

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** Illinois Department of Commerce & Economic Opportunity

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

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

**Report Status:** Submission Accepted by CO

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# Mandatory Grant Application SF-424

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

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

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

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

### 7. APPLICANT INFORMATION

<b>* a. Legal Name:</b> State of Illinois			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 371380174		<b>* c. Organizational DUNS:</b> 806811931	
<b>* d. Address:</b>			
<b>* Street 1:</b>	500 E. Monroe	<b>Street 2:</b>	
<b>* City:</b>	SPRINGFIELD	<b>County:</b>	SANGAMON
<b>* State:</b>	IL	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	62701 - 1615

### e. Organizational Unit:

<b>Department Name:</b> Department of Commerce and Economic Opportunity	<b>Division Name:</b> Office of Community Assistance
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### f. Name and contact information of person to be contacted on matters involving this application:

<b>Prefix:</b>	<b>* First Name:</b> David	<b>Middle Name:</b>	<b>* Last Name:</b> Wortman
<b>Suffix:</b>	<b>Title:</b> Deputy Director	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (217) 785-1709	<b>Fax Number:</b>	<b>* Email:</b> David.Wortman@illinois.gov	

### \* 8a. TYPE OF APPLICANT:

A: State Government


### b. Additional Description:

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

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

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

### 12. Areas Affected by Funding:

<b>13. CONGRESSIONAL DISTRICTS OF:</b>			
* a. Applicant 18		b. Program/Project: Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			
<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
a. Start Date: 10/01/2020	b. End Date: 09/30/2021	* a. Federal (\$): \$0	b. Match (\$): \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b> <input type="radio"/> YES <input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18a. Typed or Printed Name and Title of Authorized Certifying Official David Wortman		18c. Telephone (area code, number and extension)	
		18d. Email Address	
18b. Signature of Authorized Certifying Official 		18e. Date Report Submitted (Month, Day, Year) 08/28/2020	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

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

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

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

OMB Approval No. 0970-0075

Expiration Date: 09/30/2020

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

### Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	07/27/2020	06/30/2021
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Crisis assistance	07/27/2020	06/30/2021
<input checked="" type="checkbox"/>	Weatherization assistance	07/01/2020	06/30/2020

Provide further explanation for the dates of operation, if necessary

In response to the COVID-19 pandemic, the heating assistance program is scheduled to start this year July 27, 2020 utilizing 2020 HHS funds and will be available to all applicants. No priority groups will be established under the 2021 State Plan, as a response to COVID-19 and in order to also assist households with income loss or furloughed. The Weatherization program started July 1, 2020 utilizing HHS funding.

Illinois will not administer a separate Cooling assistance program during FY2021. Eligible customers will be assisted with both gas and electric year-round. In the event contingency funds are released by HHS, the Department will set a portion of the funding and may administer a summer cooling.

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	47.00%
Cooling assistance	0.00%

Crisis assistance	15.00%
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)	3.00%
Used to develop and implement leveraging activities	0.00%
<b>TOTAL</b>	<b>100.00%</b>

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

**1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:**

<input checked="" type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify):

**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?** ☒ Yes ☐ No

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

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

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**1.5 Do you automatically enroll households without a direct annual application?** ☐ Yes ☒ No

**If Yes, explain:**

**1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?**  
Categorical eligibility is used only for Weatherization program. Households receiving public assistance must meet the annual income guidelines of up to 200% of the Federal Poverty Level.

**SNAP Nominal Payments**

**1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?** ☐ Yes ☒ No

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

**1.7b Amount of Nominal Assistance:** \$0.00

**1.7c Frequency of Assistance**

<input type="checkbox"/>	Once Per Year
<input type="checkbox"/>	Once every five years
<input type="checkbox"/>	Other - Describe:

**1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?**  
Not applicable

**Determination of Eligibility - Countable Income**

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

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income

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

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

<input type="checkbox"/>	
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	<p>Other</p> <p>Sheltered Workshop Supportment Employment, Federal Black Lung Benefits, Railroad Retirement Benefits, Armed Forces Allotment, Educational Stipend, Adoption Subsidies and Other Payments for Services Rendered.</p>
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

## Section 2 - HEATING ASSISTANCE

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

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

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

## Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%

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

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

Do you require an Assets test ? ☐ Yes ☒ No

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

Renters?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters Living in subsidized housing ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent ?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

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

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

Renters with utilities included in their rent have to verify their rent is greater than 30% of their income for 30 days prior to application in order to be eligible to receive benefits. In addition, the furnace component is for homeowners. Since landlords have legal responsibility to provide heat to their tenants during the winter months, renters are not eligible for Furnace Assistance.

