#### **DETAILED MODEL PLAN (LIHEAP)**

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

Grantee Name: DEPARTMENT OF COMMUNITY SERVICES & DEVELOPMENT CALIFORN

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

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

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

#### Report Sections

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- 2. Section 1 Program Components
- 3. Section 2 HEATING ASSISTANCE
- 4. Section 3 COOLING ASSISTANCE
- 5. Section 4 CRISIS ASSISTANCE
- 6. Section 5 WEATHERIZATION ASSISTANCE
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- 18. Section 17 Program Integrity, 2605(b)(10)
- 19. Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters
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- 21. Section 20: Certification Regarding Lobbying
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### **Mandatory Grant Application SF-424**

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

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

Expiration Date: 12/31/2024

| n 4 m -   |                     |                      | *41.7  |  | - Line -               | ***   | **              |                                  |  |
|---|---------------------|----------------------|--|--|------------------------|---|-----------------|----------------------------------|--|
| * 1.a. Type of Plan   | Submissio           | on:                  | * 1.b. Frequency:  • Annual  |  |                        | * 1.c. Consolidated Application/<br>Plan/Funding Request? |                 | * 1.d. Version:  Initial         |  |
| *=/ rian  |                     |                      | *** Annual   |  | <b>.</b>               |   |                 | Resubmission                     |  |
|   |                     |                      |  |  | Explanation:           |   |                 | Revision Update                  |  |
|   |                     |                      |  |  | 2. Date                | Received:   |                 | State Use Only:                  |  |
|   |                     |                      |  |  | 3. Appl                | icant Identifie   | r:              |                                  |  |
|   |                     |                      |  |  | <u> </u>               | eral Entity Ide   |                 | 5. Date Received By State:       |  |
|   |                     |                      |  |  |                        | eral Award Id   |                 | 6. State Application Identifier: |  |
|   |                     |                      |  |  |                        |   |                 | TP                               |  |
| 7. APPLICAN   | T INFOR             | RMATION              |  |  |                        |   |                 |                                  |  |
| * a. Legal Name: State of California                              |                     |                      |  |  |                        |   |                 |                                  |  |
| * <b>b. Employer</b><br>0283471                                   | /Taxpaye            | r Identificati       | on Number (EIN/TIN   | (): 68-  | * c. Or                | ganizational D  | UNS: 929578     | 3268                             |  |
| * d. Address:   |                     |                      |  |  | n-                     |   |                 |                                  |  |
| * Street 1:   | 1                   | 2389 GATEV           | VAY OAKS DR., STE.   | 100  | Stre                   | et 2:   |                 |                                  |  |
| * City:   |                     | SACRAMEN             | ТО   |  | Cou                    | nty:  |                 |                                  |  |
| * State:  | (                   | CA                   |  |  | Prov                   | ince:   |                 |                                  |  |
| * Country:  | U                   | Inited States        |  |  | * Zi<br>Code:          | p / Postal  | 95833 -         |                                  |  |
| e. Organizatio  | nal Unit:           |                      |  |  | II.                    |   |                 |                                  |  |
| Department Name: Department of Community Services and Development |                     |                      |  | Division Name: Energy and Environmental Services   |                        |   |                 |                                  |  |
| f. Name and co  | ontact info         | ormation of <b>j</b> | person to be contacted   | l on matters in  | volving t              | his application   | ı:              |                                  |  |
| Prefix:   | * First N           | lame:                |  | Middle Name  | :                      |   | * Last          | Name:                            |  |
| a .m  | Kathy               |                      |  |  | Andry                  |   |                 |                                  |  |
| Suffix:   | Title:<br>LIHEAI    | P Director           |  | Organization<br>N/A  | al Affiliation:        |   |                 |                                  |  |
| * Telephone<br>Number:  | Fax Num<br>916-263  |                      |  | * Email:<br>kathy.andry@   | @csd.ca.gov            |   |                 |                                  |  |
| 916-562-<br>0803  |                     |                      |  |  |                        |   |                 |                                  |  |
| * 8a. TYPE O  |                     | CANT:                |  | THE STATE OF THE S |                        |   |                 |                                  |  |
| b. Additiona  |                     | otion:               |  |  |                        |   |                 |                                  |  |
|   |                     |                      |  |  |                        |   |                 |                                  |  |
| * 9. Name of F  | ederal Ag           | gency:               |  |  |                        |   |                 |                                  |  |
|   |                     |                      |  |  |                        |   |                 |                                  |  |
|   |                     |                      |  | f Federal Domes<br>tance Number:   | stic                   | CFDA Title:   |                 |                                  |  |
| 10. CFDA Numl   | bers and T          | itles                | 93.568   |  |                        | Low-Income  | Home Energy A   | Assistance Program               |  |
| 11. Descriptive   |                     |                      | Project<br>ble low-income househousehousehousehousehousehousehouse | olds to manage   | and meet               | their immedia   | te home heating | and/or cooling needs.            |  |
| 12. Areas Affe<br>State of Califo                                 |                     | unding:              |  |  |                        |   |                 |                                  |  |
| 13. CONGRES   | SSIONAL             | DISTRICT             | S OF:  |  |                        |   |                 |                                  |  |
| * a. Applicant 5  |                     |                      |  | b. Program/Project:<br>CA  |                        |   |                 |                                  |  |
| Attach an add   | itional lis         | t of Program         | /Project Congression   | al Districts if n  | eeded.                 |   |                 |                                  |  |
| 14. FUNDING   | 14. FUNDING PERIOD: |                      |  |  | 15. ESTIMATED FUNDING: |   |                 |                                  |  |

| r   | 6   | 11            |   |                              |  |  |  |  |
|---|---|---------------|---|------------------------------|--|--|--|--|
| <b>a. Start Date:</b> 10/01/2023  | <b>b. End Date:</b> 09/30/2024  |               | * a. Federal (\$):<br>\$0                       | <b>b. Match (\$):</b><br>\$0 |  |  |  |  |
| * 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS? |   |               |   |                              |  |  |  |  |
| a. This submission was made av  | a. This submission was made available to the State under the Executive Order 12372  |               |   |                              |  |  |  |  |
| Process for Review on :   | Process for Review on :   |               |   |                              |  |  |  |  |
| b. Program is subject to E.O. 12  | 2372 but has not been selected by State   | e for review. |   |                              |  |  |  |  |
| c. Program is not covered by E.   | 0. 12372.   |               |   |                              |  |  |  |  |
| * 17. Is The Applicant Delinquent On Any Federal Debt?  C YES  NO                   |   |               |   |                              |  |  |  |  |
| Explanation:  |   | <u> </u>      |   |                              |  |  |  |  |
| complete and accurate to the best of  | rtify (1) to the statements contained in<br>of my knowledge. I also provide the re<br>any false, fictitious, or fraudulent state<br>ction 1001) | quired assur  | ances** and agree to comply with any            | y resulting terms if I       |  |  |  |  |
| ** The list of certifications and ass<br>specific instructions.                     | urances, or an internet site where you  | may obtain    | this list, is contained in the announcer        | ment or agency               |  |  |  |  |
|   | Citle of Authorized Certifying Official   |               | 18c. Telephone (area code, number a             | and extension)               |  |  |  |  |
| David Scribner, Director  |   |               | 18d. Email Address<br>david.scribner@csd.ca.gov |                              |  |  |  |  |
| 18b. Signature of Authorized Certi  | ifying Official   |               | 18e. Date Report Submitted (Month 09/12/2023    | , Day, Year)                 |  |  |  |  |

Attach supporting documents as specified in agency instructions.

#### **Section 1 - Program Components**

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 12/31/2024

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

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

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

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

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

#### **Section 1 Program Components**

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

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

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

The 2024 Contract Term runs from October 1, 2023 through June 30, 2025. The program's dates of operation are October 1, 2023 to September 30, 2024. These dates were chosen because the U.S. Department of Health and Human Services required CSD to align the dates of operation with the federal fiscal year for reporting purposes. However, 2024 funds will be available through June 30, 2025. Local Service Providers are expected to expend funds by December 2024.

