DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: HUMAN SERVICES VERMONT AGENCY OF **Report Name:** DETAILED MODEL PLAN (LIHEAP) Revision # 1

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

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

Report Sections

- 1. Mandatory Grant Application SF-424
- 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
- 7. Section 6 Outreach, 2605(b)(3) Assurance 3, 2605(c)(3)(A)
- 8. Section 7 Coordination, 2605(b)(4) Assurance 4
- 9. Section 8 Agency Designation,, 2605(b)(6) Assurance 6
- 10. Section 9 Energy Suppliers,, 2605(b)(7) Assurance 7
- 11. Section 10 Program, Fiscal Monitoring, and Audit, 2605(b)(10) Assurance 10
- 12. Section 11 Timely and Meaningful Public Participation, , 2605(b)(12) Assurance 12, 2605(c)(2)
- 13. Section 12 Fair Hearings, 2605(b)(13) Assurance 13
- 14. Section 13 Reduction of home energy needs, 2605(b)(16) Assurance 16
- 15. Section 14 Leveraging Incentive Program ,2607A
- 16. Section 15 Training
- 17. Section 16 Performance Goals and Measures, 2605(b)
- 18. Section 17 Program Integrity, 2605(b)(10)
- 19. Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- 20. Section 19: Certification Regarding Drug-Free Workplace Requirements
- 21. Section 20: Certification Regarding Lobbying
- 22. Assurances
- 23. Plan Attachments

Mandatory Grant Application SF-424

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

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

| * 1.a. Type of Submission: Plan | | * 1.b. Frequency: Annual | | * 1.c. Consolidated Application/ Plan/Funding Request? Explanation: | | | * 1.d. Version: Initial Resubmission Revision Update State Use Only: | | |
|---|---------------------------------|---------------------------|------------------------|---|---|--------------------------|--|----------------------------------|--|
| | | | | | | licant Identific | er: | = State ese omy. | |
| | | | | | <u> </u> | leral Entity Id | | 5. Date Received By State: | |
| | | | | | 4b. Fed | leral Award Io | lentifier: | 6. State Application Identifier: | |
| 7. APPLICAN | T INFORM | MATION | | | /I | | | | |
| * a. Legal Nai | ne: State of | f Vermont | | | | | | | |
| * b. Employer 036000264-D4 | | Identificati | on Number (EIN/TIN |): 1- | * c. Or | ganizational I | OUNS: 8093 | 76155 | |
| * d. Address: | | | | | 07 | | VI. | | |
| * Street 1: | С | enter Buildi | ng | | Stre | et 2: | 280 State D | rive | |
| * City: | W | ATERBUR | Y | | Cou | nty: | | | |
| * State: | V | Т | | | Pro | vince: | | | |
| * Country: | Un | ited States | | | * Zi Code: | p / Postal | 05671 - 100 | 00 | |
| e. Organizatio | | | | | 111 | | | | |
| Department Name: Department for Children and Families | | | | Division Name: Economic Services Division | | | | | |
| f. Name and c | ontact infor | rmation of p | person to be contacted | on matters in | volving t | this applicatio | n: | | |
| Prefix: Mr | * First Na Richard | me: | | Middle Name | : | * Last Name: Giddings | | | |
| Suffix: | Title: LIHEAP | Director | | Organization | nal Affiliation: | | | | |
| * Telephone Number: 802-786- 5986 | Fax Numb 802-241-0 | | | * Email: richard.giddi | E mail: ichard.giddings@vermont.gov | | | | |
| * 8a. TYPE O A: State Gover | | ANT: | | | | | | | |
| b. Addition | al Descripti | ion: | | | | | | | |
| * 9. Name of I | Federal Age | ency: | | | | | | | |
| | | | | f Federal Domes ance Number: | | | | CFDA Title: | |
| 10. CFDA Num | bers and Tit | les | 93.568 | | | Low-Income | Home Energy | Assistance Program | |
| 11. Descriptiv | e Title of A | pplicant's I | Project erization | | | | | | |
| 12. Areas Affe Client grants | | | rmont Fuel Assistance | and Weatheriza | tion Prog | grams | | | |
| 13. CONGRE | 13. CONGRESSIONAL DISTRICTS OF: | | | | | | | | |
| * a. Applicant | t | | | | b. Program/Project: State of Vermont | | | | |
| Attach an add | litional list | of Program | /Project Congressiona | al Districts if n | eeded. | | | | |
| 14. FUNDING | 14. FUNDING PERIOD: | | | | 15. ESTIMATED FUNDING: | | | | |

| a. Start Date: 10/01/2023 | b. End Date: 09/30/2024 | * a. Federal (\$): \$0 | b. Match (\$): \$0 | | | | | | |
|--|---|--|------------------------------------|--|--|--|--|--|--|
| * 16. IS SUBMISSION SUBJECT T | * 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS? | | | | | | | | |
| a. This submission was made ava | ailable to the State under the Executiv | Order 12372 | | | | | | | |
| Process for Review on : | | | | | | | | | |
| b. Program is subject to E.O. 123 | 372 but has not been selected by State | or review. | | | | | | | |
| c. Program is not covered by E.O | O. 12372. | | | | | | | | |
| * 17. Is The Applicant Delinquent On Any Federal Debt? C YES NO | | | | | | | | | |
| Explanation: | | | | | | | | | |
| complete and accurate to the best of | rtify (1) to the statements contained in f my knowledge. I also provide the re- my false, fictitious, or fraudulent state tion 1001) | uired assurances** and agree to com | nply with any resulting terms if I | | | | | | |
| ** The list of certifications and assu specific instructions. | irances, or an internet site where you | nay obtain this list, is contained in th | e announcement or agency | | | | | | |
| | itle of Authorized Certifying Official | 18c. Telephone (area coo | de, number and extension) | | | | | | |
| Richard Giddings, 18d. Email Address richard.giddings@vermont.gov | | | | | | | | | |
| 18b. Signature of Authorized Certif | fying Official | 18e. Date Report Submi 09/08/2023 | tted (Month, Day, Year) | | | | | | |

Section 1 - Program Components

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

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

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

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

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

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

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

Section 1 Program Components

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

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

Applications for heating assistance are processed year-round by the Vermont Department for Children and Families (DCF), Economic Services Division (ESD). Applications for winter crisis assistance are processed by Vermont's five Community Action Agencies under grant agreements with ESD, beginning the last Monday in November up to and including the last business day in April, or until crisis funds are exhausted, whichever occurs first.

Vermont also operates a year-round, limited-funded, crisis fuel tank replacement program for fuel tanks that have been "red-tagged," or are at imminent risk of failure. The crisis tank replacement program is operated under an interagency agreement with the Department of Environmental Conservation and a second agreement is in place with the DCF Office of Economic Opportunity. In addition, DCF Office of Economic Opportunity (OEO) also operates under our Crisis program a year round furnance repair and replacement program.