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

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

No priority groups will be established under the 2021 State Plan, as a response to COVID-19 and in order to also assist households with income loss or furloughed. The program will start July 27, 2020 and will be available to all applicants.

The Energy Assistance Act (State regulation) authorizes the Department to increase the LIHEAP income guidelines not higher than 200% of the poverty level until June 30, 2021. COVID-19 has resulted in an unprecedented global health and economic crisis impacting many households and leaving so many out of work. In response to the increase in need of assistance programs, the Department is changing the LIHEAP income guidelines to 200% of the Federal Poverty Level, which is lower than the 60% State Median Income.

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

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



<input checked="" type="checkbox"/>	Climate/region
<input type="checkbox"/>	Individual bill
<input type="checkbox"/>	Dwelling type
<input type="checkbox"/>	Energy burden (% of income spent on home energy)
<input type="checkbox"/>	Energy need
<input type="checkbox"/>	Other - Describe:

Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies			
Minimum Benefit	\$100	Maximum Benefit	\$1,270

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

If yes, describe.

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

## Section 3 - COOLING ASSISTANCE

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

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

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

### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

Do you require an Assets test ? ☐ Yes ☐ No

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☐ No

Renters Living in subsidized housing ? ☐ Yes ☐ No

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

Do you give priority in eligibility to:

Elderly? ☐ Yes ☐ No

Disabled? ☐ Yes ☐ No

Young children? ☐ Yes ☐ No

Households with high energy burdens ? ☐ Yes ☐ No

Other? ☐ Yes ☐ No

Explanations of policies for each "yes" checked above:

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

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

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

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

Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies			
Minimum Benefit	\$0	Maximum Benefit	\$0
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

## Section 4 - CRISIS ASSISTANCE

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

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

## Section 4: CRISIS ASSISTANCE

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	HHS Poverty Guidelines	200.00%

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

In the event of a household related crisis, the Illinois Department of Commerce and Economic Opportunity (the Department), in coordination with other pertinent agencies, will develop an appropriate response designed to eliminate the threat to life and health. Under such condition, the Department may utilize a portion of available 2021 LIHEAP funding to provide crisis assistance to low-income households affected by threatening conditions.

Reconnection Assistance (RA) will be provided when a household is in imminent disconnection status or is already disconnected by the utility from its primary heat source or from any secondary energy source that is heat related. Disconnection will be considered imminent when disconnection will occur within 7 days without the provision of crisis assistance.

Crisis assistance (Reconnection Assistance and Furnace Assistance) will be provided within 48 hours or 18 hours in the event of a life-threatening situation affecting the individual household. The 48/18 hour timeframe is from the day the customer's application is completed and all required documentation has been received and verified. Although the Local Administering agencies are aiming to serve households within the 18/48 hours timeframe this requirement was exempted by HHS, in response to COVID-19.

The amount of Reconnection Assistance will be made to the respective utility(ies) regardless of the restoration of energy service(s). Households are eligible for Reconnection Assistance payments not to exceed a total of \$1,000 per household per year. Eligible households are limited to one Reconnection Assistance payment for the primary energy source and one for the secondary. Both payments combined cannot exceed the applicant benefit limit of \$1,000. Applications for primary and secondary Reconnection Assistance payments do not have to be done simultaneously. The household is allowed to apply for a Reconnection Assistance payment for one vendor. This is not to be interpreted to mean that the household is entitled to the maximum benefit. The time of the application, the amount for reconnection, and the availability of funding will determine if each household applying for Reconnection Assistance benefits will receive the maximum.

Previously, Reconnection Assistance was not to be made on behalf of a household unless it restored the household's energy service and/or the household made a good faith effort to pay its home energy bills. The Department overrode the Good Faith Effort (GFE) and/or Customer Payment Responsibility (CPR) requirement last Program Year (PY) as part of our COVID-19 response to assist households in need.

Furnace Assistance will be provided until April 30, 2021 or until the furnace allocation is exhausted, to households that qualify for and receive a LIHEAP energy assistance benefit in the 2021 Program Year. Furnace Assistance benefits are for households that do not have an operating furnace and/or a safe heat source for their residence. Furnace Assistance benefits, which may include true-up, repair, or replacement, will be utilized to restore a vital heat supply to the home. The Furnace Assistance component will be operated in collaboration with the LAA's Weatherization program. The LAAs are uniquely situated to define and develop individualized responses to energy related emergencies. Packaged (heating and cooling) units may be repaired or replaced using Furnace Assistance, as with any other furnace, replacements of these units must be justified as the safest, most effective measures needed to safely restore heat to the residence. Additionally, water heating venting correction are allowable health and safety expenditure.