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

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%. | Percentage ( % ) |
|---|------------------|
| Heating assistance  | 18.00%           |
| Cooling assistance  | 5.00%            |
| Crisis assistance   | 37.00%           |
| 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)  | 5.00%            |
| Used to develop and implement leveraging activities   | 0.00%            |
| TOTAL   | 100.00%          |

| Alter  | Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C) |                         |   |                                     |                           |            |                   |        |                    |
|--|---|-------------------------|---|-------------------------------------|---------------------------|------------|-------------------|--------|--------------------|
| 1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:   |   |                         |   |                                     |                           |            |                   |        |                    |
| >  | Heating ass   | sistance                | Cooling assistance                      |                                     |                           |            |                   |        |                    |
| >  | Weatheriza  | ntion assistance        | >                                       | Other (specify:) CS                 | D provides crisis assista | ance th    | roughout the prog | gram y | year.              |
| Categ  | gorical Eligibilit                                      | y, 2605(b)(2)(A) - Assu | ırance 2, 2                             | 2605(c)(1)(A), 2605(b)              | (8A) - Assurance 8        |            |                   |        |                    |
|  | o you consider h<br>nn below? 💽 Ye                      | households categorical  | ly eligible                             | if one household mem                | nber receives one of th   | e follov   | wing categories   | of ben | nefits in the left |
|  |   | s" to question 1.4, you | must com                                | plete the table below               | and answer questions      | 1.5 and    | d 1.6.            |        |                    |
| Ė  |   |                         |   | Heating                             | Cooling                   | 1          | Crisis            | 1      | Weatherization     |
| TANE   | ,   |                         |   | ⊙ Yes ○ No                          | ⊙ Yes O No                | <b>⊙</b> y | res O No          | •      | Yes ONo            |
| SSI  |   |                         |   | C Yes O No                          | C Yes O No                | O          | res 🖲 No          | 0      | Yes 💽 No           |
| SNAP   | 1   |                         |   | ⊙ Yes ○ No                          | ⊙ Yes ○ No                | <b>⊙</b> 7 | res ONo           | •      | Yes O No           |
| Means  | s-tested Veterans                                       | Programs                |   | C Yes O No                          | C Yes O No                | O          | Yes 💿 No          | 0      | Yes 💽 No           |
|  |   | Program Na              | ame                                     | Heating                             | Cooling                   | 耳          | Crisis            |        | Weatherization     |
|  | (Specify) 1   |                         |   | O Yes O No                          | C Yes O No                |            | C Yes O No        |        | C Yes O No         |
| _  |   | cally enroll households | without a                               | direct annual applica               | ntion? O Yes O No         |            |                   |        |                    |
| If Ye  | s, explain:   |                         |   |                                     |                           |            |                   |        |                    |
| In det<br>benef<br>weath   | ermining benefit it amount receive lerization progran   |                         | mponent, t<br>old is base<br>on dwellir | ed on income, househol<br>ng needs. | d size, and home energ    | y cost o   |                   |        |                    |
|  | -   | LIHEAP funds toward     |   |                                     |                           |            |                   |        |                    |
| Ě  |   | inal Assistance: \$0.00 |   | ovide a response to qu              | lesuons 1.7b, 1.7c, and   | 1 1./a.    |                   |        |                    |
|  | Frequency of As   |                         |   |                                     |                           |            |                   |        |                    |
|  | Once Per Year   |                         |   |                                     |                           |            |                   |        |                    |
|  | Once every five   | e years                 |   |                                     |                           |            |                   |        |                    |
|  | Other - Describ   | be:                     |   |                                     |                           |            |                   |        |                    |
| 1.7d   | How do you con  | firm that the househol  | d receivin                              | ng a nominal payment                | has an energy cost or     | need?      |                   |        |                    |
| Deter  | mination of Elig  | gibility - Countable In | come                                    |                                     |                           |            |                   |        |                    |
| 1.8. I   | n determining a   | household's income el   | ligibility fo                           | or LIHEAP, do you us                | se gross income or net    | incom      | e?                |        |                    |
| >  | Gross Income  |                         | -                                       | <u> </u>                            |                           |            |                   |        |                    |
| Net Income   |   |                         |   |                                     |                           |            |                   |        |                    |
| 1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP |   |                         |   |                                     |                           |            |                   |        |                    |
| Wages  |   |                         |   |                                     |                           |            |                   |        |                    |
| >  | Self - Employm  | nent Income             |   |                                     |                           |            |                   |        |                    |
|  | Contract Incom  | me                      |   |                                     |                           |            |                   |        |                    |
|  | Payments from   | n mortgage or Sales Co  | ontracts                                |                                     |                           |            |                   |        |                    |
| <b>&gt;</b>  | ✓ Unemployment insurance                                |                         |   |                                     |                           |            |                   |        |                    |

| <b>V</b>    | Strike Pay   |
|-------------|--|
| <b>~</b>    | Social Security Administration (SSA ) benefits   |
|             | Including MediCare deduction  Excluding MediCare deduction   |
| <b>~</b>    | Supplemental Security Income (SSI )  |
| <b>&gt;</b> | Retirement / pension benefits  |
| <b>V</b>    | General Assistance benefits  |
| <b>V</b>    | Temporary Assistance for Needy Families (TANF) benefits  |
|             | Supplemental Nutrition Assistance Program (SNAP) benefits  |
|             | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits                             |
|             | Loans that need to be repaid   |
|             | Cash gifts   |
|             | Savings account balance  |
|             | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.    |
| <b>&gt;</b> | Jury duty compensation   |
| <b>V</b>    | Rental income  |
|             | Income from employment through Workforce Investment Act (WIA)  |
|             | Income from work study programs  |
| ~           | Alimony  |
| <b>V</b>    | Child support  |
| ~           | Interest, dividends, or royalties  |
| ~           | Commissions  |
|             | Legal settlements  |
| <b>~</b>    | Insurance payments made directly to the insured  |
|             | Insurance payments made specifically for the repayment of a bill, debt, or estimate                    |
| <b>~</b>    | Veterans Administration (VA) benefits  |
|             | Earned income of a child under the age of 18   |
|             | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |
|             | Income tax refunds   |
|             | Stipends from senior companion programs, such as VISTA   |
|             | Funds received by household for the care of a foster child   |

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

#### **Section 2 - HEATING ASSISTANCE**

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

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

Expiration Date: 12/31/2024

| Section 2 - Heating Assistance  |   |              |  |                                    |  |  |
|---|---|--------------|--|------------------------------------|--|--|
| Eligibility, 2605(  | b)(2) - Assurance 2                         |              |  |                                    |  |  |
| 2.1 Designate the   | e income eligibility threshold used for the | heating co   | omponent:  |                                    |  |  |
| Add   | Household size                              |              | Eligibility Guideline  | Eligibility Threshold              |  |  |
| 1   | All Household Sizes                         |              | State Median Income  | 60.00%                             |  |  |
| 2.2 Do you have additional eligibility requirements for HEATING ASSITANCE?  |   |              |  |                                    |  |  |
| 2.3 Check the ap  | propriate boxes below and describe the p    | oolicies for | each.  |                                    |  |  |
| Do you require a  | n Assets test?                              | C Yes        | <b>⊙</b> No  |                                    |  |  |
| Do you have add   | itional/differing eligibility policies for: |              |  |                                    |  |  |
| Renters?  |   | O Yes        | <b>⊙</b> No  |                                    |  |  |
| Renters Li  | ving in subsidized housing?                 | C Yes        | ⊙ No   |                                    |  |  |
| Renters wi  | th utilities included in the rent?          | O Yes        | ⊙ <sub>No</sub>  |                                    |  |  |
| Do you give prio  | rity in eligibility to:                     |              |  |                                    |  |  |
| Elderly?  |   | • Yes        | C <sub>No</sub>  |                                    |  |  |
| Disabled?   |   | Yes          | C <sub>No</sub>  |                                    |  |  |
| Young children? • Yes O No  |   |              |  |                                    |  |  |
| Household   | s with high energy burdens?                 | • Yes        | C <sub>No</sub>  |                                    |  |  |
| Other?  |   | C Yes        | ⊙ <sub>No</sub>  |                                    |  |  |
| Explanations of   | policies for each "yes" checked above:      |              |  |                                    |  |  |
|   | sed on an assessment of each client, Local  | Service Pro  | viders assign points and priority may be given to                    | o households with life-threatening |  |  |
|   |   |              | eholds that include persons 60 ye<br>seholds with high energy burden |                                    |  |  |
| Determination of  | f Benefits 2605(b)(5) - Assurance 5, 2605(  | (c)(1)(B)    |  |                                    |  |  |
| 2.4 Describe how  | you prioritize the provision of heating a   | ssistance t  | ovulnerable populations, e.g., benefit amount                        | s, early application periods, etc. |  |  |
| Ba<br>emergenci   |   | Service Pro  | viders assign points and priority may be given to                    | o households with life-threatening |  |  |
| Additional points are provided to households that include persons 60 years or older, persons five years or younger, and disabled persons. |   |              |  |                                    |  |  |
| 2.5 Check the variables you use to determine your benefit levels. (Check all that apply):   |   |              |  |                                    |  |  |
| ✓ Income  |   |              |  |                                    |  |  |
| Family (household) size   |   |              |  |                                    |  |  |
| <b>✓</b> Home energy cost or need:  |   |              |  |                                    |  |  |
| <b>✓</b> Fuel   | <b>✓</b> Fuel type                          |              |  |                                    |  |  |
| <b>✓</b> Clin   | nate/region                                 |              |  |                                    |  |  |
| Individual bill   |   |              |  |                                    |  |  |