 $We atherization \ assistance \ operates \ year \ round \ and \ is \ conducted \ by \ the \ the \ DCF \ Office \ of \ Economic \ Opportunity \ (OEO), \ We atherization \ Program.$

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

| 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 | 59.00% |
| Cooling assistance | 0.00% |
| Crisis assistance | 7.00% |
| Weatherization assistance | 15.00% |
| Carryover to the following federal fiscal year | 9.00% |

| Administrative and plan | ning co | sts | | | | | | | 10.00% |
|---|--|---|--|--|--|---------------|--|--------------|------------------------|
| Services to reduce home | energy | needs including needs a | assessment (Assurance 10 | 6) | | | | | 0.00% |
| Used to develop and imp | Used to develop and implement leveraging activities | | | | | | | | 0.00% |
| TOTAL | | | | | | | | | 100.00% |
| Alternate Use of Crisis | | | | | N 145 ' | | | | |
| 1.3 The funds reserved f | 11 | m | at have not been expe | nded by | March 15 will | be re | eprogrammed to: | | |
| Heating assistance | | Cooling assistance | | | | | | | |
| Weatherization assistance | ~ | addition to oil tank re | sis assistance lasts until epair and replacement is munity Action Agencies | s available | e year round. A | After A | April, any remainir | | |
| Categorical Eligibility, 2 | 2605(b) | (2)(A) - Assurance 2. | 2605(c)(1)(A), 2605(b) | (8A) - As | ssurance 8 | | | | |
| 1.4 Do you consider hou column below? • Yes | seholds | | | | | e follo | owing categories | of be | nefits in the left |
| If you answered "Yes" t | o quest | tion 1.4, you must con | nplete the table below | and ansv | wer questions | 1.5 aı | nd 1.6. | | |
| | | | Heating | | Cooling | | Crisis | | Weatherization |
| TANF | | | O Yes O No | C Ye | s 💽 No | 0 | Yes 🖸 No | 0 | Yes 💽 No |
| SSI | | | O Yes O No | O Ye | s 💽 No | 0 | Yes 💿 No | 0 | Yes O No |
| SNAP | | | • Yes ONo | | s © No | - | Yes No | | Yes No |
| | ~~~~ | | C Yes © No | | s © No | _ | Yes O No | ! | Yes No |
| Means-tested Veterans Pro | grams | | 1 | Ye | | | 75 | | 11 |
| | | Program Name | Heating | | Cooling | | Crisis | | Weatherization |
| Other(Specify) 1 | | | C Yes O No | , | Yes O No | | C Yes C No | | O Yes O No |
| assistance household are be met in order to receive 1.6 How do you ensure twhen determining eligib. The use of categorical eliconsistent between category SNAP Nominal Paymen 1.7a Do you allocate LII If you answered "Yes" to 1.7b Amount of Nomina | a heating there is solity an egibility an egibility or ically to the to quest I Assist | ng assistance benefit. no difference in the t do benefit amounts? does not change LIHE eligible households an funds toward a nomin tion 1.7a, you must pr | reatment of categorica AP program criteria, or d non-categorically elig | ally eligibally certifications in the certification | ole households cation periods. seholds. The or | All bally dif | n those not received the amounts and the certification of the certificat | ing of | ther public assistance |
| 1.7c Frequency of Assist | ance | | | | | | | | |
| Once Per Year Once every five ye | ears | | | | | | | | |
| Other - Describe: | | | | | | | | | |
| 1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need? | | | | | | | | | |
| Determination of Eligib | ility - C | Countable Income | | | | | | | |
| 1.8. In determining a ho | useholo | d's income eligibility f | or LIHEAP, do you u | se gross i | income or net | incor | ne? | | |
| Gross Income | | | | | | | | | |
| Net Income | | | | | | | | | |
| 1.9. Select all the applica | able for | rms of countable inco | me used to determine | a househ | old's income e | eligibi | ility for LIHEAP | | |
| Wages | | | | | | | | | |
| w wages | | | | | | | | | |

| | T- |
|----------|--|
| | |
| > | Self - Employment Income |
| I^{-} | |
| ~ | Contract Income |
| | |
| | Payments from mortgage or Sales Contracts |
| | The state of the s |
| ~ | Unemployment insurance |
| | onemproyment insurance |
| | Strike Pay |
| | Strike 1 ay |
| | S. 1.1 S. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |
| ~ | Social Security Administration (SSA) benefits |
| \vdash | To be Proc Modern |
| | ✓ Including MediCare deduction Excluding MediCare deduction |
| | |
| ~ | Supplemental Security Income (SSI) |
| | |
| ~ | Retirement / pension benefits |
| | |
| ~ | General Assistance benefits |
| | |
| ~ | Temporary Assistance for Needy Families (TANF) benefits |
| | |
| | Supplemental Nutrition Assistance Program (SNAP) benefits |
| | |
| | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits |
| | |
| | Loans that need to be repaid |
| - | |
| ~ | Cash gifts |
| | |
| | Savings account balance |
| _ | |
| | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. |
| | |
| ~ | Jury duty compensation |
| | |
| ~ | Rental income |
| | |
| V | Income from employment through Workforce Investment Act (WIA) |
| | income from employment unrough workforce investment feet (with) |
| V | Income from work study programs |
| * | ancome from note study programs |
| | Alimony |
| ~ | лицону |
| | Child annuant |
| ~ | Child support |
| | |
| ~ | Interest, dividends, or royalties |
| | |
| ~ | Commissions |
| | |
| | Legal settlements |
| | |
| | Insurance payments made directly to the insured |
| | |
| | Insurance payments made specifically for the repayment of a bill, debt, or estimate |
| | |
| ~ | 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 |
| | Some Ameri-Corp Program payments for living allowances, earnings, and in-kind aid are counted as income and some are not. |
| | 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 | on 2 - H | 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 | 60.00% | |
| 2.2 Do you have HEATING ASSI | additional eligibility requirements for ITANCE? | • Yes | C _{No} | | | |
| 2.3 Check the ap | propriate boxes below and describe the p | policies for | each. | | | |
| Do you require a | nn Assets test? | C Yes | ⊙ No | | | |
| Do you have add | litional/differing eligibility policies for: | | | | | |
| Renters? | | O Yes | ⊙ No | | | |
| Renters Li | ving in subsidized housing? | C Yes | ⊙ _{No} | | | |
| Renters wi | th utilities included in the rent? | C Yes | ⊙ No | | | |
| Do you give prio | rity in eligibility to: | • | | | | |
| Elderly? | | C Yes | ⊙ No | | | |
| Disabled? | | O Yes | ⊙ No | | | |
| Young chil | ldren? | O Yes | ⊙ _{No} | | | |
| Household | s with high energy burdens? | O Yes | ⊙ _{No} | | $\overline{}$ | |
| Other? Re | esidency requirement | • Yes | O _{No} | | | |
| Explanations of | policies for each "yes" checked above: | | | | | |
| unit or sep with the for requireme the housel | parate living quarters or another living unit bollowing exception: migrant workers will b ents. The standard for primary residence is t | or separate e determine he fuel hou eparate livir | uarters in Vermont as their primary residence, an living quarters in Vermont indefinitely in order and elgible for fuel assistance if they meet all othe sehold's, or roomer fuel household's, occupation ag quarters, located in Vermont, as their primary | to be eligible for fuel assitan r applicable eligbility (or, for new Vermont reside | nce, lents, | |
| Determination o | f Benefits 2605(b)(5) - Assurance 5, 2605 | (c)(1)(B) | | | | |
| 2.4 Describe how | you prioritize the provision of heating a | ssistance t | ovulnerable populations, e.g., benefit amounts | s, early application periods | s, etc. | |
| 60 or olde | No Eligibility Priority is given to households with vulnerable members. Eligibility processing for head of households who are eldery (age 60 or older) or disablied (in receipt of permanent disability benefits) are reviewed for Categorical eligibility. Please refer back to section 1.5 for additional Information. | | | | | |
| 2.5 Check the va | riables you use to determine your benefi | t levels. (Cl | heck all that apply): | | | |
| ✓ Income | | | | | | |
| Family (household) size | | | | | | |
| ✓ Home energy cost or need: | | | | | | |
| ✓ Fuel type | | | | | | |
| Clin | Climate/region | | | | | |
| Indi | vidual bill | | | | | |
| ✓ Dwe | elling type | | | | | |
| Energy burden (% of income spent on home energy) | | | | | | |

