

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: DEPARTMENT OF SOCIAL SERVICES CONNECTICUT

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

Report Period: 10/01/2024 to 09/30/2025


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

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Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027							
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY									
* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update						
		2. Date Received:	State Use Only:						
		3. Applicant Identifier:							
		4a. Unique Entity Identifier (UEI) NZMLYKS24FW3							
		4b. Federal Award Identifier:	5. Date Received By State:						
			6. State Application Identifier:						
7. APPLICANT INFORMATION									
* a. Legal Name: State of Connecticut									
* b. Address:									
* Street 1:	25 SIGOURNEY STREET	Street 2:	10th floor						
* City:	HARTFORD	County:	HARTFORD						
* State:	CT	Province:							
* Country:	United States	* Zip / Postal Code:	06106 - 5033						
c. Organizational Unit:									
Department Name: Department of Social Services		Division Name: Program Oversight & Grant Administration							
d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)									
* First Name: Linette		* Last Name: Pisani							
Title: Social Services Program Manager		Organizational Affiliation:							
* Telephone Number: 8604245392		Fax Number							
* Email: linette.pisani@ct.gov									
* 8. TYPE OF APPLICANT: A: State Government									
* a. Is the applicant a Tribal Consortium: <input type="radio"/> Yes <input checked="" type="radio"/> No									
* b. If yes please attach at least one the following documentation:									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;"> Catalog of Federal Domestic Assistance Number: </td> <td style="width: 33%; text-align: center;"> CFDA Title: </td> </tr> <tr> <td style="padding: 5px;"> 9. CFDA Numbers and Titles </td> <td style="padding: 5px;">93.568</td> <td style="padding: 5px;">Low-Income Home Energy Assistance Program</td> </tr> </table>					Catalog of Federal Domestic Assistance Number:	CFDA Title:	9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program
	Catalog of Federal Domestic Assistance Number:	CFDA Title:							
9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program							
10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Statewide									
11. AREAS AFFECTED BY FUNDING: All municipalities within the state									
12. CONGRESSIONAL DISTRICTS OF APPLICANT: 01									
13. FUNDING PERIOD:									
a. Start Date: 10/01/2024		b. End Date: 09/30/2025							
* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?									
a. This submission was made available to the State under Executive Order 12372									

Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
If Yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official Linette Pisani	17c. Telephone (area code, number and extension)
	17d. Email Address linette.pisani@ct.gov
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 10/07/2024

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.: 0970-013
Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 1 - Program Components

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. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	11/01/2024	06/17/2025
<input type="checkbox"/>	Cooling assistance		
<input type="checkbox"/>	Summer crisis assistance		
<input checked="" type="checkbox"/>	Winter crisis assistance	11/01/2024	06/17/2025
<input type="checkbox"/>	Year-round crisis assistance		
<input checked="" type="checkbox"/>	Weatherization assistance	11/01/2024	09/30/2025

Provide further explanation for the dates of operation, if necessary

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage (%)	Prior year totals
Heating assistance	61.00%	59.96%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	0.00%	0.00%
Winter crisis assistance	25.00%	26.04%
Year-round crisis assistance	0.00%	0.00%
Weatherization assistance	2.00%	2.59%
Carryover to the following federal fiscal year	0.00%	0.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	2.00%	1.41%
Used to develop and implement leveraging activities	0.00%	0.00%
TOTAL	100.00%	100.00%

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative costs in excess of these limits must be paid from non-federal sources.

1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:				
<input checked="" type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance	
<input checked="" type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify): Supplemental payments to the electric companies	
Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8				
1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below? <input checked="" type="radio"/> Yes <input type="radio"/> No				
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.				
	Heating	Cooling	Crisis	Weatherization
TANF	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
SSI	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
SNAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>1.4a. - Provide your definition of categorical eligibility.</p> <p>A household may be determined categorically eligible for LIHEAP assistance if one person in the household is a recipient of another means-tested program, such as Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), State Supplement to the Aged, Blind and Disabled, Refugee Cash Assistance, or Supplemental Security Income (SSI). This makes the entire household categorically eligible for LIHEAP.</p> <p>The state's community action agencies who support LIHEAP operations and process applications have authorization to access the Department's eligibility management system to confirm a recipient's enrollment in qualifying DSS-administered means-tested programs and use the income information provided by those programs to determine the LIHEAP benefit level. This reduces the need for additional verification requests related to income (thus reducing client and administrative burden), accelerates the eligibility determination timeline, and reduces duplicative paperwork.</p> <p>If there are additional members in the household listed on the LIHEAP application who are not recipients of these means-tested programs, their income must be verified to ensure that the household is awarded the correct LIHEAP benefit level.</p> <p>If the additional income brings the household above the income threshold, the household will not be denied assistance; instead, they will receive the lowest basic benefit and will remain eligible for crisis assistance.</p>				
1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No				
If Yes, explain:				
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?				
Whether a household is categorically eligible or not they receive the same level of service and support. Every household that applies must complete an application, and we assess their income to determine the benefit level. This ensures that all applicants are evaluated based on the same criteria, promoting equity and transparency in our processes.				
SNAP Nominal Payments				
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input checked="" type="radio"/> Yes <input type="radio"/> No				
If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.				
1.7b Amount of Nominal Assistance: \$20.01				
1.7c Frequency of Assistance				
<input checked="" type="checkbox"/>	Once Per Year			
<input type="checkbox"/>	Once every five years			
<input type="checkbox"/>	Other - Describe:			
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?				
The benefit is applied to SNAP recipients who have their heat included in their rent and have a shelter/utility obligation. These households have the lowest energy burdens, thus the lowest LIHEAP benefit.				
Determination of Eligibility - Countable Income				
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?				
<input checked="" type="checkbox"/>	Gross Income			
<input type="checkbox"/>	Net Income			