| Dwelling type   |                              |                 |         |  |  |  |  |
|---|------------------------------|-----------------|---------|--|--|--|--|
| Energy burden (% of income spo  | ent on home energy)          |                 |         |  |  |  |  |
| Energy need   |                              |                 |         |  |  |  |  |
| Other - Describe:   |                              |                 |         |  |  |  |  |
| CSD conducts an "Individual Utility Company Rate Survey" each year. In the survey, utility companies report their residential rates, by county, for gas and electricity. CSD uses this information to establish average utility costs for each county. These costs are factored into the heating and cooling benefit formula to determine LIHEAP benefit levels.  For WPO, the benefit formulas created by CSD are based on county heating degree days. The wood benefits consist of 1 - 3 cords of wood or equivalent. The liquid fuel benefits are also based on the average gas usage and price in California, and they are then modeled on the electricity and gas benefit formulas. The maximum benefit is \$1,000, to which a \$500 maximum supplemental benefit can be added if deemed necessary for the vendor to deliver WPO services to the customer. |                              |                 |         |  |  |  |  |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605  |                              |                 |         |  |  |  |  |
| 2.6 Describe estimated benefit levels for the f   | scal year for which this pla | an applies      | ii .    |  |  |  |  |
| Minimum Benefit   | \$94                         | Maximum Benefit | \$1,500 |  |  |  |  |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? O Yes  |                              |                 |         |  |  |  |  |
| If yes, describe.   |                              |                 |         |  |  |  |  |
|   |                              |                 |         |  |  |  |  |
| If any of the above questions 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 OMB Clearance No.: 0970-0075

Expiration Date: 12/31/2024

| Section 3 - Cooling Assistance  |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| the Cooling   | component:   |  |  |  |  |
|   | Eligibility Guideline  | Eligibility Threshold  |  |  |  |
|   | State Median Income  | 60.00%   |  |  |  |
| C Yes   | € No   |  |  |  |  |
| policies for  | each.  |  |  |  |  |
| C Yes   | <b>⊙</b> No  |  |  |  |  |
|   |  |  |  |  |  |
| C Yes   | <b>⊙</b> No  |  |  |  |  |
| C Yes   | ⊙ No   |  |  |  |  |
| C Yes   | <b>⊙</b> No  |  |  |  |  |
|   |  |  |  |  |  |
| Yes   | ○ No   |  |  |  |  |
| Disabled?   |  |  |  |  |  |
| Yes   | Yes C No   |  |  |  |  |
| • Yes   | • Yes O <sub>No</sub>  |  |  |  |  |
| C Yes   | Yes O No   |  |  |  |  |
|   |  |  |  |  |  |
| l to hous   | eholds that include persons 60 ye  | ears or older, persons 5   |  |  |  |
| assistance to   | ovulnerable populations, e.g., benefit amounts   | s, early application periods, etc.   |  |  |  |
| l Service Pro   | oviders assign points and priority may be given to   | o households with life-threatening   |  |  |  |
| 5(c)(1)(B)  |  |  |  |  |  |
| 3.5 Check the variables you use to determine your benefit levels. (Check all that apply): |  |  |  |  |  |
| <b>☑</b> Income   |  |  |  |  |  |
| Family (household) size   |  |  |  |  |  |
| <b>✓</b> Home energy cost or need:  |  |  |  |  |  |
| Fuel type   |  |  |  |  |  |
|   |  |  |  |  |  |
| ☐ Climate/region ☐ Individual bill  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   | Policies for C Yes | Eligibility Guideline State Median Income  O Yes No  Policies for each.  O Yes No  Service Providers assign points and priority may be given to the standard p |  |  |  |

| <b>☑</b> Energy need   |                                   |                 |       |  |  |  |
|--|-----------------------------------|-----------------|-------|--|--|--|
| Other - Describe:  |                                   |                 |       |  |  |  |
| CSD conducts an "Individual Utility Company Rate Survey" each year. In the survey, utility companies report their residential rates, by county, for gas and electricity. CSD uses this information to establish average utility costs for each county. These costs are factored into the heating and cooling benefit formula to determine LIHEAP benefit levels. |                                   |                 |       |  |  |  |
| Benefit Levels, 2605(b)(5) - Assurance 5, 260  | 05(c)(1)(B)                       |                 |       |  |  |  |
| 3.6 Describe estimated benefit levels for the  | fiscal year for which this plan a | applies         |       |  |  |  |
| Minimum Benefit  | \$282                             | Maximum Benefit | \$990 |  |  |  |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? C Yes No   |                                   |                 |       |  |  |  |
| If yes, describe.  |                                   |                 |       |  |  |  |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.  |                                   |                 |       |  |  |  |

#### **Section 4 - CRISIS ASSISTANCE**

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

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

Expiration Date: 12/31/2024

| Section 4: CRISIS ASSISTANCE   |   |  |                          |  |  |  |
|--|---|--|--------------------------|--|--|--|
| Eligibility - 2604(c), 2605(c)(1)(A)   |   |  |                          |  |  |  |
| 4.1 Designate the income eligibility threshold used for the crisis component   |   |  |                          |  |  |  |
| Add  | Household size  | Eligibility Guideline                          | Eligibility Threshold    |  |  |  |
| 1  | All Household Sizes   | State Median Income                            | 60.00%                   |  |  |  |
| 4.2 Provide your   | LIHEAP program's definition for determining a cris  | sis.   |                          |  |  |  |
| emergence including:  1. A natur 2. A signi 3. An offi 4. Home of the first including: 5. Home of the first including: 7. Unemp 8. An offi  CSD when essential p  4.3 What constit | CSD uses the federal definition of a crisis (Low Income Energy Assistance Act § 2603 (3)): "weather-related and supply shortage emergencies and other household energy related emergencies." Crisis funds may only be used in accordance with the federal definition, including:  1. A natural disaster (whether or not officially declared), 2. A significant home energy supply shortage or disruption, 3. An official declaration of a significant increase in: 4. Home energy costs, 5. Home energy disconnections, 6. Enrollment in public benefit programs, or 7. Unemployment and layoffs, or 8. An official emergency declaration by the Secretary of Health and Human Services,  In those situations where there is not an official federal, state, or local declaration of emergency, an emergency may be deemed to exist by CSD where there is imminent danger, requiring immediate action to prevent or mitigate the loss or impairment of life, health, property, or essential public services.  4.3 What constitutes a life-threatening crisis?  Life-Threatening: Applicant is without heating, cooling or utility service during extreme weather conditions, as determined by the local administrative agency. This may include energy-related situations that pose a threat to the health and safety of one or more members of the |  |                          |  |  |  |
| Crisis Requirem  | ent, 2604(c)<br>nany hours do you provide an intervention that will 1   | resolve the energy crisis for eligible househo | olds? 48Hours            |  |  |  |
| 4.5 Within how is situations? 18H  | many hours do you provide an intervention that will nours   | resolve the energy crisis for eligible househo | olds in life-threatening |  |  |  |
| Crisis Eligibility   | , 2605(c)(1)(A)   |  |                          |  |  |  |
|  | additional eligibility requirements for CRISIS  | € Yes C No                                     |                          |  |  |  |
| 4.7 Check the ap   | propriate boxes below and describe the policies for e   | ach  |                          |  |  |  |
| Do you require a   | nn Assets test?   | C Yes O No                                     |                          |  |  |  |
| Do you give prio   | rity in eligibility to:   | "  |                          |  |  |  |
| Elderly?   |   | ⊙ Yes ○ No                                     |                          |  |  |  |
| Disabled?  |   | ⊙ Yes C No                                     |                          |  |  |  |
| Young Chi  | ildren?   | ⊙ Yes C No                                     |                          |  |  |  |
| Household  | s with high energy burdens?   | ⊙ Yes C No                                     |                          |  |  |  |
| Other? Se  | Other? See explanation below  • Yes O No  |  |                          |  |  |  |
|  | ive crisis assistance:  | <u> </u>                                       |                          |  |  |  |
| Must the h   | ousehold have received a shut-off notice or have a ne   | ar 💽 Yes C No                                  |                          |  |  |  |
|  | ousehold have been shut off or have an empty tank?  | C Yes O No                                     |                          |  |  |  |