| Energy need | Energy need | | | | | | | | |
|--|---|------------------------------|---------|--|--|--|--|--|--|
| Other - Describe: | | | | | | | | | |
| Dwelling size as determined by the number of bedrooms in the home. | | | | | | | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605 | Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | | |
| 2.6 Describe estimated benefit levels for the fis | scal year for which this pla | ın applies | • | | | | | | |
| Minimum Benefit | \$21 | Maximum Benefit | \$2,703 | | | | | | |
| 2.7 Do you provide in-kind (e.g., blankets, spa | ce heaters) and/or other fo | orms of benefits? O Yes O No | | | | | | | |
| If yes, describe. | · · · | | · | | | | | | |
| | | | | | | | | | |
| <u> </u> | 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 | | | | | | |
|---|---|---------------|--|---------------------------------|----------|--|--|
| Eligibility, 2605(d | c)(1)(A), 2605 (b)(2) - Assurance 2 | | | | | | |
| 3.1 Designate The | e income eligibility threshold used for th | e Cooling c | component: | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Thresho | ld | | |
| 1 | | | | | 0.00% | | |
| 3.2 Do you have additional eligibility requirements for COOLING ASSISTANCE? | | | | | | | |
| 3.3 Check the app | propriate boxes below and describe the p | oolicies for | each. | | | | |
| Do you require a | n Assets test? | C Yes | O No | | | | |
| Do you have addi | itional/differing eligibility policies for: | | | | | | |
| Renters? | | C Yes | | | | | |
| Renters Liv | ving in subsidized housing? | C Yes | O _{No} | | | | |
| Renters wit | th utilities included in the rent? | C Yes | O _{No} | | | | |
| Do you give prior | rity in eligibility to: | 4 | | | | | |
| Elderly? | | C Yes | O _{No} | | | | |
| Disabled? | | C Yes | O _{No} | | | | |
| Young chile | dren? | C Yes | O _{No} | | | | |
| Households | s with high energy burdens? | C Yes | O _{No} | | | | |
| Other? | | C Yes | O No | | | | |
| Explanations of p | policies for each "yes" checked above: | | | | | | |
| | | | | | | | |
| 3.4 Describe how | you prioritize the provision of cooling a | ssistance to | ovulnerable populations, e.g., benefit a | mounts, early application perio | ds, etc. | | |
| | | | | | | | |
| Determination of | Benefits 2605(b)(5) - Assurance 5, 2605 | (c)(1)(B) | | | | | |
| 3.5 Check the var | riables you use to determine your benefi | t levels. (Cl | heck all that apply): | | | | |
| Income | | | | | | | |
| Family (hou | usehold) size | | | | | | |
| Home energ | gy cost or need: | | | | | | |
| Fuel | type | | | | | | |
| Clim | nate/region | | | | | | |
| Indiv | Individual bill | | | | | | |
| Dwelling type | | | | | | | |
| Energy burden (% of income spent on home energy) | | | | | | | |
| Energy need | | | | | | | |
| Othe | er - Describe: | | | | | | |
| | | | | | | | |
| Benefit Levels, 26 | 605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | |

| 3.6 Describe estimated benefit levels for the fiscal year for which this plan applies | | | | | | | | | |
|---|--|-----------------|-----|--|--|--|--|--|--|
| Minimum Benefit | \$0 | Maximum Benefit | \$0 | | | | | | |
| 3.7 Do you provide in-kind (e.g., fans, air c | 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 | e(c), 2605(c)(1)(A) | | | | | | |
| 4.1 Designate the | e income eligibility threshold used for the crisis comp | onent | | | | | |
| Add | Household size | Eligibility Guideline | Eligibility Threshold | | | | |
| 1 | All Household Sizes | State Median Income | 60.00% | | | | |
| 4.2 Provide your | LIHEAP program's definition for determining a cri | sis. | | | | | |
| supply of p metered se for determ heating fue include fire either prov | A crisis is found to exist in households that are at imminent risk of losing home heating because they have nearly exhausted their current supply of primary heating fuel, or have received a shutoff notice from their natural gas or electricity company, and the company either provides metered service for their primary heating source, or supplies service to a necessary component of their primary home heating equipment. Criteria for determining the existence of a home heating crisis include, but are not limited to, the following circumstances: (1) the household's primary heating fuel tank is at 25% or less of its full capacity; (2) there is one week's supply or less of fuel for households whose primary heating sources include firewood, wood pellets, or coal; (3) the household has received a disconnect notice for a metered utility, and the utility is responsible for either providing the household's primary fuel source, or for operation of a necessary component of the household's primary home heating equipment. | | | | | | |
| 4.3 What constitu | utes a <u>life-threatening crisis?</u> | | | | | | |
| the home a establishm crisis fuel a resolve the | life-threatening crisis is any medical condition (physical and not be temporarily relocated to an alternate residenc nent, or a residential shelter). The medical condition mus application) by a Vermont-licensed medical practitioner e home heating crisis must be completed within 18 hours p, start-up, or similar charges may be included in the crisis. | ee (such as another home belonging to family or st be documented in writing (a letter or an emai r who is knowledgeable about the household ma s of the household being determined eligible. If | r friends, a commercial lodging 1 written within 30 days of the ember's condition. Services to | | | | |
| Crisis Requireme | ent, 2604(c) | | | | | | |
| 4.4 Within how n | many hours do you provide an intervention that will | resolve the energy crisis for eligible househol | lds? 48Hours | | | | |
| 4.5 Within how n situations? 18Ho | many hours do you provide an intervention that will bours | resolve the energy crisis for eligible househol | ds in life-threatening | | | | |
| Crisis Eligibility, | | | | | | | |
| 4.6 Do you have a ASSISTANCE? | additional eligibility requirements for CRISIS | ⊙ Yes ○ No | | | | | |
| 4.7 Check the ap | propriate boxes below and describe the policies for e | ach | | | | | |
| Do you require a | n Assets test? | C Yes O No | | | | | |
| Do you give prior | rity in eligibility to: | | | | | | |
| Elderly? | | € Yes C No | | | | | |
| Disabled? | | ⊙ Yes ○ No | | | | | |
| Young Chil | ddren? | ⊙ Yes ○ No | | | | | |
| Households | s with high energy burdens? | C Yes ⊙ No | | | | | |
| Other? | | C Yes O No | | | | | |
| In Order to recei | ive crisis assistance: | | | | | | |
| Must the he empty tank? | ousehold have received a shut-off notice or have a ne | | | | | | |
| Must the h | ousehold have been shut off or have an empty tank? | C Yes O No | | | | | |
| Must the h | ousehold have exhausted their regular heating benef | it? O Yes O No | | | | | |
| Must renter | ers with heating costs included in their rent have | C Yes ⊙ No | | | | | |