The Energy Assistance Act (State regulation) authorizes the Department to increase the LIHEAP income guidelines not higher than 200% of the poverty level until June 30, 2021. COVID-19 has resulted in an unprecedented global health and economic crisis impacting many households and leaving so many out of work. In response to the increase in need of assistance programs, the Department is changing the LIHEAP income guidelines to 200% of the Federal Poverty Level, which is lower than the 60% State Median Income.

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

Reconnection Assistance and Furnace Assistance will be provided within 18 hours from the date and time the customer's application is complete; if the energy crisis is life-threatening. For the purpose of implementing the 18-hour processing provision exists if the following conditions are met:

<p>- The temperature is 32 Fahrenheit or below.</p> <p>- The household is not protected by the Illinois Commerce Commission (ICC) rules or similar local laws.</p> <p>- Reconnection is the only available remedy, i.e, the household does not have alternate shelter, lacks a safe temporary means of heat, and/or is homebound.</p> <p>Each local agency is required to develop specific written procedure to implement the 18-hour provision in an equitable manner, including from which the outside temperature was established (e.g. via Intellicast.com for the customer's city of residence). Outreach sites are required to securely scan and email applications that require an 18-hour response along with the supporting documentation to the LAA-Main Office via a secure file transfer system with the Department's prior approval.</p>	
<b>Crisis Requirement, 2604(c)</b>	
<b>4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours</b>	
<b>4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours</b>	
<b>Crisis Eligibility, 2605(c)(1)(A)</b>	
<b>4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>4.7 Check the appropriate boxes below and describe the policies for each</b>	
<b>Do you require an Assets test ?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you give priority in eligibility to :</b>	
<b>Elderly?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Disabled?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Young Children?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Households with high energy burdens?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Other? Disconnected households</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>In Order to receive crisis assistance:</b>	
<b>Must the household have received a shut-off notice or have a near empty tank?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Must the household have been shut off or have an empty tank?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Must the household have exhausted their regular heating benefit?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Must renters with heating costs included in their rent have received an eviction notice ?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Must heating/cooling be medically necessary?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Must the household have non-working heating or cooling equipment?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Other?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you have additional / differing eligibility policies for:</b>	
<b>Renters?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Renters living in subsidized housing?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Renters with utilities included in the rent?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>Priority eligibility for elderly, disabled, young children and/or disconnected households was removed during this time as part of our COVID-19 response to assist households in need. In other words, all eligible households can start applying for Reconnection Assistance beginning July 27, 2020. The Department must set aside a portion of the State's allocation for use in crisis situations. Under this component funds may be used for either weather or supply emergencies that affect the entire eligible population or for crisis-related situations that affect an individual household to the extent funds are available.</p> <p>The policies for eligibility to receive crisis benefits are explained in Section 4.2 of this Model Plan.</p> <p>The additional/differing policy for renters whose utilities are included in rent state a one-time "Cash" benefit (in the form of a check to the customer) is available when the household rent is greater than 30% of the household's monthly income.</p>	
<b>Determination of Benefits</b>	
<b>4.8 How do you handle crisis situations?</b>	

<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:

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

<input checked="" type="checkbox"/>	Amount to resolve the crisis.
<input type="checkbox"/>	Other - Describe:

**Crisis Requirements, 2604(c)**

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

☒ Yes ☐ No Explain.

Permanent or temporary outreach sites are located in all sections of the LAA's service area. They are visible at the community level and have transportation and building accessible to persons with disabilities. Possible outreach/intake sites may include agency central and satellite offices, senior centers, nutrition sites, government offices, churches or community facilities. Preference should be made for sites that accomodate automated intake with LIHEAP.net.

**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?

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

<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>	
Winter Crisis	\$0.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$1,000.00 maximum benefit

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

☐ Yes ☒ No If yes, Describe

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

☒ Yes ☐ No

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

**4.15 Check appropriate boxes below to indicate type(s) of assistance provided.**

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Other (Specify):</b> 1. For Winter Crisis, as noted in 4.2: package (heating and cooling) units may be repaired or replaced using Furnace Assistance; as with any other furnace, replacements of these units must be justified as the safest, most cost-effective measures needed to safely restore heat to the residence. 2. Gas line hook-up, and 3. Other Health and Safety-related items.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If you responded "Yes" to question 4.16, you must respond to question 4.17.</b>			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
<p>No electric or gas public utility shall disconnect service to any residential customer or master-metered apartment building for non-payment of a bill or deposit where gas or electricity is used as the primary source of space heating or is used to control or operate the primary source of space heating equipment at the premise during the period of time from December 1 through March 31 of the immediately succeeding calendar year.</p> <p>Local income residential customers from regulated utilities in Illinois, who have qualified under LIHEAP, can receive some benefits with their utilities. The benefits include exceptions for low income customers with regards to deposits, late payment fees, and deferred payment arrangements. For more information: <a href="http://ilga.gov/commission/jcar/admincode/083/08300280sections.html">http://ilga.gov/commission/jcar/admincode/083/08300280sections.html</a></p>			
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>			