<input type="checkbox"/>	Other - Describe	
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP		
<input checked="" type="checkbox"/>	Wages	
<input checked="" type="checkbox"/>	Self - Employment Income	
<input checked="" type="checkbox"/>	Contract Income	
<input type="checkbox"/>	Payments from mortgage or Sales Contracts	
<input checked="" type="checkbox"/>	Unemployment insurance	
<input checked="" type="checkbox"/>	Strike Pay	
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits	
<input type="checkbox"/>	<input type="checkbox"/> Including MediCare deduction	<input checked="" type="checkbox"/> Excluding MediCare deduction
<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input checked="" type="checkbox"/>	Retirement / pension benefits	
<input type="checkbox"/>	General Assistance benefits	
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits	
<input type="checkbox"/>	Loans that need to be repaid	
<input checked="" type="checkbox"/>	Cash gifts	
<input type="checkbox"/>	Savings account balance	
<input checked="" type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.	
<input checked="" type="checkbox"/>	Jury duty compensation	
<input checked="" type="checkbox"/>	Rental income	
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)	
<input type="checkbox"/>	Income from work study programs	
<input checked="" type="checkbox"/>	Alimony	
<input checked="" type="checkbox"/>	Child support	
<input checked="" type="checkbox"/>	Interest, dividends, or royalties	
<input checked="" type="checkbox"/>	Commissions	
<input checked="" type="checkbox"/>	Legal settlements	
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured	
<input checked="" type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate	
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits	

<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input checked="" type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
<p>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.</p>	
1.10 Do you have an online application process <input checked="" type="radio"/> Yes <input type="radio"/> No	
1.10a If yes, describe the type of online application (Select all boxes that apply)	
<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input checked="" type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input checked="" type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
Please include a link(s) to a statewide application, if available:	
Heating Help - Connecticut Heat Assistance Programs	
1.10b Can all program components be applied for online? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If no, explain which components can and cannot be applied for online.	
Heating system repair and replacement - although underlying program eligibility can be established through an online application, requests for heating system repair and replacement must be initiated directly with the community action agencies.	
1.11 Do you have a process for conducting and completing applications by phone <input checked="" type="radio"/> Yes <input type="radio"/> No	
1.12 Do you or any of your subrecipients require in person appointments in order to apply <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	
1.13 How can applicants submit documentation for verification? Select all that apply:	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input type="checkbox"/>	Other, please describe

Hidden for Section 1

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.: 0970-013
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 2 - Heating Assistance

Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

2.2 Do you have additional eligibility requirements for Heating Assistance? ☒ Yes ☐ No

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

Do you require an Assets test? ☐ Yes ☒ No

If yes, describe: Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☒ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☒ No

If yes, describe:

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

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☒ Yes ☐ No

If yes, describe:

Basic Benefit awards are determined based on income, household size and vulnerability.
Vulnerable households and households with the lowest incomes receive the highest awards

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Basic Benefit awards are determined based on income, household size and vulnerability.
Vulnerable households and households with the lowest incomes receive the highest awards

Young children? ☒ Yes ☐ No

If yes, describe:

Basic Benefit awards are determined based on income, household size and vulnerability.
Vulnerable households and households with the lowest incomes receive the highest awards

Households with high energy burdens? ☒ Yes ☐ No

If yes, describe:

Benefits available through LIHEAP vary to reflect need, cost, and/or energy burden. The FFY 2025 Plan is designed to provide the highest level of assistance to those households who have the lowest incomes, and the highest energy needs in relation to income, considering household size and vulnerability.

Other? ☐ Yes ☒ No

If yes, describe:

Explanations of policies for each "yes" checked above:

Please refer to the FFY 2025 LIHEAP Allocation Plan for additional information.

Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.			
<p style="text-align: center;">Households described as vulnerable, those with one member who is elderly (60 or over), disabled, or young child (under the age of 6) qualify for higher Basic Benefit awards per income category than non-vulnerable households. Agencies also accommodate the application process for vulnerable homebound residents.</p>			
2.5 Check the variables you use to determine your benefit levels. (Check all that apply):			
<input checked="" type="checkbox"/>	Income		
<input checked="" type="checkbox"/>	Family (household) size		
<input checked="" type="checkbox"/>	Home energy cost or need:		
<input type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input type="checkbox"/>	Individual bill		
<input type="checkbox"/>	Dwelling type		
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input checked="" type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i>			
Minimum Benefit	\$180	Maximum Benefit	\$530
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

Section 3 - COOLING ASSISTANCE

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 3 - Cooling Assistance

Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

3.2 Do you have additional eligibility requirements for Cooling assistance? ☐ Yes ☐ No

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

Do you require an Assets test? ☐ Yes ☐ No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☐ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☐ No

If yes, describe:

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

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☐ Yes ☐ No

If yes, describe:

Individuals with a disability? ☐ Yes ☐ No

If yes, describe:

Young children? ☐ Yes ☐ No

If yes, describe:

Households with high energy burdens? ☐ Yes ☐ No

If yes, describe:

Other? ☐ Yes ☐ No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

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

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

<input type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i>			
Minimum Benefit	\$0	Maximum Benefit	\$0
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
<p>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.</p>			

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.: 0970-013
Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 4 - Crisis Assistance

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

If you administer multiple crisis assistance programs (winter, summer, and/or year-round), Include all program definitions.