| Must heating/cod | oling be medically necessary? | C Yes ⊙ No | | |
|---|---|--|--|--|
| Must the household have non-working heating or cooling | | C Yes © No | | |
| equipment? | old have non-working heating or cooling | | | |
| Other? See 4.2 above | | | | |
| Do you have additional/differing eligibility policies for: | | | | |
| Renters? C Yes O No | | | | |
| Renters living in | subsidized housing? | C Yes € No | | |
| Renters with util | lities included in the rent? | C Yes € No | | |
| Explanations of policie | es for each "yes" checked above: | | | |
| Priority:If the head of households is elderly or disabled or if the household has transportantion issues, they are allowed to apply for crisis assistance by phone, and not come into the office. All required paperwork is done by mail. If the head of household is elderly or disabled, or if there are young children in the household, assistance (by phone) is available from 8:30 a.m. to 4:00 p.m. on Saturdays, Sundays and state holidays. All required paperwork is done by mail for the elderly, and disabled. Households with young children must go into the office to complete the required paperwork. | | | | |
| Determination of Bene | fits | | | |
| 4.8 How do you handle | e crisis situations? | | | |
| ✓ | Separate component | | | |
| | Fast Track | | | |
| Other - Describe: The Department for Children & Families' "Economic Services Division" (ESD) processes eligibility year-round for seasonal fuel assistance benefits. ESD's Office of Fuel & Utility Programs maintains grant agreements with the state's five Community Action Agencies (CAPs) to operate the crisis fuel assistance component from the last Monday in November to the last business day in April, or until funds are exhausted. | | | | |
| 4.9 If you have a separ | rate component, how do you determine crisis assist | tance benefits? | | |
| < | Amount to resolve the crisis. | | | |
| ~ | Other - Describe: | | | |
| | While the crisis benefit given is intended, at a minimum, to alleviate the immediate heating crisis, there are limitations and guidelines on the amount of benefit to be distributed per crisis assist. They are: For oil, kerosene and propane: 125 gallons (NOTE: 22-23 Price per gallon averaged \$3.46. (With Kerosene averaged \$4.45 per gallon, Oil averaged \$3.84 per gallon, and Propane averaged 2.10 per gallon) | | | |
| | For firewood: one cord | | | |
| | For coal and pellets: one ton | | | |
| | For electric service to run a heating s | ystem: sufficient payment to the company to maintain service for one month | | |
| | For natural gas heat: sufficient payme | ent to the company to maintain service for one month | | |
| Crisis Requirements, 2 | . , | are geographically accessible to all households in the area to be served? | | |
| • Yes O No Ex | | Beographically accession to an nonscholas in the area to be selven. | | |
| The five | Community Action Agencies operate 19 separate off | rices that are geographically accessible to all households where crisis fuel conomic Serivces Division operates 12 district offices. | | |
| 4.11 Do you provide in | dividuals who are physically disabled the means t | 0: | | |
| Submit applications | for crisis benefits without leaving their homes? | | | |
| • Yes O No If | No, explain. | | | |
| | which applications for crisis assistance are accep | ted? | | |
| C Yes O No If | | | | |
| | | ternative means of intake to those who are homebound or physically | | |

If the head of household is elderly or disabled or if the household has transportantion issues, they are allowed to apply for crisis assistance by phone, and not come into the office. All required paperwork is done by mail. If the head of household is elderly or disabled, or if there are young children in the household, assistance (by phone) is available from 8:30 a.m. to 4:00 p.m. on Saturdays, Sundays and

| state holidays. All requred paperwork is done by mail. | | | | | |
|--|------------------|------------------|--|--|--|
| Benefit Levels, 2605(c)(1)(B) | | | | | |
| 4.12 Indicate the maximum benefit for each type of crisis assistance offered. | | | | | |
| Winter Crisis \$742.00 maximum benef | ît | | | | |
| Summer Crisis \$0.00 maximum benefit | | | | | |
| Year-round Crisis \$0.00 maximum benefit | | | | | |
| 4.13 Do you provide in-kind (e.g. blankets, space h | eaters, fans) | and/or othe | ner forms of benefits? | | |
| ⊙ Yes ○ No If yes, Describe | | | | | |
| Space heaters can be provided by the C | Community A | Action Agenc | ncies to divert a heating crisis until a fuel delivery can be completed. | | |
| 4.14 Do you provide for equipment repair or repla | cement usin | g crisis fund | ds? | | |
| ⊙ Yes C No | | | | | |
| If you answered "Yes" to question 4.14, you must | complete qu | estion 4.15. | | | |
| 4.15 Check appropriate boxes below to indicate type | pe(s) of assis | stance provi | | | |
| | Winter Crisis | Summer Crisis | Year-round Crisis | | |
| Heating system repair | | | ✓ | | |
| Heating system replacement | | | V | | |
| Cooling system repair | | | | | |
| Cooling system replacement | | | | | |
| Wood stove purchase | | | | | |
| Pellet stove purchase | | | | | |
| Solar panel(s) | | | | | |
| Utility poles / gas line hook-ups | | | | | |
| Other (Specify): | | | | | |
| 4.16 Do any of the utility vendors you work with en | nforce a mo | ratorium on | n shut offs? | | |
| • Yes C No | | | | | |
| If you responded "Yes" to question 4.16, you must | respond to | question 4.1 | 17. | | |
| 4.17 Describe the terms of the moratorium and any | y special dis | pensation re | received by LIHEAP clients during or after the moratorium period. | | |
| The Vermont Public Service Board's R that utility vendors must comply with year-rou | | | on of Residential Gas, Electric and Water Service" established detailed rule Il Rule 3.300 is available on-line at: | | |
| Commission Rule 3.300 - Disconnection of Essential Service Public Utility Commission (vermont.gov) | | | | | |
| If any of the above questions require further explanation or clarification that could not be made in | | | | | |

Section 5 - WEATHERIZATION ASSISTANCE

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)