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%

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

5.3 If yes, name the agency.

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

WEATHERIZATION - Types of Rules

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

☐ Entirely under LIHEAP (not DOE) rules

☐ Entirely under DOE WAP (not LIHEAP) rules

☐ Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):

☐ Income Threshold

☐ Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days

☐ Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).

☐ Other - Describe:

☒ Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.):

☐ Income Threshold

☒ Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

☒ Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR ) standards.

☒ Other - Describe:

Homes that have been weatherized will qualify for re-weatherization assistance using HHS funding every 10 program years after the previous weatherization (i.e. a home weatherized in PY2010 is eligible for re-weatherization in PY2020. All homes re-weatherized under this policy must be pre-approved by OCA before work can begin. No QCI Final Inspection is required for HHS funded homes. Also, LIHEAP Weatherization follows the DOE 200% income eligibility threshold.

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

5.6 Do you require an assets test? ☐ Yes ☒ No

5.7 Do you have additional/differing eligibility policies for :

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



<b>5.8 Do you give priority in eligibility to:</b>	
<b>Elderly?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Disabled?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Young Children?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>House holds with high energy burdens?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Other?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p><b>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</b></p> <p>A priority ranking system will be used for all homes in the Weatherization Program Multi-Family buildings (buildings of 5 or more units) are not subject to priority ranking.</p> <p>Weatherization applications are taken on a first-come, first-served basis. Households containing elderly members, person(s) with disability, and/or young children will be given priority for weatherization services. Lower priority-ranked, income-eligible households will be served later in the program year, or when funding is available.</p> <p>Every household is ranked and assigned a priority by the WeatherWorks database system. WeatherWorks automatically calculates the priority points in the following manner: elderly, disability, and children.</p> <p>The Weatherization Program requires landlord approval/consent to work on the property of a renter.</p>	
<b>Benefit Levels</b>	
<b>5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>5.10 If yes, what is the maximum?</b> \$9,750	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
<b>5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)</b>	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> <b>Other - Describe:</b> LED lighting replacement, refrigerator/freezer replacement and renewable energy retrofits.
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

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

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

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

OMB Clearance No.: 0970-0075

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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):  
Use of social media (Facebook) to inform households of the availability of LIHEAP and share important information.

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

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

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

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

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

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



Joint application for multiple programs



Intake referrals to/from other programs



One - stop intake centers



Other - Describe:

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

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

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

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

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

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

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

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

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

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

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

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Community Action Agencies	Non-Applicable	Community Action Agencies	Community Action Agencies
8.5b Who processes benefit payments to gas and electric vendors?	Community Action Agencies	Non-Applicable	Community Action Agencies	
8.5c who processes benefit payments to bulk fuel vendors?	Community Action Agencies	Non-Applicable	Community Action Agencies	
8.5d Who performs installation of weatherization				State Administration

measures?				Agency										
<b>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.</b>														
<p><b>8.6 What is your process for selecting local administering agencies?</b></p> <p style="text-align: center;">The Department has developed a network of Local Administering Agencies (LAAs) to act as local service providers in accordance with this assurance. We will continue utilizing these agencies, whenever possible, to operate the LIHEAP program. A Notice of Funding Opportunity (NOFO) process is issued for the replacement of a local agency due to poor performance and/pr non-compliance.</p> <p style="text-align: center;">The Department will give special consideration to the designation of such agencies, to any local or private nonprofit agency that was receiving federal funding 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: (1) the state shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the state, and (2) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, the state shall give special consideration in the designation of LAAs to any successor that is operated in substantially the same manner as the predecessor agency that did receive funds for the fiscal year preceding the fiscal year which the determination is made.</p> <p style="text-align: center;">To be eligible for funding opportunity, a local agency must submit an annual application to the Department for funding. In addition, LAAs are required to submit a standard grantee application and a program implementation plan prior to the start of the program year. Applications must include/demonstrate the following areas:</p> <p style="text-align: center;">1- An effective outreach referral program (evidenced by services to customers in accordance with their incidence in the census-based client population of the service area) and continuing planning process and capability (evidenced by demonstrated applicant staff capability to complete federal and/or state grant applications and reporting documents).</p> <p style="text-align: center;">2- An accounting system that meets generally accepted accounting principles of the American Institute of Certified Accounts (AICPA) (1989).</p> <p style="text-align: center;">3- An effective citizen participation/community involvement program.</p>														
<p><b>8.7 How many local administering agencies do you use? 35</b></p>														
<p><b>8.8 Have you changed any local administering agencies in the last year?</b></p> <p> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p>														
<p><b>8.9 If so, why?</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td>Agency was in noncompliance with grantee requirements for LIHEAP -</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td>Agency is under criminal investigation</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td>Added agency</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td>Agency closed</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td>Other - describe</td> </tr> </table>					<input type="checkbox"/>	Agency was in noncompliance with grantee requirements for LIHEAP -	<input type="checkbox"/>	Agency is under criminal investigation	<input type="checkbox"/>	Added agency	<input type="checkbox"/>	Agency closed	<input type="checkbox"/>	Other - describe
<input type="checkbox"/>	Agency was in noncompliance with grantee requirements for LIHEAP -													
<input type="checkbox"/>	Agency is under criminal investigation													
<input type="checkbox"/>	Added agency													
<input type="checkbox"/>	Agency closed													
<input type="checkbox"/>	Other - describe													
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>														