Winter crisis assistance benefits address the heating needs of deliverable fuel heated households that have exhausted their Basic Benefits and are still at imminent risk of losing heat.

A household qualifying for a winter crisis Assistance benefit will receive an authorization for a fuel delivery within 48 hours or 18 hours in life-threatening situations.

4.3 What constitutes a life-threatening crisis?

A crisis is defined as a situation in which a household is unable to secure primary heating, resulting in a life-threatening condition during the program delivery period. A life-threatening situation specifically refers to instances where a household is without primary heating fuel or has less than one-quarter tank of fuel remaining.

The difference between a crisis and a life-threatening situation is in the response time required for fuel delivery authorization. In a crisis, a household must receive authorization for fuel delivery within 48 hours of the eligibility determination. In contrast, for life threatening situations, authorization for fuel delivery will be issued within 18 hours.

It is important to note that crisis assistance is only available to deliverable fuel heated households. Households that are heated by utility services are protected under a statutory moratorium that prevents shutoffs for electric and gas services from November 1 to May 1 (Conn. Gen. Stat. §16-262c).

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours

4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours

Crisis Eligibility, 2605(c)(1)(A)

	Winter Crisis	Summer Crisis	Year-Round Crisis
4.6 Do you have additional eligibility requirements for Crisis Assistance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.7 Check the appropriate boxes below to indicate type(s) of assistance provided

0

Do you require an Assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you give priority in eligibility to:			
Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Order to receive crisis assistance:			
Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have additional/differing eligibility policies for:			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanations of policies for each "yes" checked above:			
<p>All eligible deliverable fuel heated households with income from 0% FPG to 60% SMI that exhaust their Basic Benefits and are unable to secure primary heat, will be eligible to receive a winter crisis assistance benefit of \$410. During the program year, all eligible households may receive up to three winter crisis assistance benefits.</p>			
Determination of Benefits			
4.8 How do you handle crisis situations?			
<input checked="" type="checkbox"/>	Separate component		
<input type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe:		
4.9 If you have a separate component, how do you determine crisis assistance benefits?			
<input checked="" type="checkbox"/>	Amount to resolve the crisis. \$410		
<input type="checkbox"/>	Other - Describe: If a household receives a shut-off notice or has nearly empty heating fuel tank and has already used their basic benefits, they can call to request their winter crisis benefit. This process does not require a redetermination of income eligibility, making it a bit easier for those in urgent need.		
Crisis Requirements, 2604(c)			
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?			
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain. Applications are taken at community action agencies and through a network of intake sites throughout the state.			
4.11 Do you provide individuals who are individuals with a disability the means to:			
Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain. Crisis assistance can be applied for or requested online, by phone, by mail, or by email. If necessary, home visits can be made by staff from the community action agencies.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input type="radio"/> Yes <input checked="" type="radio"/> No If No, explain. Crisis assistance can be applied for or requested online, by phone, by mail, or by email. If necessary, home visits can be made by staff from the community action agencies.			
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?			
Benefit Levels, 2605(c)(1)(B)			
4.12 Indicate the maximum benefit for each type of crisis assistance offered.			
Winter Crisis	\$410.00	maximum benefit	
Summer Crisis	\$0.00	maximum benefit	

Year-round Crisis \$0.00 maximum benefit			
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?			
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe			
4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.			
	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you responded "Yes" to question 4.16, you must respond to question 4.17.			
4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.			
<p>The utility moratorium in CT is from November 1st through May 1st for natural gas and electric accounts. Households who use a utility for their primary source of heat and have an arrearage may qualify to participate in the Matching Payment Program (MPP). The MPP will match the amount of a household's LIHEAP benefit plus payments made by the household during the moratorium, and apply this to the household's account down to a zero balance. In addition, once a household is found to be eligible for LIHEAP, the CAAs inform the utility companies and households are automatically enrolled in the Low-Income Discount Rate (LIDR) for further reductions in their electric bill.</p>			
4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe			
<p>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.</p>			

Section 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-013
Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 5 - Weatherization Assistance

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract. State of CT, Department of Energy and Environmental Protection

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

WEATHERIZATION - Types of Rules

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

- ☐ Entirely under LIHEAP (not DOE) rules
- ☐ Entirely under DOE WAP (not LIHEAP) rules
- ☒ Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
- ☐ Income Threshold
- ☐ Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
- ☐ Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
- ☒ Other - Describe:

The Department set aside \$1.2 million in LIHEAP funds for the repair or replacement of heating systems, tanks, and water heaters (only in combi-boiler systems) for single family, owner-occupied/life-tenant occupied dwellings that are determined to be unsafe or inoperable; with household incomes up to 60% SMI. Heating systems replaced with this funding will comply with Energy Star standards. This funding will be directly administered by DSS under LIHEAP rules. The LIHEAP rules are used for the DSS component HSRR, including oil tanks and heating systems, which do not require an energy audit to be completed.