MODEL PLAN SF - 424 - MANDATORY

| Section 5: WEATHERIZATION ASSISTANCE | | | | |
|--|---|---------------------------|---|--|
| Eligibility, 2605(| c)(1)(A), 2605(b)(2) - Assu | rance 2 | | |
| 5.1 Designate the | income eligibility thresho | old used for the Weatheri | zation component | |
| Add | Househ | old Size | Eligibility Guideline | Eligibility Threshold |
| 1 | All Household Sizes | | State Median Income | 60.00% |
| 5.2 Do you enter No | into an interagency agree | ment to have another gov | rernment agency administer a WEATHE | RIZATION component? O Yes |
| 5.3 If yes, name t | he agency. | | | |
| 5.4 Is there a sep | arate monitoring protocol | for weatherization? 💽 \ | es O _{No} | |
| WEATHERIZA' | TION - Types of Rules | | | |
| | rules do you administer Ll | HEAP weatherization? (| Check only one.) | |
| Entirely ur | nder LIHEAP (not DOE) ı | rules | | |
| | nder DOE WAP (not LIH) | | | |
| | ` | , | | (6) |
| | | e following DOE WAP ru | lle(s) where LIHEAP and WAP rules diff | er (Check all that apply): |
| | me Threshold | | | |
| | therization of entire multi- will become eligible within | | is permitted if at least 66% of units (50%) | 6 in 2- & 4-unit buildings) are |
| Weat care facilities). | therize shelters temporari | ly housing primarily low | income persons (excluding nursing home | s, prisons, and similar institutional |
| Othe | r - Describe: | | | |
| Households with no income information will be counted in the "over 150%" income category of the LIHEAP Household Report with an added note stating that "income data was not collected for X number of households in multifamily buildings that received LIHEAP Weatherization using DOE WAP multifamily building eligibility guidelines." | | | | |
| Mostly und | ler DOE WAP rules, with | the following LIHEAP re | ule(s) where LIHEAP and WAP rules diff | fer (Check all that apply.) |
| ✓ Inco | me Threshold | | | |
| ✓ Weat | therization not subject to l | DOE WAP maximum sta | tewide average cost per dwelling unit. | |
| Weat | therization measures are r | ot subject to DOE Saving | gs to Investment Ration (SIR) standards. | |
| | r - Describe: | | | |
| Son | me weatherization measures | | owable under DOE WAP rules. See section | 5.11 for more details. The purchase of |
| vehicles us | sed to weatherize home is a | lso an allowable expense. | | |
| Eligibility, 2605(| b)(5) - Assurance 5 | | | |
| 5.6 Do you requi | re an assets test? | C Yes O No | | |
| 5.7 Do you have | additional/differing eligibi | ility policies for : | | |
| Renters | | C Yes ⊙ No | | |
| Renters liv | ing in subsidized | C Yes ⊙ No | | |
| 5.8 Do you give p | priority in eligibility to: | | | |
| Elderly? | | ⊙ Yes O No | | |

| Disabled? | ⊙ Yes ○ No | | | |
|---|-----------------------------------|---|--|--|
| Young Children? • Yes O No | | | | |
| House holds with high energy burdens? | ⊙ Yes O No | | | |
| Other? Households recieving fuel assistance | ⊙ Yes O No | | | |
| If you selected "Yes" for any of the options below. | in questions 5.6, 5.7, or 5.8, y | ou must provide further explanation of these policies in the text field | | |
| | n highest priority to lowest prio | nerization assistance are prioritized using a "client rank algorithm" that are rity): (1) households receiving fuel assistance; (2) households with high children. | | |
| Benefit Levels | | | | |
| 5.9 Do you have a maximum LIHEAP weat | herization benefit/expenditur | e 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 measur | es do you provide ? (Check a | ll 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 modification | ns/repairs | Windows/sliding glass doors | | |
| Furnace replacement | | ✓ Doors | | |
| Cooling system modifications/repair | rs | ✓ Water Heater | | |
| Water conservation measures | | Cooling system replacement | | |
| Compact florescent light bulbs | | Other - Describe: (1) Air Sealing and Insulation; (2) Energy health and safety measures, including, but not limited to: knob and tube wiring repairs, exhaust ventilation installation and repair, smoke alarm and carbon monoxide dectector installation. A complete list of all Vermont weatherization measures, policies, and procedures can be found at: http://dcf.vermont.gov/benefits/weatherization/manual | | |
| 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. | | | | |

Page 16 of 48

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 Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. ~ Publish articles in local newspapers or broadcast media announcements. Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. V Mass mailing(s) to prior-year LIHEAP recipients. V 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): Mass Mailings: For Seasonal (heating) Fuel Assistance, the Vermont Economic Services Division (ESD) annually mails eligibility "renewal" documents for all public benefits that a household is receiving including LIHEAP, SNAP, TANF and healthcare programs. Other: Maintain an aggressive web presence with links between state government and non-profit programs that serve generally the same clientele. Provide annual trainings for advocates around the state. Operate an "800" state-wide "Benefits Service Center." For Seasonal (heating) Fuel Assistance, paper applications are available on-line, and clients can apply on-line. We provide \$77,500 in outreach funds through our Council on Aging Agencies, plus we spend an additional \$50,000 in outreach through our Crisis providers, who are always talking with Households regarding heating options. In addition, we ran some ads last year through Vermont's "Front Porch Forum" and are thinking about doing it again as it allowed us to connect with 492,000 subscribers and we can explain the program and encourage them to apply.

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.

V

V

V

V

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

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

Section 7: Coordination, 2605(b)(4) - Assurance 4 7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.). Joint application for multiple programs Intake referrals to/from other programs One - stop intake centers Other - Describe:

The Department for Children & Families' "Economic Services Division" is responsible, state-wide for: SNAP, TANF, LIHEAP, General/ Emergency Assistance and Essential Person benefits. A single coordinated application allows clients to apply for any benefits they require. Eligibility is coordinated and conducted once a year. Clients may apply with a traditional paper application or apply on-line. Confidential benefit information is available to clients at 12 district offices, online (password protected) and by phone (password protected) through the ESD Benefits Service Center.

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

| Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico) | | | | | | |
|--|--|---------------------------|-----------------------------|------------------------------|------------------------------|--|
| 8.1 Ho | w would you categorize the primary respons | ibility of your State age | ncy? | | | |
| | Administration Agency | | | | | |
| | Commerce Agency | | | | | |
| | Community Services Agency | | | | | |
| | Energy/Environment Agency | | | | | |
| | Housing Agency | | | | | |
| > | Welfare Agency | | | | | |
| Other - Describe: | | | | | | |
| | ate Outreach and Intake, 2605(b)(15) - Assume | | tions 8.2, 8.3, and 8.4, as | applicable. | | |
| 8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE? The Department for Children & Families' "Economic Services Division" is responsible, state-wide for: SNAP, TANF and LIHEAP. A single coordinated application allows clients to apply for any benefits they require. Eligibility is coordinated so that all programs are reviewed at the same time once a year. Clients may apply with a traditional paper application or apply on-line. Confidential benefit information is available to clients at 12 district offices, on-line (password protected) and by phone (password protected) through the ESD Benefits Service Center. Additionally, outreach occurs for both seasonal and crisis components via local Area Agencies on Aging and Community Action Agencies. | | | | | | |
| 8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE? | | | | | | |
| Vermont does not operate an established "cooling assistance" component. | | | | | | |
| 8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE? Crisis Assistance Component is administered by the five Community Action Agencies (CAPs) under annual grant agreements managed by Economic Services Division's "Office of Fuel & Utility Programs." The CAP's along with ESD and the F&U Office, as well as local Area Agencies on Aging each perform outreach activities. ONLY the CAPs do crisis assistance intakes. When a client seeks a crisis assistance grant and has not received their seasonal fuel grant, the CAP worker will request that an ESD worker expedite that client's seasonal fuel grant to alleviate the crisis. | | | | | | |
| 8.5 LII | HEAP Component Administration. | Heating | Cooling | Crisis | Weatherization | |
| 8.5a W | ho determines client eligibility? | State Welfare Agency | Non-Applicable | Community Action Agencies | Community Action Agencies | |
| | ho processes benefit payments to gas and evendors? | State Welfare Agency | Non-Applicable | Community Action Agencies | | |