| Must the hous  | sehold have exhausted their regular heating benefit?  | C Yes ⊙ No  |
|--|---|---|
| Must renters v<br>received an eviction   | with heating costs included in their rent have notice?  | ○ Yes   |
| Must heating/  | cooling be medically necessary?   | C Yes ⊙ No  |
| Must the hous equipment?   | sehold have non-working heating or cooling  | C Yes   |
| Insufficient funds to opay a delinquent utili oil or propane, Insuff eligible heating or coappliance, and/or Aptemperature or climat | of utility shutoff notice, Proof of energy termination, establish a new energy account, Insufficient funds to ty bill, Insufficient funds to pay for essential firewood, icient funds to pay the cost of repairing or replacing an oling appliance or for a new heating or cooling plicant has a medical condition that requires te control and the heating/cooling appliance is s, nonexistent, or inoperable  |   |
| Do you have additio  | onal/differing eligibility policies for:  | -   |
| Renters?   |   | C Yes ⊙ No  |
| Renters living   | in subsidized housing?  | C Yes ⊙ No  |
| Renters with u   | utilities included in the rent?   | C Yes ⊙ No  |
| Explanations of poli   | icies for each "yes" checked above:   |   |
| assessment of  | each applicant, Local Service Providers prioritize by as ith life-threatening emergencies.  | overty Level, Energy Burden, Vulnerable Population. Based on an ssigning points for each of these categories though priority may be given to  |
| 4.8 How do you han   | dle crisis situations?  |   |
| <b>~</b>   | Separate component  |   |
| <b>~</b>   | Fast Track  |   |
|  | processed centrally by CSD, where ECIP WP Service Providers have the ability to increase benefit amount cannot exceed the total amoun other assessed utility fees/surcharges to allevi Fast Track benefit established during the CO many utility customers have accumulated and ECIP WPO benefits are determined at propane. The amount of the benefit is based of HCS services provide payment for ene appliances and water-heating appliances. The maximum amount as determined annually.  SWEATS services provide payment to by a natural disaster and PSPS. Typical service transportation services, temporary heating/co vary depending on the benefit offered.  PSPS Emergency Preparedness Progra energy-related emergencies and residing in de- | ansportation Services (SWEATS) am  the Local Service Providers, but payments to the utility companies are O assistance, HCS and SWEATS benefits are provided locally. Local the Fast Track base amount by adding a supplemental benefit. The total at of the entire utility bills (to include energy charges, reconnection fees, and ate the crisis situation) or \$3,000, whichever is less. The \$3,000 maximum VID-19 pandemic emergency will continue to help address high energy debt a struggling financially to repay. |
| 49 If you have a cor   | parate component, how do you determine crisis assist  |   |
| If you have a sep  | Amount to resolve the crisis.   | mines sentings  |
|  |   |   |
|  | processed centrally by CSD, where ECIP WP<br>Service Providers have the ability to increase<br>benefit amount cannot exceed the total amour<br>other assessed utility fees/surcharges to allevi   | the Local Service Providers, but payments to the utility companies are O assistance, HCS and SWEATS benefits are provided locally. Local the Fast Track base amount by adding a supplemental benefit. The total at of the entire utility bills (to include energy charges, reconnection fees, and ate the crisis situation) or \$3,000, whichever is less. The \$3,000 maximum VID-19 pandemic emergency will continue to help address high energy debt   |

| many utility customers   | many utility customers have accumulated and struggling financially to repay.   |                |  |  |  |  |  |
|--|--|----------------|--|--|--|--|--|
| Crisis Requirements, 2604(c)   |  |                |  |  |  |  |  |
| 4.10 Do you accept applications for energy crisis a  | 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.  |  |                |  |  |  |  |  |
| Large service territories typically have satellite offices or other non-profit agencies which accept applications.   |  |                |  |  |  |  |  |
| 4.11 Do you provide individuals who are physically disabled the means to:  |  |                |  |  |  |  |  |
| Submit applications for crisis benefits without le   | eaving their   | homes?         |  |  |  |  |  |
| € Yes C No If No, explain.   |  |                |  |  |  |  |  |
| Travel to the sites at which applications for crisi  | is assistance  | are accepte    | d?   |  |  |  |  |
| Yes O No If No, explain.   |  |                |  |  |  |  |  |
| If you answered "No" to both options in question disabled?   | 4.11, please   | explain alte   | rnative means of intake to those who are homebound or physically |  |  |  |  |
| Benefit Levels, 2605(c)(1)(B)  |  |                |  |  |  |  |  |
| 4.12 Indicate the maximum benefit for each type o  | f crisis assis   | tance offere   | <u>d</u>   |  |  |  |  |
| Winter Crisis \$0.00 maximum benefit   |  |                |  |  |  |  |  |
| Summer Crisis \$0.00 maximum benefit   |  |                |  |  |  |  |  |
| Year-round Crisis \$3,000.00 maximum ben   |  |                |  |  |  |  |  |
| 4.13 Do you provide in-kind (e.g. blankets, space h  | eaters, fans   | ) and/or oth   | er forms of benefits?  |  |  |  |  |
| <b>⊙</b> Yes <b>○</b> No <b>If yes, Describe</b>   |  |                |  |  |  |  |  |
| Space heaters are allowable under the Emergency Heating and Cooling Program (EHCS). Evaporative coolers, heaters, fans, loaned portable air conditioners, battery power backup devices, and generators are allowable under the Severe Weather Energy Assistance and Transportation Program (SWEATS). |  |                |  |  |  |  |  |
| 4.14 Do you provide for equipment repair or repla  | cement usin  | ng crisis fund | ls?  |  |  |  |  |
| • Yes O No   |  |                |  |  |  |  |  |
| If you answered "Yes" to question 4.14, you must   | complete qu  | estion 4.15.   |  |  |  |  |  |
| 4.15 Check appropriate boxes below to indicate ty  | pe(s) of assis   | stance provi   | ded.   |  |  |  |  |
| Winter Crisis Crisis Year-round Crisis   |  |                |  |  |  |  |  |
| Heating system repair  |  |                | <b>▽</b>   |  |  |  |  |
| Heating system replacement   |  |                | <b>▽</b>   |  |  |  |  |
| Cooling system repair  |  |                | <b>▽</b>   |  |  |  |  |
| Cooling system replacement   |  |                | >  |  |  |  |  |
| Wood stove purchase  |  |                | >  |  |  |  |  |
| Pellet stove purchase  | Pellet stove purchase  |                |  |  |  |  |  |
| Solar panel(s)   |  |                |  |  |  |  |  |
| Utility poles / gas line hook-ups  |  |                |  |  |  |  |  |
| Other (Specify): Water Heater  |  |                |  |  |  |  |  |
| 4.16 Do any of the utility vendors you work with e   | nforce a mo  | ratorium on    | shut offs?   |  |  |  |  |
| C Yes © No   |  |                |  |  |  |  |  |
| If you responded "Yes" to question 4.16, you must  | -  | -              |  |  |  |  |  |
| 4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.   |  |                |  |  |  |  |  |

| If any of the abo | 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. |  |  |  |  | de in |  |
|-------------------|---|--|--|--|--|-------|--|
|                   |   |  |  |  |  |       |  |
|                   |   |  |  |  |  |       |  |
|                   |   |  |  |  |  |       |  |
|                   |   |  |  |  |  |       |  |
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|                   |   |  |  |  |  |       |  |
|                   |   |  |  |  |  |       |  |

#### Section 5 - WEATHERIZATION ASSISTANCE

SF - 424 - MANDATORY

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN

#### **Section 5: WEATHERIZATION ASSISTANCE** Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance 2 5.1 Designate the income eligibility threshold used for the Weatherization component Household Size Eligibility Threshold Eligibility Guideline All Household Sizes State Median Income 5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component? O Yes 5.3 If yes, name the agency. 5.4 Is there a separate monitoring protocol for weatherization? • Yes No WEATHERIZATION - Types of Rules 5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.) Entirely under LIHEAP (not DOE) rules Entirely under DOE WAP (not LIHEAP) rules Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply): Income Threshold Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities). Other - Describe: Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.) Income Threshold Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit. Weatherization measures are not subject to DOE Savings to Investment Ration (SIR ) standards. Other - Describe: Eligibility, 2605(b)(5) - Assurance 5 O Yes O No 5.6 Do you require an assets test? 5.7 Do you have additional/differing eligibility policies for : Renters Yes □ No Renters living in subsidized housing? 5.8 Do you give priority in eligibility to: Elderly? Yes ○ No Disabled? Young Children? House holds with high energy burdens? Other? See explanation below O Yes O No

| If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, y below.  | you must provide further explanation of these policies in the text field   |  |  |  |  |
|---|--|--|--|--|--|
| 5.7 The Weatherization Program requires landlord approval/permission to work on the property of a renter.   |  |  |  |  |  |
| 5.8 CSD will implement the Priority Plan for 2024 that priorit (elderly, disabled, and families with young children).   | 5.8 CSD will implement the Priority Plan for 2024 that prioritizes applicants based on income, energy burden, and vulnerable population (elderly, disabled, and families with young children). |  |  |  |  |
| Benefit Levels  |  |  |  |  |  |
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditu   | re per household? O Yes O No   |  |  |  |  |
| 5.10 If yes, what is the maximum? \$0   |  |  |  |  |  |
| Types of Assistance, 2605(c)(1), (B) & (D)  |  |  |  |  |  |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check a  | all categories that apply.)  |  |  |  |  |
| Weatherization needs assessments/audits   | Energy related roof repair   |  |  |  |  |
| Caulking and insulation   | Major appliance repairs  |  |  |  |  |
| Storm windows   | Major appliance replacement  |  |  |  |  |
| Furnace/heating system modifications/repairs  | <b>✓</b> Windows/sliding glass doors   |  |  |  |  |
| Furnace replacement   | <b>✓</b> Doors   |  |  |  |  |
| Cooling system modifications/repairs  | <b>✓</b> Water Heater  |  |  |  |  |
| Water conservation measures   | Cooling system replacement   |  |  |  |  |
| Compact florescent light bulbs  | Other - Describe: Please see attachment  |  |  |  |  |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |  |  |  |  |  |

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

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

#### Section 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

- **V** Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- **V** 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):
  - Partnerships with utility companies
  - · Outreach to legislative offices, community organizations, County Health Departments, and attendance at community events
  - · Referrals to CSD's programs from child care centers
  - Pamphlets
  - Toll-free phone line
  - CSD's website
  - · Contractors' websites
  - · Special events
  - Canvass neighborhoods and go door to door
  - · Distribute flyers at schools

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

Expiration Date: 12/31/2024

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

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

|             | Section 7. Coordination, 2002(S)(1) Tissurance 1   |  |  |  |  |  |
|-------------|--|--|--|--|--|--|
|             | 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  |  |  |  |  |  |
| <b>&gt;</b> | Other - Describe:  |  |  |  |  |  |

CSD and Local Service Providers coordinate activities with similar and related programs administered by the federal, state, and the public and private sector, particularly low-income energy conservation programs. CSD is working with the California Public Utilities Commission (CPUC) and the state's investor owned utility companies to develop strategies to leverage and coordinate our mutual resources to benefit low-income households in the state.