In addition, DSS has entered a MOA for \$500,000 dollars with the State of CT, Department of Energy and Environmental Protection (DEDEP) to provide weatherization services to eligible households. These funds will be used to address health and safety measures and will be following mostly the US Department of Energy's (DOE) weatherization requirements. DEEP will use LIHEAP funds to support its Residential Energy Preparation Services (REPS) program for the purpose of addressing health and safety barriers in the homes of CEAP eligible households that will allow access to weatherization services that improve energy efficiency of the home, reduce future energy bills and improve the health and safety of residents. This important initiative leverages federal funding to address barriers to home weatherization, improve energy efficiency, and make homes safer for low-income families. Helping state residents to have a safe and warm home while reducing the state's energy burden achieves key goals of the energy assistance program. Eligible households that receive these services will also receive weatherization services through DEEP. DEEP will be responsible for tracking the use of LIHEAP funds provided by DSS for the weatherization of eligible households and will provide DSS data and information necessary to fully comply with federal reporting requirements pertaining to the expenditure of LIHEAP weatherization funds.

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

- ☐ Income Threshold
- ☐ Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
- ☐ Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
- ☐ Other - Describe:

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

5.6 Do you require an assets test?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5.7 Do you have additional/differing eligibility policies for :	
Renters	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters with utilities included in the rent?	<input checked="" type="radio"/> Yes <input type="radio"/> No
5.8 Do you give priority in eligibility to:	
Older Adults?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Individuals with a disability?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Please refer to the FFY2025 LIHEAP Allocation Plan for further information.</p>	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.9a If yes, what is the maximum? \$15,000	
5.10 Do you use an Average Cost per Unit (ACPU). <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10a If so, what is the ACPU amount? \$8,000	
Types of Assistance, 2605(c)(1), (B) & (D)	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/repairs	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: oil tanks, clean tune + test of heating systems and barrier remediation measures to allow for weatherization.
<p>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.</p>	

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-013
Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 6 - Outreach

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

6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

- ☒ Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- ☒ Publish articles in local newspapers or broadcast media announcements.
- ☒ Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- ☐ Mass mailing(s) to prior-year LIHEAP recipients.
- ☒ Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- ☐ Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- ☒ Web Posting
- ☐ Email
- ☒ Texting
- ☒ Events
- ☒ Social Media
- ☒ Other (specify):

The state provides up-to-date information for residents and vendors through a dedicated website. Additionally, an Emergency Assistance Hotline is available at 1-800-842-1132 for immediate support.

Information about the program is also available in our Regional Offices via the DSS Digital Network. The United Way of Connecticut offers program details and contact information through its DSS-funded 2-1-1 toll-free service, its website (www.211.org), and by texting CTWARM to 898211. This service provides information on energy assistance intake sites across the state.

To ensure that Connecticut's most vulnerable residents have access to the LIHEAP resource, we have expanded application options. Households can now apply online, by email, by mail, or initiate an application via telephone, where we accept electronic signatures.

Local Community Action Agencies also maintain updated websites with program information. Additionally, we hold annual meetings with our deliverable fuel vendors to keep them informed of any program changes. An early application period at the start of the program allows agencies to conduct outreach, particularly to households that are vulnerable or homebound.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 7 - Coordination

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 (indicate programs included) weatherization program through DEEP



Intake referrals to/from other programs (indicate programs included) SNAP, TFA, Low Income Discount Rate (LIDR), Matching Payment Program (MPP), Operation Fuel



One - stop intake centers



Other - Describe:

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 8 - Agency Designation

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

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

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input checked="" type="checkbox"/>	State Department of Welfare (administers TANF, SNAP, and/or Medicaid)
<input type="checkbox"/>	Economic Development Agency
<input type="checkbox"/>	Other - Describe:

Include current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number. *Used for Near hotline and OCS Service Provider Tool and clearinghouse.*

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

If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

8.2 How do you provide alternate outreach and intake for heating assistance?

Outreach/intake for heating assistance is performed by the community action agencies.

8.3 How do you provide alternate outreach and intake for cooling assistance?>

8.4 How do you provide alternate outreach and intake for crisis assistance?

Outreach/intake for heating assistance is performed by the community action agencies.

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

8.5d Who performs installation of weatherization measures?				Community Action Agencies
<b style="color: red;">Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.				
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? <p style="text-align: center; font-size: small;">The Economic Opportunity Act permits the designation of community action agencies (CAAs) as prioritized community-based organizations. Consequently, the state's Office of Policy Management (OPM) secures waivers from competitive procurement before specifically identifying the CAAs as the contractor for CEAP. This plan undergoes review by the State OPM and is then submitted to the Governor and the state's LIHEAP legislative committees of cognizance—Appropriations, Human Services, and Energy/Technology—for approval.</p>				
8.7 How many local administering agencies do you use? 9				
8.8 Have you changed any local administering agencies in the last year? <input type="radio"/> Yes <input checked="" type="radio"/> No				
8.9 If so, why?				
<input type="checkbox"/>	Agency was in noncompliance with Grant recipient requirements for LIHEAP -			
<input type="checkbox"/>	Agency is under criminal investigation			
<input type="checkbox"/>	Added agency			
<input type="checkbox"/>	Agency closed			
<input type="checkbox"/>	Other - describe			
8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? <input type="radio"/> Yes <input checked="" type="radio"/> No				
8.10a If yes, please explain.				
8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. <input type="radio"/> Yes <input checked="" type="radio"/> No				
8.10c If yes, please explain.				
<b style="color: red;">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 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7

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August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 9 - Energy Suppliers

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

9.1 Do you make payments directly to home energy suppliers?

Heating ☒ Yes ☐ No

Cooling ☐ Yes ☐ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☒ Yes ☐ No

If yes, Describe.

Payments are made directly to home energy providers, except for households where heating costs are included in the rent. In these cases, a check is mailed directly to the household.