| 8.5c wl | no processes benefit payments to bulk fuel | State Welfare Agency | Non-Applicable | Community Action Agencies | | |
|--|--|-----------------------|---------------------------|------------------------------|------------------------------|--|
| 8.5d Who performs installation of weatherization measures? | | | | | Community Action Agencies | |
| | If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9. | | | | | |
| 8.6 What is your process for selecting local administering agencies? | | | | | | |
| Crisis - the LIHEAP Crisis Assistance Component is administered by the five Community Action agencies (CAPs) under annual grant agreements managed by ESD's "Office of Fuel & Utility Programs." The CAPs are an established community partner with access to nongovernment resources to address a client's home heat or energy crisis. This "one stop shopping" approach to crisis resolution provides the most effective customer service possible. Weatherization - Wx is NOT a function of ESD. Wx is the responsibility of the Dept for Children & Families' "Office of Economic Opportunity (OEO). OEO maintains grant agreements with the five Weatherization Assistance Program (WAPs) agencies - four of which are components of community action agency and the fifth is an independent Wx non-profit. | | | | | | |
| 8.7 Ho | w many local administering agencies do you | use? Five Community A | Agencies and one weatheri | zation non-profit | | |
| 8.8 Have you changed any local administering agencies in the last year? Yes No | | | | | | |
| 8.9 If so, why? | | | | | | |
| | Agency was in noncompliance with grantee | requirements for LIHE | CAP - | | | |
| | Agency is under criminal investigation | | | | | |
| | Added agency | | | | | |
| | Agency closed | | | | | |
| | Other - describe | | | | | |
| If an | y of the above questions requi | | | ation 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 9: Energy Suppliers, 2605(b)(7 | 7) - Assurance 7 |
|---|---|--|
| 9.1 Do you make paymer | s directly to home energy suppliers? | |
| Heating | • Yes O No | |
| Cooling | CYes ONo | |
| Crisis | ⊙ Yes ◯ No | |
| Are there exceptions? | Yes O No | |
| whose heat is inclu | I assistance clients that heat with firewood or wood pellets receive a ed in their rent receive a cash benefit to off-set the undesignated portilities. There are no payment exceptions for crisis fuel assistance. A | tion of their monthly rent that is applied by the landlord to |
| For season name of the fuel or also go on-line or l Information on-lin indicating the gran | client of the amount of assistance paid? fuel assistance: clients receive a printed notice by mail advising there are good dealer who received their benefit. Clients who are denied assist phone through the ESD Benefits Service Center obtain information and by phone are password protected. For crisis fuel assistance: client details (amount, fuel/energy type, dealer or utility paid), or if they we their rights to appeal. | stance also receive a printed notice by mail. Clients may about the status of their seasonal assistance benefit. hts receive a copy of their application from the CAP |
| actual cost of the home e For seasons established (see: h supplier provide to benefit. At the end customer's seasons practices are in acc bill. Clients are dir regarding their ben resolution. For cris receivable review | t the home energy supplier will charge the eligible household, in ergy and the amount of the payment? fuel assistance: dealers are certified by the ESD Fuel and Utility Off p://dcf.vermont.gov/sites/dcf/files/pdf/esd/fuel/Terms_Conditions.pc he eligible households periodic statements of account activity includ f the fuel season, all certified dealers are required to submit a "Consfuel assistance benefit. Annually, the F&U Office audits a selected notance with certification requirements. The seasonal fuel benefit pay tend (in their notice referenced in 9.2 above) to contact the Economic fit. Questions and concerns regarding account activity or pricing by the fuel assistance: dealer and utilities submit bills for payment to the Cd payment practices. The certified dealers, the CAPs and the F&U Cd payment or billing errors are identified in seasonal and/or crisis fuel | fice and payment terms and conditions and prices are if j. Included in those terms is a requirment that the fuel ing the receipt, credit and balance of the seasonal fuel umption and Refund Report" documenting the use of each number of dealers to confirm that billing and pricing is only a portion of a household's winter home heating is Services Division (ESD) with questions or concerns the fuel supplier are referred to the F&U Office for CAPs. The CAPs financial staff apply accepted accounts of other cooperate fully on required adjustments (positive |
| The terms a clauses. End of sea households on specinvestigates any co | t no household receiving assistance under this title will be treated a conditions of the fuel supplier certification agreement referenced is on audits of selected "Consumption and Refund Report" included a particulate as with the supplier's "pricing sheet" for non-recipient customer aplaint regarding discrimination in prices for services and the maintenance. | n 9.3 above contains discrimination and confidentiality orice comparison between the price charged to recipient ers. In addition the Fuel and Utility Office accepts and nance of confidentiality by a certified fuel supplier. |
| households? • Yes O No | is contingent on unregulated vendors taking appropriate measur | res to alleviate the energy burdens of eligible |

The certification agreement that permits payments to all certified fuel suppliers, regulated and unregulated, require annual Consumption Reports referenced in 9.3 above. That information is shared with the Weatherization Offices. Wx services prioritize their services to LIHEAP recipients, with the highest energy consumption, and with 'vulnerable' household members.

| Page 22 of 48 |
|---------------|

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

| 10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds? | | | | |
|---|--|--|--|--|
| The Economic Services Division (ESD) of the Vermont Department for Children and Families (DCF)together with the DCF Business Office monitor the LIHEAP funds. This process provides checks and balances on the management of program funds. All expenditures, check returns and refunds are recorded on a daily basis and are processed through the state-wide VISION fiscal management system. Monthly, all Fuel Program accounts are balanced against the monthly statement from VISION. If there are any discrepancies, they are accounted for. The state has contracted with the firm of Clifton Larson Allen (CLA) to audit expenditures of amounts received under this title as an integrated audit with other state programs in a single audit authorized under OMB Circular A-133. A LIHEAP Audit was not required under FFY22. | | | | |
| Audit Process | | | | |
| 10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133? • Yes No | | | | |
| 10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year. | | | | |
| No Findings ✓ | | | | |
| Finding Type Brief Summary Resolved? Action Taken | | | | |
| 1 | | | | |
| 10.4. Audits of Local Administering Agencies What types of annual audit requirements do you have in place for local administering agencies/district offices? | | | | |
| Select all that apply. | | | | |
| Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133 | | | | |
| Local agencies/district offices are required to have an annual audit (other than A-133) | | | | |
| Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process. | | | | |
| Grantee conducts fiscal and program monitoring of local agencies/district offices | | | | |
| Compliance Monitoring | | | | |
| 10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply | | | | |
| Grantee employees: | | | | |
| ✓ Internal program review | | | | |
| ☑ Departmental oversight | | | | |
| Secondary review of invoices and payments | | | | |
| Other program review mechanisms are in place. Describe: | | | | |
| When applicable, the Fuel and Utility Office will conduct sample reviews for Seasonal Fuel Assistance to review program eligibility and benefit determination in compliance with policies and procedures. Typically these reviews are for recent or complex changes made to any component of eligibility or benefit issuance, or when a pattern of questionable practice has been identified. | | | | |
| Local Administaring Agancias/District Offices | | | | |

On - site evaluation

| Annual program review |
|---|
| Monitoring through central database |
| Desk reviews |
| Client File Testing/Sampling |
| Other program review mechanisms are in place. Describe: |
| |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. |
| See attached Department Subrecipient Monitoring Plan. |
| 10.7. Describe how you select local agencies for monitoring reviews. |
| Site Visits: |
| Site visits are conducted for subrecipients that are determined to be "moderate" to "high risk." |
| Desk Reviews: |
| Desk reviews are completed annually for all "low risk subrecipients." |
| 10.8. How often is each local agency monitored? |
| Local agencies are monitored every year. |
| 10.9. What is the combined error rate for eligibility determinations? OPTIONAL |
| 10.10. What is the combined error rate for benefit determinations? OPTIONAL |
| 10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? None |
| 10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? None |
| If any of the above questions require further explanation or clarification that could not be made in |

