate, naturalization papers, or passport     □ Noncitizens are verified through the SAVE system     □ Tribal members are verified through Tribal enrollment records/Tribal ID card     □ Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.      ☑ Require documentation of income for all adult household members     ☑ Pay stubs     ☑ Social Security award letters     □ Bank statements     ☑ Tax statements     ☑ Zero-income statements     ☑ Unemployment Insurance letters     ☑ Other - Describe:     Section 8 utility allowance check copies      ☐ Computer data matches:  | ant      | 1   | citizenship or legal  | residency                                     |                      |   |                |                  |
| Citizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Tax statements  Varo-income statements  Unemployment Insurance letters  Vother - Describe: Section 8 utility allowance check copies  Computer data matches:   | V        | <u> </u>  | •                     |   | legal residency      |   |                |                  |
| Citizens must provide a copy of their birth certificate, naturalization papers, or passport  Noncitizens are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Tax statements  Varo-income statements  Unemployment Insurance letters  Vother - Describe: Section 8 utility allowance check copies  Computer data matches:   | ×        | Noncitizens must provide doc  | umentation of imm     | igration status                               |                      |   |                |                  |
| Noncitizens are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Tax statements  Zero-income statements  Unemployment Insurance letters  Vother - Describe: Section 8 utility allowance check copies  Computer data matches:  |          |   |                       |   | on papers, or pass   | sport                                   |                |                  |
| Tribal members are verified through Tribal enrollment records/Tribal ID card  Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.  ✓ Require documentation of income for all adult household members  ✓ Pay stubs  ✓ Social Security award letters  □ Bank statements  ✓ Tax statements  ✓ Zero-income statements  ✓ Unemployment Insurance letters  ✓ Other - Describe: Section 8 utility allowance check copies  □ Computer data matches:   |          |   |                       |   | on pupots, or pus    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                |                  |
| Other - Describe:  17.5. Income Verification  What methods does your agency utilize to verify household income? Select all that apply.    Require documentation of income for all adult household members   Pay stubs   Social Security award letters   Bank statements   Tax statements   Zero-income statements   Unemployment Insurance letters   Other - Describe:   Section 8 utility allowance check copies   Computer data matches:   | H        |   |                       |   | rihal ID card        |   |                |                  |
| What methods does your agency utilize to verify household income? Select all that apply.  Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Tax statements  Vero-income statements  Unemployment Insurance letters  Vother - Describe: Section 8 utility allowance check copies  Computer data matches:  | Ī        |   | an yuga 1112an yan    | , <u>, , , , , , , , , , , , , , , , , , </u> | - 1.0 m. 1.0 cm. u   |   |                |                  |
| What methods does your agency utilize to verify household income? Select all that apply.  Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Tax statements  Vero-income statements  Unemployment Insurance letters  Vother - Describe: Section 8 utility allowance check copies  Computer data matches:  | <u> </u> | Y 101 .1  |                       |   |                      |   |                |                  |
| Require documentation of income for all adult household members  Pay stubs  Social Security award letters  Bank statements  Tax statements  Vero-income statements  Vero-income statements  Vero-income statements  Other - Describe: Section 8 utility allowance check copies  Computer data matches:   | _        |   | za ta varify hausaha  | ld income? Select                             | all that annly       |   |                |                  |
| Pay stubs  Social Security award letters  Bank statements  Tax statements  Varo-income statements  Vunemployment Insurance letters  Other - Describe: Section 8 utility allowance check copies  Computer data matches:   |          |   |                       |   | an that apply.       |   |                |                  |
| Social Security award letters  Bank statements  Tax statements  Zero-income statements  Unemployment Insurance letters  Other - Describe: Section 8 utility allowance check copies  Computer data matches:   |          | - Require documentation of med  | me for all adult no   | usenoia members                               |                      |   |                |                  |
| Bank statements  Tax statements  Unemployment Insurance letters  Other - Describe: Section 8 utility allowance check copies  Computer data matches:  | ┝        | ray stabs   |                       |   |                      |   |                |                  |
| Tax statements  Vero-income statements  Unemployment Insurance letters  Other - Describe: Section 8 utility allowance check copies  Computer data matches:   | H        | Social Security award letters   |                       |   |                      |   |                |                  |
| Zero-income statements  Unemployment Insurance letters  Other - Describe: Section 8 utility allowance check copies  Computer data matches:   | <u> </u> |   |                       |   |                      |   |                |                  |
| Unemployment Insurance letters  Other - Describe: Section 8 utility allowance check copies  Computer data matches:   |          | - The succession  |                       |   |                      |   |                |                  |
| Other - Describe: Section 8 utility allowance check copies  Computer data matches:   |          | ✓ Zero-income statements  |                       |   |                      |   |                |                  |
| Section 8 utility allowance check copies  Computer data matches:   | L        | ✓ Unemployment Insurance letters  |                       |   |                      |   |                |                  |
| Computer data matches:   |          | Other - Describe:   |                       |   |                      |   |                |                  |
|  |          | Section 8 utility allowance check copies                                    |                       |   |                      |   |                |                  |
|  | T        | Computer data matches:  |                       |   |                      |   |                |                  |
| Income information matched against state computer system (e.g., SNAP, TANF)  | Г        | 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:   |
| Policy and procedures manual and contract outline requirements.   |
| 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   |
| <b>V</b> Balances   |
| Payment history   |
| Account is properly credited with benefit   |
| Other - Describe:   |
| 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   |

| 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  |
| <b>V</b> endor 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? One year to permanent debarment   |
| Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated   |
| <b>Vendors found to have committed fraud may no longer participate in LIHEAP</b>   |
| Other - Describe:  |
| If any of the above questions require further explanation or clarification that could not be made in   |

# 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)

| 1205 Pendleton Street  * Address Line 1 |                      |                   |
|---|----------------------|-------------------|
| Address Line 2                          |                      |                   |
| Address Line 3                          |                      |                   |
| Columbia<br>* City                      | sc<br><u>* State</u> | 29201  * 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  |  |  |
|---|--|--|
| 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).  |  |  |