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

Every eligible household is issued a benefit letter detailing the awarded benefit amount. Payments for households with utility heating are made directly to the utility companies by the Community Action Agencies (CAAs), except for those made by the Department of Social Services (DSS) to utilities on behalf of the Community Action Agency of New Haven, Inc. These payments appear as credits on the household's utility bill. Households using deliverable fuel must contact their CAA when they require fuel and are informed of their remaining benefit balance before the authorization of each fuel delivery.

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

Participating fuel vendors who deliver are required to sign a document agreeing not to charge clients any additional amount for deliveries made through the program, even if their retail price exceeds the fixed margin price.

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

All home energy suppliers, with the exception of wood and coal, must sign an agreement outlining the conditions of their participation.

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

☐ Yes ☒ No

If so, describe the measures unregulated vendors may take.

Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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

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

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Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 10 - Program, Fiscal Monitoring, and Audit

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

10.1. How do you ensure good fiscal accounting and tracking of funds?

The Office of Community Services generates Activity Summary Reports for each CAA weekly, or more frequently if needed, which encompass case processing details, demographics, and financial data such as committed funds, invoiced amounts for payment, and actual spending. These reports are scrutinized to verify that funds are allocated and spent both appropriately and punctually. Community Action Agencies (CAAs) must submit quarterly reports detailing administrative and programmatic spending. These reports are then matched against each agency's sanctioned budget, with payments disbursed accordingly.

When used in connection with a non-federal entity's utilization of funds under a federal award, obligations in Connecticut mean orders placed for property and services, contracts and sub-awards made, and similar transactions during a given period that require payment by the non-federal entity during the same or a future period. The initial step is to prepare the allocations for the federal fiscal year, which is generally based on the funding received the previous year. The allocations consider the number of applications received and transactions made for each fuel type (oil, gas, electric, etc.) from the previous year. Once the allocations are finalized, the contracts are prepared and include the budget amount for program services, administration, and Assurance 16.

Tracking funds and expenditures, LIHEAP funds are monitored in CORE-CT, the accounting software utilized by the State of Connecticut. The system encompasses the general ledger, accounts payable, accounts receivable, and commitment control/budget, among others. The Special Identification Code (SID), budget reference, and project number separately track funds. CAPTAIN and Fuelware are the two energy data source systems employed statewide by community action agencies. DSS can generate expenditure reports from the source systems at any time for each CAA, upon which payments are based on CORE-CT. Expenditures for administration and Assurance 16 are inputted by the CAA into CORE-CT and require DSS review and approval before issuing subsequent payments. Accounting reconciliation of payment expenditures is conducted for each subgrantee throughout the program year and during the closeout, necessitating the signature of CAA fiscal and program staff. Refund checks from utilities are received continuously and reviewed by the DSS Office of Community Services, which administers LIHEAP. The check stub includes the client's name, application number, CAA name, payment amount, and the program year of the refund. This information is then transferred to a spreadsheet and sent with refund checks to the DSS Division of Fiscal Services, which deposits the funds according to the SID, budget reference, and project number.

10.1a Provide your definitions of the following:

Obligation

In Connecticut obligation means orders placed for property and services, contracts and sub-awards made, and similar transactions during a given period that require payment by the non-federal entity during the same or a future period. The initial step is to prepare the allocations for the federal fiscal year, which is generally based on the funding received the previous year. The allocations consider the number of applications received and transactions made for each fuel type (oil, gas, electric, etc.) from the previous year. Once the allocations are finalized, the contracts are prepared and include the budget amount for program services, administration, and Assurance 16.

Expenditures

An expenditure is the issuance of payment for allowable purposes in alignment with HHS cost standards & LIHEAP terms & conditions to support the provision of LIHEAP services to eligible recipients. An obligation must occur prior to an expenditure payment is made. In alignment with LIHEAP Informational Memorandum, an expenditures usually indicate liquidation, or payments made on invoices, approved household applications, as well as other direct and indirect expenses.

Expenditure timeframe

In accordance with HHS costs standards, Connecticut obligates and expend LIHEAP funds in accordance with the laws and procedures applicable to the obligation and expenditure of its own funds, in alignment with CT cost standards, accounting manual and contractual agreements. Fiscal control and accounting procedures are sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the LIHEAP.

Administrative costs

In accordance with 96.88(a), "administrative costs" are defined as costs/expenses associated with planning, administration and oversight of the LIHEAP program. Any expenditure for governmental functions normally associated with administration of LIHEAP must be included in determining administrative costs subject to the statutory limitation on administrative costs (10%), regardless of whether the expenditure is incurred by the State, a subrecipient, a grantee, or a contractor of the State.

Audit Process**10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?**☒ Yes ☐ No**10.2a - if yes, describe your auditor selection process.**

As a pass-through entity for Federal funds, DSS is responsible for the monitoring of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and associated terms and conditions. As part of the monitoring process, DSS Office of Quality Assurance Audit Division is responsible for ensuring that subrecipients take timely and appropriate action on all deficiencies noted in audit reports pertaining to the Federal award provided by the Department to each subrecipient. The Audit Division is also responsible for the issuance of a management decision for audit findings pertaining to any Federal award. The monitoring of subrecipient audit reports is performed by the Departments Audit Division. On an annual basis, the Audit Division compiles a list of all recipients of both State and Federal Funds to determine which subrecipients could meet the State and Federal Single Audit expenditure thresholds (\$300,000/\$750,000). The Department obtains the single audit reports either from the State Office of Policy Management website or directly from the subrecipient to determine whether there were any reportable findings. If there were no reportable findings related to the Departments programs in the audit report, there are no further actions taken. The Audit Division will review the subrecipients corrective action plan for any audit report that contains reported findings related to the Department Programs. If the corrective action plan does not provide sufficient information to issue a management decision, the Audit Division will request additional information or documentation from the subrecipient, including a request for auditor assurance related to the documentation. The Audit Division would consult with the Departments Office of Community Services if needed prior to issuing the management decision. The Departments Audit Division will issue the management decision letter to the subrecipient within six months of receipt of the audit report. The management decision letter will clearly state whether or not the audit finding is sustained, the reasons for the decision, and the expected auditee action to repay disallowed costs, make financial adjustments, or take other action. The letter will indicate whether the correction action plan is appropriate to resolve the audit deficiency. The management decision will describe any appeal process available to the subrecipient.