Local Service Providers refer potentially eligible applicants, including heating and cooling and crisis applicants, to the weatherization program, California Alternate Rates for Energy (CARE), Reduced Rate Programs (RRP), and other energy or conservation programs. This referral is accomplished through interagency agreements, communications with pertinent agencies, one-stop centers, utility companies, and public/private partnerships. Local Service Providers provide assistance in coordinating the payment of clients' utility bills with the appropriate energy vendor or utility company.

CSD administers a state funded Low-Income Weatherization (LIWP) program that offers weatherization and renewable energy services to low-income households. CSD is working on policies to prevent duplication.

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

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

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

|  | the Commonwealth of Lucito Rico)   |                                |                                |                                |                              |  |  |
|--|--|--------------------------------|--------------------------------|--------------------------------|------------------------------|--|--|
| 8.1 Ho   | 8.1 How would you categorize the primary responsibility of your State agency?  |                                |                                |                                |                              |  |  |
| >  | Administration Agency  |                                |                                |                                |                              |  |  |
|  | Commerce Agency  |                                |                                |                                |                              |  |  |
|  | Community Services Agency  |                                |                                |                                |                              |  |  |
|  | Energy/Environment Agency  |                                |                                |                                |                              |  |  |
|  | Housing Agency   |                                |                                |                                |                              |  |  |
|  | Welfare Agency   |                                |                                |                                |                              |  |  |
|  | 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? |  |                                |                                |                                |                              |  |  |
|  | N/A  |                                |                                |                                |                              |  |  |
| 8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE? |  |                                |                                |                                |                              |  |  |
|  | N/A  |                                |                                |                                |                              |  |  |
| 8.4 Ho   | w do you provide alternate outreach and int  | ake for CRISIS ASSIS           | TANCE?                         |                                |                              |  |  |
| N/A  |  |                                |                                |                                |                              |  |  |
| 8.5 LII  | HEAP Component Administration.   | Heating                        | Cooling                        | Crisis                         | Weatherization               |  |  |
| 8.5a W   | 8.5a Who determines client eligibility?  Community Action Agencies  Community Action Agencies  Community Action Agencies  Agencies  Community Action Agencies              |                                |                                |                                |                              |  |  |
| electri  | Tho processes benefit payments to gas and c vendors?   | State Administration<br>Agency | State Administration<br>Agency | State Administration<br>Agency |                              |  |  |
| vendo  | 8.5c who processes benefit payments to bulk fuel vendors? Community Action Agencies Community Action Agencies Community Action Agencies                                    |                                |                                |                                |                              |  |  |
| 8.5d W<br>measu  |  |                                |                                |                                | Community Action<br>Agencies |  |  |
| TP   | - C TITEAD   | 4 4 4                          | TT T • • 4                     | 1 1 4 4                        | 4                            |  |  |

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

| 8.6 Wh    | at is your process for selecting local administering agencies?  |
|-----------|---|
|           | LIHEAP Local Service Providers were designated pursuant to California Government Code section 16367.5. The Local Service Provider network is comprised of 41 Local Service Providers (LSPs), which include private, non-profit and local government service providers. These LSPs have strong ties to their local communities and have many years of experience providing public assistance programs to the low-income customers in their respective service territory. |
| 8.7 Hov   | w many local administering agencies do you use? 41  |
| 8.8 Hav   | ve you changed any local administering agencies in the last year?   |
| 8.9 If so | o, why?   |
|           | Agency was in noncompliance with grantee requirements for LIHEAP -  |
|           | Agency is under criminal investigation  |
|           | Added agency  |
|           | Agency closed   |
|           | Other - describe  |
|           |   |
|           | y of the above questions require further explanation or clarification that could not be made  |

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

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

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

### 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   |                          |  |  |  |
| Cooling   |                          |  |  |  |
| Crisis  | <b>⊙</b> Yes <b>○</b> No |  |  |  |
| Are there except  | ions? • Yes O No         |  |  |  |
| 16 D 1  |                          |  |  |  |

#### If yes, Describe.

In most cases, direct payments are issued to energy vendors. Occasionally, dual-party warrants are issued and are made payable to the client and the energy vendor. On those few occasions when utilities are included in the rent or sub-metered, warrants are issued directly to the client.

For those heating and cooling and crisis clients whose energy source is WPO, Local Service Providers make payment directly to energy vendors.

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

- 1. When a WPO payment is made directly to an energy vendor, the Local Service Provider sends the client a letter, advising them of the LIHEAP payment amount and approximate date the benefit will be credited to the account.
- 2. When a crisis or heating and cooling payment is made to an applicant with utilities included in rent, submetered utilities or with non-participating utility companies, the Local Service Provider provides the client with a letter indicating the amount of the benefit and the utility company to be paid, if applicable.
- 3. When a crisis or heating and cooling payment is made directly to an energy vendor, the vendor shows the amount of credit on the customer's bill, indicating that the payment was made by LIHEAP. The Local Service Provider provides the client with a letter indicating the amount of the benefit and the utility company to be paid.

### 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?

When a crisis or heating and cooling payment is made directly to an energy vendor, the vendor shows the amount of the credit on the customer's bill, indicating that the payment was made by LIHEAP. The Local Service Provider provides the client with a letter indicating the amount of the benefit and the utility comapny to be paid.

CSD evaluates the notification process of LIHEAP payments during program evaluation.

A different process is in place for Crisis payments, depending on whether the home energy supplier is a regulated utility or non-regulated utility.

Regulated Utilities are audited by the California Public Utilites Comission (CPUC) to ensure that proper billing procedures are in place and the amount of the payments or credits are accurate. No modification of energy rates can occur without a public regulatory process, which is administered by the CPUC.

For Non-Regulated energy vendors:

- 1. Local Service Providers use a "Confirmation of Payment" form whereby the non-regulated energy vendors records the date and amount credited for each account.
- 2. Local Service Providers are required to have each home energy supplier sign an assurance agreeing to the requirements of this section. Local Service Providers keep this information on file and clients are advised of their right to fair and equal treatment at the time of service. CSD staff ensures compliance with this provision during program evaluation.
- 3. Local Service Providers verify, before paying suppliers for all types of delivered fuels, that the charges for the services and goods provided are reasonable and within fair-market value. The amount of these charges are reviewed during program evaluation.

### 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?

Regulated Utilities sign a Direct Pay Agreement that stipulates that no customer receiving LIHEAP assistance pursuant to this Agreement will be subjected to disparate or adverse treatment by Utility due to receipt of such assistance. For Non-Regulated energy vendors, Local Service

Providers require each home energy supplier to sign an agreement to adhere to the requirements of this assurance. Local Service Providers keep this information on file and clients are advised of their right to fair and equal treatment at the time of service. CSD staff ensures compliance with this provision during program evaluation.

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

C Yes O No

If so, describe the measures unregulated vendors may take.