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

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

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

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

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

Heating ☒ Yes ☐ No

Cooling ☐ Yes ☐ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☒ Yes ☐ No

If yes, Describe.

If the vendor refuses to sign a vendor agreement, the LAA will attempt to find an alternative participating vendor for the household and document these efforts by checking with neighboring LAAs or a list of available propane vendors from the Illinois Propane Gas Association. If this is impossible or no alternate vendor is available, the energy assistance benefit will be made directly to the household or the vendor.

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

Eligible households will receive a written notification from the LAA with the amount of assistance provided on their behalf to a home energy vendor within 30 days from the customer's application is complete.

##### 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

Prior to the receipt of funds under the Plan, home energy vendors will be required to sign a written vendor agreement that will guarantee Assurance 2 through 5. The Department will attempt to periodically monitor vendor agreements.

In the Weatherization component, no payments are made to energy vendors.

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

Prior to the receipt of funds under the Plan, home energy vendors will be required to sign a written vendor agreement that will guarantee Assurance 2 through 5. The Department will attempt to periodically monitor vendor agreements.

In the Weatherization component, no payments are made to energy vendors.

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

☐ Yes ☒ No

If so, describe the measures unregulated vendors may take.

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

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

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

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

#### Section 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 of Illinois ensures that fiscal and fund accounting procedures are established and maintained as may be necessary to ensure the proper receipt and disbursement of federal funds paid to the state. This includes procedures for regularly monitoring the assistance provided under this Title and providing that the state shall have a single audit conducted according to OMB circular A-133/OMB Uniform Guidance 2 CFR Part 200 (formerly OMB Circular A-110, Common Rule, A-87, A-133, and A-122 as applicable) of its expenditure of amounts received under this Title and amounts transferred to carry out the purposes of this Title.

All LAAs are required to maintain an integrated accounting system that provides for accountability of public funds and meets the required OMB Circular A-133/OMB Uniform Guidance 2 CFR Part 200 and OMB 45 CFR Part 75. In addition to the ongoing financial evaluation, the Illinois Department of Commerce and Economic Opportunity's grant management staff in the Office of Community Assistance closely monitor the programmatic and fiscal activities of all LAAs or other entities carrying out the energy assistance, crisis assistance, and Weatherization component of this Plan.

The Department's Office of Financial Management is available to provide training and technical assistance to the agencies in the structuring and of their fiscal management systems period. This includes on-going help in establishing integrated accounting and cost allocation systems.

The Auditor General of the State of Illinois (OAG) conducts an annual statewide single audit in accordance with auditing standards generally accepted in the United States of America. Government Auditing Standards Single Audit Act Amendments of 1996, and OMB Uniform Guidance 2 CFR Part 200 /OMB Circular A-133. The OAG submits the annual statewide single audit to the Federal Audit Clearinghouse and the Illinois Legislative Audit Commission.