10.3. Describe any audit findings of the grant recipient (i.e. State/Tribe/Territory) rising to the level of material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews 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 Grant recipient as part of compliance process.
- ☒ Grant recipient conducts fiscal and program monitoring of local agencies/district offices
- ☒ Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133

Compliance Monitoring**10.5. Describe your monitoring process for compliance at each level below. Check all that apply.**

Grant recipients have a policy in place for appropriate separation of duties and internal controls.

- ☒ Internal program review
- ☒ Departmental oversight
- ☒ Secondary review of invoices and payments
- ☒ Other program review mechanisms are in place. Describe:

The Connecticut Department of Social Services (DSS) is responsible for establishing and maintaining effective internal control over financial reporting, which includes safeguarding of assets and compliance with applicable laws and regulations. The Connecticut Office of the State Comptroller (OSC) maintains a guide for internal controls and accountability for all State Agencies and Authorities to ensure integrity and efficiency in accounting and reporting, and requires all State Agencies to conduct an annual internal control self-assessment, prior to June 30, as required by the Internal Control Guide. This Internal Control Guide has been modeled on the Federal Managers Financial Integrity Act of 1982, and draws upon a number of internal control initiatives, including work by the United States General Accounting Office and Office of Management and Budget (OMB) Circular Uniform Guidance, Managements Responsibility of Internal Control. The CT DSS, Division of Financial Services conducts the self-assessment of the effectiveness of the agencies internal control over financial reporting in accordance with these guidelines. Although primary responsibility for the implementation and risk assessment is with the CT Department of Social Services, in accordance with the statutory authorities, the monitoring function is shared among the CT State Auditors of Public Accounts (APA), Office of the State Comptroller (OSC), and the Office of Policy and Management (OPM). The CT State Auditors conduct annual and biennial audits of the CT Department of Social Services. During the audit process, APA evaluates the effectiveness of the CT Department of Social Services internal control structure and performs tests of the agencies compliance with certain provisions of law, regulations, contracts and grants. In addition, as required by the Federal Single State Audit Act, APA conducts an annual Statewide Single Audit of the States general purpose financial statements, as well as its federal financial assistance programs. The States general purpose financial statements, as well as its federal financial assistance programs.

Local Administering Agencies/District Offices:
<input checked="" type="checkbox"/> On - site evaluation
<input checked="" type="checkbox"/> Annual program review
<input checked="" type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing/Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<p>The monitoring process involves onsite reviews of sample program files and payments to ensure compliance with the State Plan, conducted by DSS staff.</p> <p>A key takeaway from the pandemic-related challenges is that the department will continue to utilize remote activities via computer, ensuring that our monitoring process remains both efficient and effective.</p>
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
<p>Each CAA is assigned staff from the DSS Office of Community Services to provide technical assistance and monitoring oversight. Frequent on-site visits are conducted throughout the program year to review sample files and address any emerging issues. Additionally, a sampling of deliverable fuel slips and associated payments is examined to ensure accurate, proper, and timely payments. While onsite evaluations are ongoing, a key takeaway from the pandemic-related challenges has equipped us to effectively continue remote reviews via computer, maintaining the same high level of oversight and efficiency..</p>
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.
<p>Site Visits:</p> <p>CAAs are continuously monitored throughout the program year for programmatic compliance through both onsite and remote reviews. Fiscal monitoring is conducted quarterly, both remotely and onsite. If any concerns arise, agencies are monitored more frequently to ensure compliance.</p>
<p>Desk Reviews:</p> <p>CAAs are continuously monitored throughout the program year for programmatic compliance through both onsite and remote reviews. Fiscal monitoring is conducted quarterly, both remotely and onsite. If any concerns arise, agencies are monitored more frequently to ensure compliance.</p>
10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.
Other
10.9. How many local agencies are currently on corrective action plans? 0
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 11 - Timely and Meaningful Public Participation		
Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)		
11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply. <i>Note: Tribes do not need to hold a public hearing but must ensure participation through other means.</i>		
<input type="checkbox"/> Tribal Council meeting(s)		
<input checked="" type="checkbox"/> Public Hearing(s)		
<input checked="" type="checkbox"/> Draft Plan posted to website and available for comment		
<input checked="" type="checkbox"/> Hard copy of plan is available for public view and comment		
<input checked="" type="checkbox"/> Comments from applicants are recorded		
<input checked="" type="checkbox"/> Request for comments on draft Plan is advertised		
<input checked="" type="checkbox"/> Stakeholder consultation meeting(s)		
<input type="checkbox"/> Comments are solicited during outreach activities		
<input type="checkbox"/> Other - Describe:		
Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only		
11.2 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?		
	Date	Event Description
1	08/13/2024	A public hearing was held on Tuesday, August 13, 2024, starting at 11 am, at the Legislative Office Building, 300 Capitol Avenue, Hartford, CT.
11.3. How many parties commented on your plan at the hearing(s)? 10		
11.4 Summarize the comments you received at the hearing(s). Questions and comments during the hearing came from members of the state legislative committees. Written comments were submitted by nine different individuals or entities. Among those who submitted written comments were CAFCA, the CT Community Action Association, Operation Fuel, the Low Income Home Energy and Water Advisory Board (LIEWAB), and the CT Energy Marketers Association. While the comments supported the plan, they also called for increased funding. Additionally, the deliverable fuel energy lobbyists sought ways to pay deliverable fuel vendors more without reducing benefits to clients.		
11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input? No changes were made to the LIHEAP plan.		
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.		