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

| | OI 424 MANDATORT | |
|---|---|--|
| Section 11: Timely and Mean | ningful Public Participat | ion, 2605(b)(12), 2605(C)(2) |
| 11.1 How did you obtain input from the public in the 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 | rtised | |
| Stakeholder consultation meeting(s) | | |
| Comments are solicited during outreach acti | ivities | |
| Other - Describe: | | |
| 11.2 What changes did you make to your LIHEAP pla None. | an as a result of this participation? | |
| Public Hearings, 2605(a)(2) - For States and the Com | monwealth of Puerto Rico Only | |
| 11.3 List the date and location(s) that you held public | hearing(s) on the proposed use and dist | ribution of your LIHEAP funds? |
| | Date | Event Description |
| 1 | 06/15/2023 | Public Hearing |
| 11.4. How many parties commented on your plan at tl | he hearing(s)? 0 | |
| 11.5 Summarize the comments you received at the hea A public hearing was held on 6/15/23 to re LIHEAP state model plan. | | nearing there was no questions or comments about the |
| 11.6 What changes did you make to your LIHEAP pla | an as a result of the comments received | at the public hearing(s)? |
| N/A | | |
| If any of the above questions require | further explanation or cla | rification 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 12: Fair Hearings, 2605(b)(13) - Assurance 13

- 12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 13
- 12.2 How many of those fair hearings resulted in the initial decision being reversed? $\,0\,$
- 12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

No policy or procedure changes were made. Of the 13 asked for 11 were withdrawn, 2 were affirming the department position.

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

Clients may ask for a fair hearing if their claim for assistance, benefits, or services is denied, or in not acted upon with reasonable promptness.

12.5 When and how are applicants informed of these rights?

Applicants are informed of their rights to a fair hearing first on their applications for benefits/assistance and every time they are notified of an action or decision regarding their application.

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

Clients may ask for a fair hearing if their claim for assistance, benefits, or services is denied, or in not acted upon with reasonable promptness.

12.7 When and how are applicants informed of these rights?

Applicants are informed of their rights to a fair hearing first on their applications for benefits/assistance and every time they are notified of an action or decision regarding their application.

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

| 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? |
| 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities? |
| 13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year. |
| 13.4 Describe the level ofdirect benefitsprovided to those households in the previous Federal fiscal year. |
| 13.5 How many households applied for these services? |
| 13.6 How many households received these services? |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here |

Section 14 - Leveraging Incentive Program ,2607A

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

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

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 14:Leveraging Incentive Program, 2607(A)

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

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

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

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

Section 15 - Training

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

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

| Section 15: Training | | | | | | | |
|---|--|--|--|--|--|--|--|
| 15.1 Describe the training you provide for each of the following groups: | | | | | | | |
| a. Grantee Staff: | | | | | | | |
| Formal training on grantee policies and procedures | | | | | | | |
| How often? | | | | | | | |
| Annually | | | | | | | |
| ✓ Bi-annually | | | | | | | |
| As needed | | | | | | | |
| Other - Describe: | | | | | | | |
| Employees are provided with policy manual | | | | | | | |
| Other-Describe: | | | | | | | |
| b. Local Agencies: | | | | | | | |
| Formal training conference | | | | | | | |
| How often? | | | | | | | |
| Annually | | | | | | | |
| Bi-annually | | | | | | | |
| As needed | | | | | | | |
| Other - Describe: | | | | | | | |
| ✓ On-site training | | | | | | | |
| How often? | | | | | | | |
| Annually | | | | | | | |
| Bi-annually | | | | | | | |
| ✓ As needed | | | | | | | |
| Other - Describe: as requested | | | | | | | |
| Employees are provided with policy manual | | | | | | | |
| Other - Describe The Fuel and Utility Office conducts trainings and program updates with community based-organizations around the state prior to the start of the next season. This provides program staff with the opportunity to keep partners, advocates, and interested parties up-to-date on both LIHEAP fuel assistance and utility discount programs. | | | | | | | |
| c. Vendors | | | | | | | |
| Formal training conference | | | | | | | |
| How often? | | | | | | | |
| Annually | | | | | | | |
| Bi-annually | | | | | | | |
| As needed | | | | | | | |
| Other - Describe: | | | | | | | |
| Policies communicated through vendor agreements | | | | | | | |

| Policies are outlined in a vendor manual |
|---|
| Other - Describe: Annually, at predictable points in the fuel assistance season, vendors are advised/reminded of their benefit management responsibilities as third party payees under the terms of Fuel Program Certification Agreement. This includes reporting questions or concerns to the Fuel & Utility Office of fraud, abuse and/or eligibility. Vendors are the most frequent reporters of client eligibility that might lead to a finding or fraud or abuse. |
| 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 |

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

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

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

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.

Vermont submitted LIHEAP Performace Measures data for FFY2022 for households that are served by the top ten vendors for each delivered fuel type, as well as for households that are served by utility companies that provide services to over 90% of our LIHEAP caseload.

We continue to look at our perfomace data and have discussions around the work we are doing and how we can better serve Vermonters.

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

| Section 17: Program Integrity, 2605(b)(10) | | | | | | | |
|--|---|------------------------------------|-------------------------|-----------------------------------|-----------------------|-------------------------------|--|
| 17.1 Fraud Reporting Mechanisms | s | | | | | | |
| a. Describe all mechanisms availab | ble to t | the public for reporting cases of | susp | pected waste, fraud, and abuse. S | elect | all that apply. | |
| Online Fraud Reportin | ıg | | | | | | |
| Dedicated Fraud Report | rting I | Hotline | | | | | |
| Report directly to local | l ageno | cy/district office or Grantee offi | ce | | | | |
| Report to State Inspect | tor Ge | neral or Attorney General | | | | | |
| Forms and procedures | in pla | ce for local agencies/district off | ices a | and vendors to report fraud, was | te, ar | nd abuse | |
| Other - Describe: | | | | | | | |
| Office investigates all reports either the Economic Services | Issues related to benefit fraud or abuse and household eligibility most often are referred to the Fuel and Utility Office. The Fuel and Utility Office investigates all reports of fraud or abuse of benefits. When a viable finding is made, the case and supporting documentation is forwarded to either the Economic Services Divsion (ESD) Fraud Unit or the Assistant Attorney General's Office. Typically, 'client' fraud is referred to the ESD Fraud Unit and 'dealer' fraud is referred to the AAG's Office. | | | | | | |
| b. Describe strategies in place for a | advert | ising the above-referenced reso | urce | s. Select all that apply | | | |
| Printed outreach mater | rials | | | | | | |
| Addressed on LIHEAP | ' appli | cation | | | | | |
| Website | | | | | | | |
| Fuel suppliers and utility companies certified by the Fuel & Utility Office to participate in the LIHEAP program are a frequent source of information or concerns regarding client eligibility that might be fraud. Through formal email notices several times a year from the Fuel and Utility Office, certified fuel suppliers are advised to report concerns of fraud, duplicate benefits, household compostion or housing data that is at variance with the information that ESD maintains. Certified fuel suppliers operate under a confidentiality clause in their certification. 17.2. Identification Documentation Requirements | | | | | | | |
| a. Indicate which of the following f members. | forms | of identification are required or | r req | uested to be collected from LIHI | EAP : | applicants or their household | |
| Type of Identification Collected | | | ·- <u>-</u> - | Collected from Whom? | · | | |
| Type of fuentification Concess | 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 | | | Required | | Required | | |