##### Audit Process

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

☒ Yes ☐ No

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

No Findings ☐

Finding	Type	Brief Summary	Resolved?	Action Taken
1	other	Periodic LAA reports were not received/approved in a timely manner.	Yes	procedure/policy changes

##### 10.4. Audits of Local Administering Agencies

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

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

##### Compliance Monitoring

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

that apply
Grantee employees:
<input type="checkbox"/> Internal program review
<input checked="" type="checkbox"/> Departmental oversight
<input type="checkbox"/> Secondary review of invoices and payments
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
Local Administering Agencies / District Offices:
<input checked="" type="checkbox"/> On - site evaluation
<input checked="" type="checkbox"/> Annual program review
<input checked="" type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing / Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
<p>All LAAs will be intended to be monitored annually but no later than every three (3) years using the Monitoring Tools provided with this Model Plan. Attached is the Comprehensive Monitoring Tool and the Desktop Tool utilized to monitor the LAAs.</p>
10.7. Describe how you select local agencies for monitoring reviews.
<p><b>Site Visits:</b></p> <p>All LAAs are intended to be monitored annually based on a risk analysis but no later than every three (3) years.</p>
<p><b>Desk Reviews:</b></p> <p>All LAAs are reviewed via Desk Monitoring at least once annually.</p>
10.8. How often is each local agency monitored ?
<p>Agencies are intended to be monitored annually but no later than three (3) years on-site, desk monitoring occurs at least once annually.</p>
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? 3
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>



## Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b> <b>SF - 424 - MANDATORY</b>		
<b>Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)</b>		
11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.		
<input type="checkbox"/> Tribal Council meeting(s)		
<input checked="" type="checkbox"/> Public Hearing(s)		
<input checked="" type="checkbox"/> Draft Plan posted to website and available for comment		
<input type="checkbox"/> Hard copy of plan is available for public view and comment		
<input type="checkbox"/> Comments from applicants are recorded		
<input checked="" type="checkbox"/> Request for comments on draft Plan is advertised		
<input checked="" type="checkbox"/> Stakeholder consultation meeting(s)		
<input type="checkbox"/> Comments are solicited during outreach activities		
<input checked="" type="checkbox"/> Other - Describe:		
Request for comments on draft Plan is recorded instead of advertised. A copy of the draft plan and notice of the public hearing was also sent to the LAAs for their review and comments.		
11.2 What changes did you make to your LIHEAP plan as a result of this participation?		
None		
<b>Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only</b>		
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	08/05/2020	2021 LIHEAP Public Hearing
11.4. How many parties commented on your plan at the hearing(s)? 2		
11.5 Summarize the comments you received at the hearing(s).		
Two comments were submitted in writing after the public hearing. See Summary of Public Hearing attached.		
11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?		
The Department is allowing LAAs to enter new applications in the 2021 Program Year utilizing income documentation from seniors and disabled applicants from the 2020 Program Year. Verified income documentation will remain valid for 90 days, except for SSA/SSI households whose income changes annually and may be verified once a year. The Department will continue working with the LAAs to maximize these applications and help customers get served faster and more efficiently. The Department is not considering the use of HHS-federal funds during the 2021 Program Year to help fund the Percentage of Income Payment Plan (PIPP) due to the reasons indicated in the Public Hearing Summary.		

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
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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? None

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

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

None

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

The Department developed a system that provides an opportunity for a fair resolution process to households whose claims for assistance under this Plan (including claims for weatherization assistance) are denied or are not acted upon with reasonable time. The resolution process includes three levels of review: The informal conference process conducted at the Local Administering Agency level; Review of the LAA decision at the State/Department's programmatic review level; and the formal administrative hearing through the Department's administrative hearing rules (56 Ill Admin Code 2605).

#### Informal Conference Review Process

The LAA shall designate a hearing officer to conduct the informal conference. The informal conference is designed to understand the action taken or the reason for delay. At the end of the informal conference, the LAA will give the claimant a written statement describing the result of the conference and citing the policy reasons for the decision. A copy of the report must be filed in the applicant's file. In the event the claimant is not satisfied with the informal conference determination, the claimant may request a review at the Department's programmatic level by filing a Request for State Review with the Department within thirty (30) days of the informal conference determination. All informal conference determination will contains Request for State Review attached to the determination.

#### State/Department Programmatic Level Review

The Department shall designate a staff person to conduct the programmatic level review. During this process, the Department will review the claimant's file and the informal conference report. Upon review, the Department will issue a determination that will be sent to the claimant within fifteen (15) days from the date of the request for review. If the claimant is not satisfied with this determination he/she will have thirty (30) days to submit a petition for hearing to the Department's Office of General Counsel in accordance with the Department's administrative hearing rules found at 56 Ill Admin Code 2605. The administrative hearing rules can be obtained from the ilga.gov website upon a request from the Department.

#### Formal Administrative Hearing

If the claimant is not satisfied with the Department's programmatic level determination, the claimant must follow the Department hearing rules set forth at 56 Ill Admin Code 2605 and file a petition for hearing within thirty (30) days of the State Department's determination.

12.5 When and how are applicants informed of these rights?

Applicants are informed verbally and receive a hand out of their appeal rights at the time of application. In addition, posters are placed in all intake sites as an additional form of notification of fair hearing rights.