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 12 - Fair Hearings

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 2

12.2 How many of those fair hearings resulted in the initial decision being reversed? 0

12.3 Describe any policy and/or procedural changes made in the last federal Fiscal Year as a result of fair hearings?

N/A

12.4 Describe your fair hearing procedures for households whose applications are denied and/or not acted upon in a timely manner.

If a household has not been informed of their eligibility in a timely manner, they have the right to request a desk review at the community action agency where their application was certified. This request must be made in writing to the Chief Executive of the agency. Requests for desk reviews must be submitted within sixty (60) days of the occurrence or its discovery, or by the end of the program year, whichever comes first. If the household is dissatisfied with the outcome of the desk review, they may submit a written request for a fair hearing with the Department of Social Services' Office of Legal Counsel, Regulations, and Administrative Hearings.

12.5 When and how are applicants informed of these rights?

All applicants receive a copy of the applicant rights and responsibilities during the application process. This document includes details about the procedures for a desk review and fair hearing.

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

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 13 - Reduction of Home Energy Needs

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?

Assurance 16 funds play a significant role in the ability of CAAs to provide the appropriate case management activities aimed at reducing reliance on LIHEAP funds and reducing their overall energy needs. Such activities include, but are not limited to, assistance with arrearage reduction, discounts on electric bills, non-CEAP funded fuel banks, financial education, energy conservation and vendor mediation.

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

The Department of Social Services (DSS) allocates less than the maximum 5% of LIHEAP funds to the Community Action Agencies (CAAs) for designated activities. These agencies must provide quarterly fiscal and programmatic reports that detail the utilization of these funds for their intended specific purposes.

13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year.

In addition to the direct benefits for LIHEAP recipients outlined in Section 13.4, clients also gained from budget counseling, money management services, energy conservation advice, and vendor mediation.

13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.

Assurance 16 funded staff have been instrumental in securing millions of dollars for LIHEAP recipients by enrolling them in utility arrearage forgiveness programs such as the Matching Payment Program and NewStart. They have also facilitated reductions in electric accounts by helping customers sign up for the Low Income Discount Rate (LIDR), and through Operation Fuel, a non-profit that offers heating assistance to households that have used up their LIHEAP benefits or are in danger of heat shut-offs. Additionally, they provide vendor mediation to prevent shut-offs or lower monthly budget payments, and offer financial literacy services for better money management.

13.5 How many households received these services? 11,056

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
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Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 14 - Leveraging Incentive Program

Section 14:Leveraging Incentive Program, 2607(A)

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

☒ Yes ☐ No

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

The Fixed Margin Pricing (FMP) Program requires Heating Oil Vendors to post the price of fuel on delivery slips. This price is also recorded in the energy assistance software system, enabling the tracking of the difference between the FMP and the vendor's retail price.

Operation Fuel, a private nonprofit organization, distributes funds via a network of fuel banks and provides financial assistance to households in crisis after they have depleted all available LIHEAP benefits. This organization can supply information on the amount of funds distributed to LIHEAP clients upon request.

Publicly regulated utilities offer arrearage forgiveness programs. Upon request, they can disclose the total funding allocated to LIHEAP clients through utility-administered arrearage forgiveness programs.

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	Fixed Margin Pricing Program	The Fixed Margin Pricing Program compensates oil vendors delivering to LIHEAP households by paying the lesser of their retail price or the margin over rack price. This is determined using data downloaded daily from the Oil Price Information Services (OPIS). The daily fixed margin price is calculated from the New Haven rack average OPIS ultra-low sulfur red dye distillate price, with an added fixed margin of 50 cents per gallon and an additional county differential ranging from 3.3 cents to 11.5 cents per gallon.	Any leveraged funds will be used for direct program services to clients.
2	Eversource & Avangrid	Forgiveness, MPP is a payment incentive program offered by Connecticut's publicly regulated natural gas and electric utility companies. Pursuant to section 16-262c, the MPP enables income eligible households to maximize their energy benefits, reduce and/or eliminate their service arrearages and empower households to gain greater control of their energy costs. Under MPP, income eligible households enter an affordable payment arrangement with their utility vendor. For all customers on MPP, the utility will provide a dollar-for-dollar match of both the total customer	Any leveraged funds will be used for direct program services to clients.