| card | | | | | | | | | | | |
|--|---|--------|----------------------------|---------------------------|--------|-----------------------|------------------------|-----------|---------------------|----------------------|--|
| (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | | | Requested | | | Requested | | Requested | | | |
| | 1110at 110, passport, etc.) | |] | | 4 | | | | | | |
| | | | <u> </u> | 1 | | All Adults in | All Adults in | <u> </u> | All Household | All Household | |
| | Other | | Applicant Only Required | Applicant Or Requested | | Household Required | Household Requested | | Members Required | Members Requested | |
| 1 | | | | | | | | | | | |
| | | | | ~ | * | | | | | | |
| ь. D | escribe any exceptions to the a | | _ | | | | | | | | |
| | Newborn children are the fuel assistance household | | | | | cial security data-e | entry field. Other | indi | viduals who are e | xcluded from | |
| 17.3 | Identification Verification | | | | | | | | | | |
| Des app | cribe what methods are used t | o ve | rify the authenticit | y of identificat | ion d | locuments provid | led by clients or | hou | sehold members | . Select all that | |
| - | Verify SSNs with Social So | curi | ity Administration | | | | | | | | |
| > | Match SSNs with death re | cord | s from Social Secu | rity Administr | ation | or state agency | | | | | |
| ٧ | Match SSNs with state elig | ibili | ty/case managemer | nt system (e.g., | SNA | AP, TANF) | | | | | |
| ٧ | Match with state Departm | ent o | of Labor system | | | | | | | | |
| | Match with state and/or fe | dera | al corrections system | n | | | | | | | |
| ٧ | Match with state child sup | port | system | | | | | | | | |
| | Verification using private | softv | ware (e.g., The Wor | k Number) | | | | | | | |
| | In-person certification by | staff | (for tribal grantee | s only) | | | | | | | |
| | Match SSN/Tribal ID num | ber | with tribal databas | e or enrollme | nt re | cords (for tribal s | grantees only) | | | | |
| | Other - Describe: | | | | | | | | | | |
| 17.4 | l. Citizenship/Legal Residency | Ver | rification | | | | | | | | |
| | at are your procedures for end | surin | ng that household n | nembers are U | .S. ci | tizens or aliens v | vho are qualified | l to r | eceive LIHEAP | benefits? Select | |
| ٧ | Clients sign an attestation of citizenship or legal residency | | | | | | | | | | |
| ٧ | Client's submission of So | cial S | Security cards is ac | cepted as pro | of of | legal residency | | | | | |
| | Noncitizens must provide | doc | umentation of imm | igration statu | s | | | | | | |
| | Citizens must provide a c | ору | of their birth certif | ïcate, naturali | zatio | on papers, or pass | sport | | | | |
| | Noncitizens are verified t | hrou | igh the SAVE syste | m | | | | | | | |
| | Tribal members are verif | ïed t | through Tribal enro | ollment record | ls/Tr | ibal ID card | | | | | |
| | Other - Describe: | | | | | | | | | | |
| 17. | 5. Income Verification | | | | | | | | | | |
| _ | at methods does your agency | ıtiliz | ze to verify househo | ld income? Se | lect a | all that apply. | | | | | |
| | Require documentation of | inco | ome for all adult ho | usehold meml | ers | | | | | | |
| | Pay stubs | | | | | | | | | | |
| | Social Security awa | rd le | etters | | | | | | | | |
| | Bank statements | | | | | | | | | | |
| | Tax statements | | | | | | | | | | |
| | Zero-income statements | | | | | | | | | | |
| | Unemployment Insurance letters | | | | | | | | | | |
| | Other - Describe: | | | | | | | | | | |
| ٧ | Computer data matches: | | | | | | | | | | |
| | Income information | ı ma | tched against state | computer syst | tem (| e.g., SNAP, TAN | F) | | | | |
| | ✓ Proof of unemploy | nent | benefits verified w | ith state Depa | rtme | nt of Labor | | | | | |

| Social Security income verified with SSA |
|--|
| Utilize state directory of new hires |
| Other - Describe: |
| LIHEAP winter (Seasonal) fuel assistance eligibility is processed by Benefit Programs Specialists in the DCF Economic Services |
| Division. Benefits for LIHEAP, SNAP (3SqsVT), TANF (Reach Up in Vermont) and health care programs all utilitize the same eligibility main-frame database. |
| |
| 17.6. Protection of Privacy and Confidentiality |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| Policy in place prohibiting release of information without written consent |
| Grantee LIHEAP database includes privacy/confidentiality safeguards |
| Employee training on confidentiality for: |
| Grantee employees |
| Local agencies/district offices |
| Employees must sign confidentiality agreement |
| Grantee employees |
| ✓ Local agencies/district offices |
| Physical files are stored in a secure location |
| Other - Describe: |
| |
| 17.7. Verifying the Authenticity What religious are in place for providing and the outher tight? Select all that apply |
| What policies are in place for verifying vendor authenticity? Select all that apply. All vendors must register with the State/Tribe |
| In reliable mass register with the state, risks |
| 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: |
| Vendors of firewood and wood pellets are not required to be certified with the Fuel & Utility Office. Due to supply and variations in quality and quantity, firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. |
| 17.8. Benefits Policy - Gas and Electric Utilities |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| Applicants required to submit proof of physical residency |
| Applicants must submit current utility bill |
| Data exchange with utilities that verifies: |
| Account ownership |
| Consumption |
| Balances |
| Payment history |
| Account is properly credited with benefit |
| Other - Describe: |
| |
| Centralized computer system/database tracks payments to all utilities |
| Centralized computer system automatically generates benefit level |
| Separation of duties between intake and payment approval |
| Payments coordinated among other energy assistance programs to avoid duplication of payments |
| Payments to utilities and invoices from utilities are reviewed for accuracy |
| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |

| Direct payment to households are made in limited cases only |
|---|
| 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: |
| Some items checked above may be performed on a sample basis at the end of the winter heating season. |
| 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 |
| V endor agreements specify requirements selected above, and provide enforcement mechanism |
| Other - Describe: |
| Benefits are paid directly to clients that heat with firewood or wood pellets. Some items checked above may be performed on a sample basis. |
| 17.10. Investigations and Prosecutions |
| Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply. |
| Refer to state Inspector General |
| Refer to local prosecutor or state Attorney General |
| Refer to US DHHS Inspector General (including referral to OIG hotline) |
| Local agencies/district offices or Grantee conduct investigation of fraud complaints from public |
| Grantee attempts collection of improper payments. If so, describe the recoupment process |
| The party in question is contacted by phone and/or in writing. They are advised of the issues and specific actions are outlined with a specific date for compliance. The party is advised that failure to respond or comply will escalate the case either to the ESD Fraud Unit or the Assistant Attorney General. Most cases are resolved at this basic communication level. |
| 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 in the fields provided, attach a document with said explanation here. |

Page 35 of 48

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)

| 280 State Drive * Address Line 1 | | |
|-----------------------------------|---------------|------------------------|
| HC1 South Address Line 2 | | |
| Address Line 3 | | |
| Waterbury * City | VT * State | 05671-1020 * 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). | | |