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

Please see the process and procedures described in 12.4.

12.7 When and how are applicants informed of these rights?

Applicants are informed verbally and receive a hand out of their appeal rights at the time of application. In addition, posters are placed in all intake sites as an additional form of notification of fair hearing rights. Appeal Rights are also available on the Department's website, and on the

Customer Inquiry webservice that customers may visit to check the status of their application.

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

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

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

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

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

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

The Department conducts LIHEAP client education and counseling of customers who seek energy assistance. This counseling will encourage and enable these LIHEAP households to reduce the cost of their home energy through energy conservation and energy lifestyle (behavioral) modifications. This will potentially lower the household's energy cost and reduce the need of energy assistance.

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

The maximum allowable expenditure amount is limited in the LAA's grant by item line to 3% which prevents expenditure of more than 5% of the grant amount on Assurance 16 activities. The Department anticipates utilizing up to 3% of the LIHEAP funds for Assurance 16 activities. This also prevents cumulative Assurance 16 expenditures for the entire grant to Illinois from exceeding the allowable 5%.

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

Assurance 16 participants received energy conservation and/or financial literacy education and counseling after eligibility determination.

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

A total of \$173,088.79 was spent on behalf of these participants receiving Assurance 16 services.

Note-Not all customers who applied for these services followed-through with application requirements, and thus did not receive benefits.

**13.5 How many households applied for these services?** 7,275

**13.6 How many households received these services?** 6,283

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

## Section 14 - Leveraging Incentive Program ,2607A

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

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

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

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

☒ Yes ☐ No

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

If leveraging funds are made available, the Department will instruct third parties and/or local agencies to submit the financial information for customers served of any leveraged eligible activities they performed during the respective fiscal year, as well as details regarding the nature and operation of the program(s). The Department will also instruct them to maintain proper documentation necessary to verify the expenditures and customers served information submitted.

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	Direct energy assistance payment or bill credit	Fuel funds, charitable contributions	Supplement to LIHEAP, operated by LAAs, to assist customers whose need exceeds the normal LIHEAP benefits.
2	Direct energy assistance payment	State Supplemental Fund	Supplement to LIHEAP to assist more low-income families in need of energy assistance contingent upon approval from the Illinois General Assembly.

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

## Section 15 - Training

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

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

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

## Section 15: Training

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

**a. Grantee Staff:**

☒ Formal training on grantee policies and procedures

How often?

☒ Annually

☐ Biannually

☒ As needed

☒ **Other - Describe:** Procedure Letters containing policies and procedures are also sent to the LAAs and followed up with webinars.

☒ Employees are provided with policy manual

☐ Other-Describe:

**b. Local Agencies:**

☒ Formal training conference

How often?

☒ Annually

☐ Biannually

☒ As needed

☒ **Other - Describe:** Procedure Letters containing policies and procedures are also sent to the LAAs and followed up with webinars.

☒ On-site training

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other - Describe:

☒ Employees are provided with policy manual

☐ Other - Describe

**c. Vendors**

☒ Formal training conference

How often?

☒ Annually

☐ Biannually

<input type="checkbox"/>	As needed	
<input type="checkbox"/>	Other - Describe:	
<input checked="" type="checkbox"/>	Policies communicated through vendor agreements	
<input type="checkbox"/>	Policies are outlined in a vendor manual	
<input checked="" type="checkbox"/>	Other - Describe: Policies are also shared with main regulated utilities through the Policy Advisory Council meetings and via email, as needed.	
15.2 Does your training program address fraud reporting and prevention? <input checked="" type="radio"/> Yes <input type="radio"/> No		
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>		



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

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

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

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

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

The Department collects annual expenditure and usage data from the utilities. The data included in the LIHEAP application has been available since FY2015 including data from the regulated utilities. The data is submitted to HHS annually, Vendor agreements also contain the Performance Measures data requirement.

The Department also works with fuel vendors gathering annual usage and bill data. Data collected could be utilized to make program changes, as necessary.

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

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

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

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

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

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

### 17.1 Fraud Reporting Mechanisms

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

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

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

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

### 17.2. Identification Documentation Requirements

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

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

	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Describe any exceptions to the above policies.

**17.3 Identification Verification**

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply

☐ Verify SSNs with Social Security Administration

☐ Match SSNs with death records from Social Security Administration or state agency

☐ Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)

☐ 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:

The State LIHEAP office has an interagency agreement with the Illinois Department of Human Services (DHS) for investigative and eligibility verification process such as: 1-identify fraudulent use of SSNs through comparison, 2- investigate intake staff error and make the appropriate correction and determine if errors exist by comparing household's information between DHS and the Illinois LIHEAP database "LIHEAP.net". In addition, the State LIHEAP office has an interagency agreement with the Illinois Department of Employment Security to assist with income verification.