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| S  | Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)   |                                  |  |                            |  |  |
|--|--|----------------------------------|--|----------------------------|--|--|
| 10.1. How do you ensur   | e good fiscal accou  | nting and tracking of LIHEAF     | funds?   |                            |  |  |
| management syste   | CSD maintains fiscal controls and accounting practices in accordance with the California Uniform Accounting System. Our financial management system maintains financial data and accounting records supported by source documentation for all federal funds administered. CSD's internal control structure conforms to state and federal procedures. See below for additional information. |                                  |  |                            |  |  |
| Audit Process  |  |                                  |  |                            |  |  |
| 10.2. Is your LIHEAP p  Yes No   | rogram audited ar  | nnually under the Single Audit   | Act and OMB Circular A - 133?  |                            |  |  |
|  |  |                                  | or reportable condition cited in the A<br>lews of the LIHEAP agency from the |                            |  |  |
| No Findings 🗹  |  |                                  |  |                            |  |  |
| Finding T  | уре  | Brief Summary                    | Resolved?  | Action Taken               |  |  |
| 1  |  |                                  |  |                            |  |  |
| 10.4. Audits of Local Ac   |  |                                  |  |                            |  |  |
| What types of annual at Select all that apply.   | udit requirements  | do you have in place for local a | administering agencies/district offices                                      | ?                          |  |  |
| ✓ Local agencies   | s/district offices are   | e required to have an annual a   | udit in compliance with Single Audit   | Act and OMB Circular A-133 |  |  |
| Local agencies   | s/district offices are   | e required to have an annual a   | udit (other than A-133)  |                            |  |  |
| ✓ Local agencies   | s/district offices' A  | -133 or other independent aud    | its are reviewed by Grantee as part o  | f compliance process.      |  |  |
| Grantee condu  | ıcts fiscal and prog   | gram monitoring of local agenc   | cies/district offices  |                            |  |  |
| Compliance Monitoring  |  |                                  |  |                            |  |  |
| 10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply |  |                                  |  |                            |  |  |
| Grantee employees:   |  |                                  |  |                            |  |  |
| ✓ Internal progr   | ✓ Internal program review  |                                  |  |                            |  |  |
| <b>✓</b> Departmental  | ✓ Departmental oversight   |                                  |  |                            |  |  |
| Secondary review of invoices and payments  |  |                                  |  |                            |  |  |
| Other program review mechanisms are in place. Describe:  |  |                                  |  |                            |  |  |
|  |  |                                  |  |                            |  |  |
| Local Administering Ag   | gencies/District Off   | fices:                           |  |                            |  |  |
| On - site evalu  | ✓ On - site evaluation   |                                  |  |                            |  |  |
| Annual progra  | am review  |                                  |  |                            |  |  |
| ✓ Monitoring th  | rough central data   | base                             |  |                            |  |  |
| <b>✓</b> Desk reviews  | Desk reviews   |                                  |  |                            |  |  |

~ Client File Testing/Sampling Other program review mechanisms are in place. Describe: 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. CSD Field Operations Unit will conduct a combination of in-house and on-site compliance monitoring. In general, CSD's monitoring schedule runs from March 1 to October 31. Please refer to the CSD's Monitoring Scope and Overview for details on the monitoring protocols that will be implemented in the Federal Fiscal Year 2024. 10.7. Describe how you select local agencies for monitoring reviews. Site Visits: All LIHEAP agencies have on-site monitoring reviews at least every three years. After conducting an annual risk assessment, the agencies are selected for onsite visits based on the areas of concern identified during the annual risk review, or through whistle blower complaints. Agencies are monitored first with a subsesquent follow up monitoring focusing on the issues identified to ensure full resolution. Desk Reviews: CSD will conduct an in-house compliance monitoring of all agencies that do not receive an on-site monitoring visit. 10.8. How often is each local agency monitored?

At least every three years.

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

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

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

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

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| Section 11: Timely and Mear  | Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2) |                                   |  |  |  |
|--|---|-----------------------------------|--|--|--|
| 11.1 How did you obtain input from the public in the description of Select all that apply. | development of your LIHEAP plan?  |                                   |  |  |  |
| Tribal Council meeting(s)  |   |                                   |  |  |  |
| Public Hearing(s)  |   |                                   |  |  |  |
| ✓ Draft Plan posted to website and available fo  | or comment  |                                   |  |  |  |
| Hard copy of plan is available for public view   | w and comment   |                                   |  |  |  |
| Comments from applicants are recorded  |   |                                   |  |  |  |
| Request for comments on draft Plan is adver  | tised   |                                   |  |  |  |
| Stakeholder consultation meeting(s)  |   |                                   |  |  |  |
| Comments are solicited during outreach acti  | ivities   |                                   |  |  |  |
| Other - Describe:  |   |                                   |  |  |  |
| 11.2 What changes did you make to your LIHEAP pla Please see attached comment matrix.      | n as a result of this participation?  |                                   |  |  |  |
| Public Hearings, 2605(a)(2) - For States and the Comm                                      | nonwealth of Puerto Rico Only   |                                   |  |  |  |
| 11.3 List the date and location(s) that you held public                                    | hearing(s) on the proposed use and d  | istribution of your LIHEAP funds? |  |  |  |
|  | Date  | Event Description                 |  |  |  |
| 1  | 08/10/2023  | Public Hearing conducted online   |  |  |  |
| 11.4. How many parties commented on your plan at th  | ne hearing(s)? 7  |                                   |  |  |  |
| 11.5 Summarize the comments you received at the hea  | aring(s).   |                                   |  |  |  |
| Please see attached comment matrix.  |   |                                   |  |  |  |
| 11.6 What changes did you make to your LIHEAP pla  | an as a result of the comments receive  | d at the public hearing(s)?       |  |  |  |
| Please see attached comment matrix.  |   |                                   |  |  |  |
| If any of the above questions require the fields provided, attach a documen                |   |                                   |  |  |  |

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

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

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

12.2 How many of those fair hearings resulted in the initial decision being reversed? N/A

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

There were no changes.

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

Pursuant to Title 22 of the California Code of Regulations, Section 100805, Local Service Providers are required to establish a written appeals process to enable applicants who are denied benefits or services, or who receive untimely response or unsatisfactory performance, the right to appeal the decision or performance to the Contractor. The process must include, at a minimum, all of the requirements of Section 100805 subdivision (b), plus:

- 1. Provisions that ensure that each applicant is notified in writing of the right to appeal a denial of or untimely response to an application, or to appeal unsatisfactory performance, and the process to request such an appeal, at the time that each applicant submits an application. Such notification shall include information about the right to appeal to both the Contractor and to CSD.
- 2. Provisions that ensure that Local Service Providers will make a good faith effort to resolve each appeal.
- 3. Provisions that ensure that Local Service Providers notify the applicant in writing of the Local Service Provider's final decision within 15 working days after the appeal is requested. If the appeal is denied, the written notification must include instructions on how to appeal the decision to CSD. Whenever Local Service Providers notify an applicant of a denial of an appeal, Local Service Providers simultaneously provide a copy of the final decision CSD.
- 4. Provisions to enable Local Service Providers to collect information on denials and appeals in its regular reporting to CSD.

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

Applicants are informed, in writing, regarding the appeal process which is located on the CSD43 Energy Intake Form. Applicants sign and date acknowledgement that they have read and understand their rights to appeal. Additionally, applicants will be able to view their rights to appeal on CSD's public website.

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

During intake, Local Service Providers inform applicants of their right to appeal all claims for assistance that are denied or are not acted upon with reasonable promptness.

- 1. Local Service Providers review all claims from applicants who are determined ineligible for benefits or who have submitted written notice that there has been an unreasonable delay in processing their application or receiving their benefits.
- 2. Local Service Providers conduct a fair, and impartial appeals and are required to make a good faith effort to resolve the applicant's complaint(s) at the local level. The Local Service Provider, as a contractor, makes a written finding which sets forth the case of both parties and the decision of the Local Service Provider.
- 3. If the appeal is not resolved at the local level, the Local Service Provider informs the applicant that an appeal to the State agency (CSD) may be requested as part of the Fair Hearing process and shall provide the applicant with the appropriate form.
- 4. If the applicant decides to appeal to CSD, the applicant submits a written appeal request to be received by CSD within 10 days from the date of the contracted Local Service Provider's final decision. Upon request from CSD, Local Service Providers provide all supportive documentation to be received by the State via email or postmarked within 5 working days.
- 5. Within 10 working days of receipt of the requested documentation from the contracted Local Service Provider, the CSD Fair Hearing Officer reviews the appeal and supportive documentation, confers with the appellant and the contracted Local Service Provider if necessary, and notifies parties of the hearing. Within 30 days from the date of the hearing, the parties are notified of the Fair Hearing Officer's decision in writing.

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

Applicants are informed in writing regarding the appeals process which is located on the CSD43 Energy Intake Form. Applicants sign and date acknowledgement that they've read and understand their rights to appeal. Additionally, applicants will be able to view their rights to appeal

on CSD's public website.

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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?

Local Service Providers address the energy needs of low-income households by conducting a thorough energy needs assessment of each client, providing budget counseling, energy conservation education, and coordination with utility companies. Whenever possible, weatherization services are also provided to offer a preventive, holistic and long-term solution to energy needs.

Local Service Providers maintain a source document that substantiates that the client was provided these services. The document is kept on file by the contractor and is reviewed during routine program evaluation.

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

Contracts with Local Service Providers establish a budgetary cap on Assurance 16 expenditures and require the submission of monthly expenditure activity reports to CSD.

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

The impacts of the budget and energy education are that clients are more aware of their energy and household costs, which may result in overall household savings.

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

N/A

13.5 How many households applied for these services? N/A. CSD does not track the number of applications submitted for LIHEAP assistance.