The LIHEAP.net database system tracks and retains all household membership information. The system does not allow duplication in any program year for a specific household member to be entered as a new application. In addition, duplicate benefits are prevented at both an individual member and vendor/account number combination level.

**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.

☒ 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

☒ Zero-income statements

☒ Unemployment Insurance letters

☒ Other - Describe:

The State LIHEAP office has an interagency agreement with the Illinois Department of Employment Security (IES) to assist with income verification. The State utilized the income verification on households applying for the Furnace Assistance Program.

In addition, the State LIHEAP office has an interagency agreement with the Illinois Department of Human Services (DHS) for investigative and eligibility verification process such as: 1-identify fraudulent use of SSNs through comparison, 2- investigate intake staff error and make the appropriate correction and determine if errors exist by comparing household's information between DHS and the Illinois LIHEAP database "LIHEAP.net".

The verification process for both agreements is performed by the State LIHEAP office staff.

☐ Computer data matches:

☐ Income information matched against state computer system (e.g., SNAP, TANF)

☐ Proof of unemployment benefits verified with state Department of Labor

☐ Social Security income verified with SSA

☐ Utilize state directory of new hires

☐ Other - Describe:

#### 17.6. Protection of Privacy and Confidentiality

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.

☒ Policy in place prohibiting release of information without written consent

☒ Grantee LIHEAP database includes privacy/confidentiality safeguards

☒ Employee training on confidentiality for:

☒ Grantee employees

☒ Local agencies/district offices

☐ Employees must sign confidentiality agreement

☐ Grantee employees

☐ Local agencies/district offices

☒ Physical files are stored in a secure location

☐ Other - Describe:

#### 17.7. Verifying the Authenticity

What policies are in place for verifying vendor authenticity? Select all that apply.

☒ All vendors must register with the State/Tribe.

☒ All vendors must supply a valid SSN or TIN/W-9 form

☒ Vendors are verified through energy bills provided by the household

☐ Grantee and/or local agencies/district offices perform physical monitoring of vendors

☐ Other - Describe and note any exceptions to policies above:

#### 17.8. Benefits Policy - Gas and Electric Utilities

What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.

☒ Applicants required to submit proof of physical residency

☒ Applicants must submit current utility bill

☒ Data exchange with utilities that verifies:

☒ Account ownership

☐ Consumption

☒ Balances

☒ Payment history

☐ Account is properly credited with benefit

<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
<input type="checkbox"/> Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input checked="" type="checkbox"/> Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe: <p>All new regulated and unregulated vendors must first provide a Federal Employer Identification (FEIN) and must sign a vendor agreement. A list of these vendors is provided to each agency. LIHEAP.net (State LIHEAP database) verifies the utility FEIN through regular verification transactions. At intake, documentation required for the program is the most current utility/energy bill where the applicant's address is listed. Agencies are required to enter the application data in real time. The vendors confirm the applicant's service address through the LIHEAP.net system. Verifiers at the LAA verify the data that has been entered in the system and compares it against the documentation provided by the customer. Every approved LIHEAP customer receives an approval letter indicating the benefit amount that will be applied to the energy provider(s).</p>
<b>17.10. Investigations and Prosecutions</b>
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
<input checked="" type="checkbox"/> Refer to state Inspector General
<input type="checkbox"/> Refer to local prosecutor or state Attorney General
<input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process <p>Once it is determined that improper payments have been made, the LAA must request refunds of the LIHEAP benefits from the energy vendor(s). If the energy vendor is unable to refund the payment, the State LIHEAP office will begin a recoupment process with the household.</p>
<input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 Program Year
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input checked="" type="checkbox"/> Other - Describe: <p>Based on sufficient evidence of fraudulent activity, the Department may sanction LIHEAP customers, including LAA staff, intake contractors, volunteers, and vendors.</p>

Sanctions may include restricted participation, including a suspension for one (1) or more program years and revocation and recoupment of past unauthorized 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 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

programs; and

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

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

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

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

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

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

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

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

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

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

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

500 East Monroe Street

\* Address Line 1

Address Line 2

Address Line 3

Springfield

\* City

IL

\* State

62701

\* Zip Code

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

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

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

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

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

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

## Section 20: Certification Regarding Lobbying

### Section 20: Certification Regarding Lobbying

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

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

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

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

#### Statement for Loan Guarantees and Loan Insurance

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

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

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

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



## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

## Plan Attachments

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