13.6 How many households received these services? 185107

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

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

14.1 Do you plan to submit an application for the leveraging incentive program?  $\cite{O}$  Yes  $\cite{O}$  No

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

Local Agencies participating in the Leveraging Incentive Program are required to submit a leveraging report to CSD. Agencies are required to retain all support documentation for period of three (3) years.

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        | Discount/waiver                           | Utility Companies                       | Local agencies and CSD coordinate the services provided under LIHEAP with existing reduced rate programs at Californias larger investor-owned utilities, as well as many smaller municipal utilities. The coordination of these programs enables the agencies to expand services to families who otherwise would not receive assistance due to lack of information about the programs. This coordination occurs through prearranged agreements between the local CSD/LIHEAP contractors and the utility companies. The LIHEAP contractors work in direct conjunction with the utility companies by maintaining ongoing communication to screen and refer potential clients and coordinate benefits. In order to maximize the impact and effectiveness of both programs, applicants are screened to determine if the applicant from either source has already received any benefits. The applicant is provided assistance in completing an application for the reduced rate programs at the time the applicant is being assisted for HEAP.   |
| 2        | Cash                                      | Non-profits                             | This resource was integrated and coordinated with LIHEAP in two ways: a. Due to funds from both sources (LIHEAP and utility companies/third-party co-payments) being used in the same household, the low-income household benefited by receiving LIHEAP assistance in addition to assistance from either the utility company program or third-party co-payment once the LIHEAP programs maximum level of assistance was reached. b. To ensure that low-income households have year-around access to energy assistance and that the greatest number of low-income households receive assistance, local agencies have coordinated the services provided under LIHEAP with local private and public energy assistance programs. The coordination of these programs enables the agencies to expand emergency services to families who otherwise would not receive assistance through LIHEAP due to insufficient funds. The coordination occurs through prearranged agreements between the local LIHEAP contractors and the utility assistance providers. The LIHEAP contractors work in direct conjunction with the utility assistance providers by maintaining ongoing communication to screen potential clients and coordinate benefits. In order to maximize the impact and effectiveness of both programs, applicants are screened to determine if any benefits have already been received by the applicant from either source. |
| 3        | Cash                                      | Utility companies                       | Utility companies provide funds to provider agencies, allowing agencies to install additional weatherization measures in qualifying low-income homes.   |
| 4        | Cash                                      | Utility companies                       | This resource was integrated and coordinated with LIHEAP due to funds from both sources (LIHEAP and utility companies) being used in the same household. The low-income household, therefore, was further weatherized to prevent the loss of heated and/or cooled air from the dwelling. As a result of the coordination of the weatherization contracts, additional LIHEAP-eligible households received weatherization measures, as appropriate an as allowable within LIHEAP contract. The client files are documented and maintained at each respective agency.  |
| 5        | Cash                                      | Utility companies                       | This resource is coordinated with LIHEAP because LIHEAP eligible and other low-income households are identified as needing repair or replacement of appliances during the time the dwelling is being assessed for weatherization services. Additionally, the utility companies utilize a bid process to identify administering agencies. CSD-funded agencies are successful in the bid process in large part due to their experience in providing weatherization services under LIHEAP and because they are known entity in the low-income community.   |

| 6 | In-Kind Contribution | Landlords       | Coordination with landlords to provide additional LIHEAP eligible households weatherization and appliances as appropriate and allowable within the LIHEAP contract.   |
|---|----------------------|-----------------|---|
| 7 | Discount/waiver      | Local Suppliers | Direct negotiations with local suppliers of weatherization materials for the LIHEAP Program resulted in lower than market costs for materials purchased in bulk quantities. As a result of the resources generated from the discount received from these bulk purchases, additional LIHEAP eligible homes received weatherization measures as appropriate and allowable within the LIHEAP contract. |
| 8 | -                    | -               | -   |

### **Section 15 - Training**

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

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| Section 15: Training  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 15.1 Describe the training you provide for each of the following groups:  |  |  |  |  |  |  |  |
| a. Grantee Staff:   |  |  |  |  |  |  |  |
| Formal training on grantee policies and procedures  |  |  |  |  |  |  |  |
| How often?  |  |  |  |  |  |  |  |
| Annually  |  |  |  |  |  |  |  |
| Bi-annually   |  |  |  |  |  |  |  |
| As needed   |  |  |  |  |  |  |  |
| Other - Describe:   |  |  |  |  |  |  |  |
| Employees are provided with policy manual   |  |  |  |  |  |  |  |
| Other-Describe:   |  |  |  |  |  |  |  |
| b. Local Agencies:  |  |  |  |  |  |  |  |
| Formal training conference  |  |  |  |  |  |  |  |
| How often?  |  |  |  |  |  |  |  |
| Annually  |  |  |  |  |  |  |  |
| Bi-annually   |  |  |  |  |  |  |  |
| ✓ As needed   |  |  |  |  |  |  |  |
| Other - Describe: CSD provides LSP and subcontractor staff with comprehensive weatherization training year around based upon job duties. These trainings provide vital workforce development and skills building for agency field personnel, an integral component of the programs goals. |  |  |  |  |  |  |  |
| On-site training  |  |  |  |  |  |  |  |
| How often?  |  |  |  |  |  |  |  |
| Annually  |  |  |  |  |  |  |  |
| Bi-annually   |  |  |  |  |  |  |  |
| As needed   |  |  |  |  |  |  |  |
| Other - Describe:   |  |  |  |  |  |  |  |
| Employees are provided with policy manual   |  |  |  |  |  |  |  |
| Other - Describe  |  |  |  |  |  |  |  |
| c. Vendors  |  |  |  |  |  |  |  |
| Formal training conference  |  |  |  |  |  |  |  |
| How often?  |  |  |  |  |  |  |  |
| Annually  |  |  |  |  |  |  |  |
| Bi-annually   |  |  |  |  |  |  |  |
| As needed   |  |  |  |  |  |  |  |
| Other - Describe:   |  |  |  |  |  |  |  |
| <b>✓</b> Policies communicated through vendor agreements  |  |  |  |  |  |  |  |

|   | Policies are outlined in a vendor manual |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
|   | Other - Describe:                        |  |  |  |  |  |  |  |  |
| 15.2 Does your training program address fraud reporting and prevention?  Yes No   |  |  |  |  |  |  |  |  |  |
| 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 16 - Performance Goals and Measures, 2605(b)

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

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

CSD has implemented changes to its intake form to meet the required LIHEAP performance measures reporting.

CSD has modified its internal and external reporting systems to facilitate the reporting of LIHEAP performance measure data elements from LSPs into CSD's internal reporting systems.

Over the next federal fiscal year, CSD will continue its partnership with Investor Owned Utilities to continue obtaining utility cost and local energy consumption data. CSD will also work with local government utilities and municipal utility companies to obtain data exchange agreement to obtain utility cost and energy consumption data.

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| Section 17: Program Integrity, 2605(b)(10)   |   |   |                                   |  |  |  |  |  |  |  |
|--|---|---|-----------------------------------|--|--|--|--|--|--|--|
| 17.1 Fraud Reporting Mechanisms  |   |   |                                   |  |  |  |  |  |  |  |
| a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.  |   |   |                                   |  |  |  |  |  |  |  |
| Online Fraud Reportin  | Online Fraud Reporting  |   |                                   |  |  |  |  |  |  |  |
| ✓ Dedicated Fraud Repo   | Dedicated Fraud Reporting Hotline   |   |                                   |  |  |  |  |  |  |  |
| Report directly to local   | Report directly to local agency/district office or Grantee office   |   |                                   |  |  |  |  |  |  |  |
| Report to State Inspect  | Report to State Inspector General or Attorney General   |   |                                   |  |  |  |  |  |  |  |
| Forms and procedures   | Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse |   |                                   |  |  |  |  |  |  |  |
| Other - Describe:  CSD operates a toll free line that can be used by the public to report suspected fraud. The Bureau of State Audits has established a  |   |   |                                   |  |  |  |  |  |  |  |
| whistleblower hotline that is available to grantee staff to report information regarding possible fraud. The information is advertised via posters that are located throughout the department's office. Local administering agencies and vendors report fraud through various methods to the department via correspondence, telephone communication with grantee staff, and email to grantee staff. Upon notification of potential fraud, the department advises its legal office and an investigation commences.  |   |   |                                   |  |  |  |  |  |  |  |
| b. Describe strategies in place for advertising the above-referenced resources. Select all that apply  |   |   |                                   |  |  |  |  |  |  |  |
| Printed outreach mater   | rials   |   |                                   |  |  |  |  |  |  |  |
| Addressed on LIHEAP  | Addressed on LIHEAP application   |   |                                   |  |  |  |  |  |  |  |
| Website  |   |   |                                   |  |  |  |  |  |  |  |
| Other - Describe:  | Other - Describe:   |   |                                   |  |  |  |  |  |  |  |
| CSD operates a toll free line that can be used by the public to report suspected fraud. The Bureau of State Audits has established a whistleblower hotline that is available to grantee staff to report information regarding possible fraud. The information is advertised via posters that are located throughout the department's office. Local administering agencies and vendors report fraud through various methods to the department via correspondence, telephone communication with grantee staff, and email to grantee staff. Upon notification of potential fraud, the department advises its legal office and an investigation commences. |   |   |                                   |  |  |  |  |  |  |  |
| 17.2. Identification Documentation   | n Requirements  |   |                                   |  |  |  |  |  |  |  |
| a. Indicate which of the following f<br>members.   | forms of identification are required  | l or requested to be collected from LIH | EAP applicants or their household |  |  |  |  |  |  |  |
| Type of Identification Collected   |   | Collected from Whom?                    |                                   |  |  |  |  |  |  |  |
| Type of Identification Concered  | Applicant Only  | All Adults in Household                 | All Household Members             |  |  |  |  |  |  |  |
| Social Security Card is photocopied and retained   | Required  | Required                                | Required                          |  |  |  |  |  |  |  |
|  | Requested   | Requested                               | Requested                         |  |  |  |  |  |  |  |
| Social Security Number (Without actual Card)   | Required  | Required                                | Required                          |  |  |  |  |  |  |  |
|  | Requested   | Requested                               | Requested                         |  |  |  |  |  |  |  |

| Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)   |  | <b>v</b> | Required  Requested        |                           |       | Required                               |   |      | Required  Requested                  |                                       |  |
|---|--|----------|----------------------------|---------------------------|-------|--|---|------|--------------------------------------|---------------------------------------|--|
|   | Other  |          | Applicant Only<br>Required | Applicant Or<br>Requested |       | All Adults in<br>Household<br>Required | All Adults in<br>Household<br>Requested |      | All Household<br>Members<br>Required | All Household<br>Members<br>Requested |  |
| 1   |  |          |                            |                           |       |  |   |      |                                      |                                       |  |
| b. D  | b. Describe any exceptions to the above policies.  |          |                            |                           |       |  |   |      |                                      |                                       |  |
| <b>—</b>  | 3 Identification Verification  |          |                            |                           |       |  |   |      |                                      |                                       |  |
| Des<br>app  | scribe what methods are used to<br>ly  | o vei    | rify the authenticity      | of identificat            | ion   | documents provid                       | led by clients or                       | hou  | isehold members.                     | Select all that                       |  |
|   | Verify SSNs with Social Sec  | curi     | ty Administration          |                           |       |  |   |      |                                      |                                       |  |
| ·   | Match SSNs with death rec  | ord      | s from Social Secur        | ity Administr             | atio  | n or state agency                      |   |      |                                      |                                       |  |
|   | Match SSNs with state eligi  | ibilit   | ty/case managemen          | t system (e.g.,           | SN    | AP, TANF)                              |   |      |                                      |                                       |  |
|   | Match with state Departme  | ent o    | of Labor system            |                           |       |  |   |      |                                      |                                       |  |
|   | Match with state and/or fed  | lera     | l corrections system       | 1                         |       |  |   |      |                                      |                                       |  |
|   | Match with state child supp  | ort      | system                     |                           |       |  |   |      |                                      |                                       |  |
|   | Verification using private software (e.g., The Work Number)  |          |                            |                           |       |  |   |      |                                      |                                       |  |
|   | In-person certification by staff (for tribal grantees only)  |          |                            |                           |       |  |   |      |                                      |                                       |  |
|   | Match SSN/Tribal ID num  | ber '    | with tribal databas        | e or enrollme             | nt re | cords (for tribal g                    | grantees only)                          |      |                                      |                                       |  |
|   | Other - Describe:  |          |                            |                           |       |  |   |      |                                      |                                       |  |
| 17.4  | 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   |          |                            |                           |       |  |   |      |                                      |                                       |  |
| H   | Chemis sign an account of economy of regar residency   |          |                            |                           |       |  |   |      |                                      |                                       |  |
| H   | Client's submission of Social Security cards is accepted as proof of legal residency  Noncitizens must provide documentation of immigration status |          |                            |                           |       |  |   |      |                                      |                                       |  |
| •   | _  |          |                            | _                         |       | on papers, or pass                     | sport                                   |      |                                      |                                       |  |
|   | _  |          |                            | ·                         |       | 1-1                                    |   |      |                                      |                                       |  |
|   | Noncitizens are verified through the SAVE system  Tribal members are verified through Tribal enrollment records/Tribal ID card                     |          |                            |                           |       |  |   |      |                                      |                                       |  |
| N   |  |          | U                          |                           |       |  |   |      |                                      |                                       |  |
|   | County Local Service   | Pro      | viders are required to     | verify citizer            | ship  | and legal residence                    | y. Read IDs can                         | be u | used to verify citize                | nship/legal                           |  |
| residency.  |  |          |                            |                           |       |  |   |      |                                      |                                       |  |
|   |  |          |                            |                           |       |  |   |      |                                      |                                       |  |
| 17.   | 5. Income Verification   |          |                            |                           |       |  |   |      |                                      |                                       |  |
|   | at methods does your agency u  |          | -                          |                           |       | all that apply.                        |   |      |                                      |                                       |  |
|   |  | inco     | me for all adult ho        | isehold meml              | ers   |  |   |      |                                      |                                       |  |
| Pay stubs   |  |          |                            |                           |       |  |   |      |                                      |                                       |  |
| Social Security award letters   |  |          |                            |                           |       |  |   |      |                                      |                                       |  |
| Bank statements   |  |          |                            |                           |       |  |   |      |                                      |                                       |  |
| ✓ Tax statements ✓ Zero-income statements   |  |          |                            |                           |       |  |   |      |                                      |                                       |  |
| $\vdash$  |  |          |                            |                           |       |  |   |      |                                      |                                       |  |
| $\vdash$  | Unemployment Insu  | ıran     | ce letters                 |                           |       |  |   |      |                                      |                                       |  |
| L   | Other - Describe:  |          |                            |                           |       |  |   |      |                                      |                                       |  |
|   | 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:   |
| Statewide Information Management Manual (SIMM) SIMM 5340-C: Requirements to respond to incidents involving breach or personal information   |
| State Administrative Manual (SAM) SAM 5305: Information asset management and all subsections  |
| SAM 5310: Privacy and all subsections   |
| SAM 5320: Training and awareness for information security and privacy and all subsections   |
| SAM 5350: Operational Security and all subsections  |
| 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:   |
| CSD Documents authenticity of regulated energy vendors by collecting the Federal Employer ID number for Gas and Electric Vendors. Vendors are required to submit a Standard 204 Payee Record Data or Government Agency Tax Identification (GATI) form.  |
|   |
| 17.8. Benefits Policy - Gas and Electric Utilities  |
| 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.   |
| 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  |
| 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.   |
| 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  |
| 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   |
| 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:  |
| 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   |
| 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                            |
| 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                  |
| 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 |

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

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

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

#### Instructions for Certification

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

voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

- 9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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

#### Instructions for Certification

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later

determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- **☑** By checking this box, the prospective primary participant is providing the certification set out above.

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

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

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

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

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

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

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

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

**Certification Regarding Drug-Free Workplace Requirements** 

Alternate I. (Grantees Other Than Individuals)

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace:
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification

number(s) of each affected grant;

- (f)Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

| 2389 Gateway Oaks Drive #100  * Address Line 1 |               |                   |
|--|---------------|-------------------|
| Address Line 2                                 |               |                   |
| Address Line 3                                 |               |                   |
| Sacramento  * City                             | CA<br>* State | 95833  * Zip Code |

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

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

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

#### Section 20: Certification Regarding Lobbying

#### Section 20: Certification Regarding Lobbying

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

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

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

- (A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);
  - (B) intervene in energy crisis situations;
- (C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and
- (D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;
- (2) make payments under this title only with respect to--
  - (A) households in which one or more individuals are receiving--
  - (i)assistance under the State program funded under part A of title IV of the Social Security Act;
  - (ii) supplemental security income payments under title XVI of the Social Security Act;
    - (iii) food stamps under the Food Stamp Act of 1977; or
  - (iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or
  - (B) households with incomes which do not exceed the greater of -
  - (i) an amount equal to 150 percent of the poverty level for such State; or
  - (ii) an amount equal to 60 percent of the State median income;

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

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

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

- (5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;
- (6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -
  - (A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and
  - (B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;
- (7) if the State chooses to pay home energy suppliers directly, establish procedures to --
  - (A) notify each participating household of the amount of assistance paid on its behalf;
  - (B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;
  - (C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and
  - (D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grantees and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

#### (8) provide assurances that,

- (A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and
- (B) the State will treat owners and renters equitably under the program assisted under this title;

#### (9) provide that--

- (A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and
- (B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));
- (10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");
- (11) permit and cooperate with Federal investigations undertaken in accordance with section 2608:
- (12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);
- (13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and
- (14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.
- (15) \* beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.
- \* This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.
- (16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and

thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

### **Plan Attachments**

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