		payments made by each months payment deadline and the CEAP benefit. The resulting match is applied to the customers past due account balance, down to a \$0 balance. If a regular non-MPP payment leaves a credit balance, it will remain on the account.	
3	Low Income Discount Rate	The Low-Income Discount Rate (LIDR) is managed by publicly regulated utility companies and targets low-income electric utility customers. Households at or below 60% of the State Median Income (SMI) qualify for a 10% reduction on their monthly electric bill. Additionally, households at or below 160% of the Federal Poverty Guidelines (FPG) are eligible for a 50% discount on their monthly bill. Eligibility for the Connecticut Energy Assistance Program (CEAP) automatically enrolls households in the LIDR program, ensuring they receive discounts on their electric bills.	Any leveraged funds will be used for direct program services to clients.
4	Operation Fuel	Operation Fuel is a private, non-profit organization that provides privately raised funds via a network of fuel banks. These banks accept and approve applications from households requiring emergency fuel oil deliveries or protection against utility shut-offs. Subject to available funding and the approval of its Board of Directors, Operation Fuel may offer limited annual assistance to LIHEAP households in crisis, either because they have depleted all LIHEAP benefits or because they missed the application deadline for the energy assistance program.	Any leveraged funds will be used for direct program services to clients.
5	Home Energy Solutions - Income Eligible	The Home Energy Solutions-Income Eligible (HES-IE) program provides valuable weatherization measures to help renters and homeowners reduce their energy bills by making their homes more energy efficient. This program provides services to income-eligible electric, natural gas, propane and oil heat customers. Households under 60% of the SMI may qualify for services through this program.	Any leveraged funds will be used for direct program services to clients
<p>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.</p>			

Section 15 - Training

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 15 - Training

Section 15: Training

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

a. Grant recipient Staff:

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☐ Other, describe:

b. Local Agencies:

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ On-site training

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☐ Other, describe:

c. Vendors

☒ Formal training conference

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ Policies communicated through vendor agreements

☐ Policies are outlined in a vendor manual

☐

Other, describe:

A lesson learned during the pandemic is that hosting our annual vendor meeting virtually allows us to reach more vendors at once, making the process more efficient.

15.2 Does your training program address fraud reporting and prevention?

- ☒ Yes
☐ No

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 16 - Performance Goals and Measures

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.

Connecticut successfully completed its LIHEAP Performance Measures Report using statewide aggregate data. The data was collected from nine independent source systems containing client information and was matched with the top # deliverable fuel vendors as well as the top # utility vendors. Additionally, data from propane and kerosene vendors was included, but not from wood/coal vendors. Connecticut will continue in collaborating with these source systems to gather aggregate preventative and restorative data in the upcoming federal reporting year.

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 17 - Program Integrity

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

17.1 Fraud Reporting Mechanisms

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

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

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

- ☐ Printed outreach materials
- ☐ Posted in local administering agencies offices.
- ☒ Addressed on LIHEAP application
- ☒ Website
- ☐ Other - Describe:

17.2. Identification Documentation Requirements

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

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

17.3. Citizenship/Legal Residency Verification

What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP

benefits? Select all that apply.							
<input type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen							
<input type="checkbox"/> Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.							
<input type="checkbox"/> Non-Citizens must provide documentation of immigration status							
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input type="checkbox"/> Non-Citizens are verified through the SAVE system							
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input checked="" type="checkbox"/> Other - Describe: Valid Social Security Numbers (SSNs) are required for all household members when applying. Exceptions are few and include situations where an SSN is pending, has been applied for, or is not necessary for battered spouses, victims of human trafficking, and their derivative beneficiaries. Non-qualified aliens (NQAs) do not qualify for LIHEAP benefits. While applications from households with both non-qualified aliens and citizens/qualified aliens may be processed, non-qualified aliens will not be counted towards the household size, although their income will be considered.							
	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17.4. Income Verification							
What methods does your agency utilize to verify household income? Select all that apply.							
<input checked="" type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input type="checkbox"/> Bank statements							
<input checked="" type="checkbox"/> Tax statements							
<input checked="" type="checkbox"/> Zero-income statements							
<input checked="" type="checkbox"/> Unemployment Insurance letters							
<input type="checkbox"/> Other - Describe:							
<input checked="" type="checkbox"/> Computer data matches:							
<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)							
<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor							
<input type="checkbox"/> Social Security income verified with SSA							
<input type="checkbox"/> Utilize state directory of new hires							
<input type="checkbox"/> Other - Describe:							

b. Describe any exceptions to the above policies.							
---	--	--	--	--	--	--	--

17.5 Identification Verification							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<input checked="" type="checkbox"/> Verify SSNs with Social Security Administration							
<input checked="" type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency							
<input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)							
<input type="checkbox"/> Match with state Department of Labor system							
<input type="checkbox"/> Match with state and/or federal corrections system							
<input type="checkbox"/> Match with state child support system							
<input type="checkbox"/> Verification using private software (e.g., The Work Number)							
<input type="checkbox"/> In-person certification by staff (for tribal Grant recipients only)							
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)							
<input type="checkbox"/> Other - Describe:							

17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grant recipient employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Electronic files are protected in a secure location.
<input type="checkbox"/> Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input checked="" type="checkbox"/> Other - Describe: When a household member moves from a previous address, Community Action Agencies (CAA) may require documentation to verify their current address.
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:

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.
<input checked="" type="checkbox"/> Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/> Two-party checks are issued naming client and vendor
<input type="checkbox"/> Direct payment to households are made in limited cases only
<input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
17.10. Investigations and Prosecutions
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.
<input type="checkbox"/> Refer to state Inspector General
<input type="checkbox"/> Refer to local prosecutor or state Attorney General
<input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
<input type="checkbox"/> Grant recipient attempts collection of improper payments. If so, describe the recoupment process
<input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 2 years
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input checked="" type="checkbox"/> Other - Describe: Vendors determined to have committed fraud are banned from participating for 5 years.
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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 Grant recipient 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 Grant recipient 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 Grant recipients other than individuals, Alternate I applies.
4. For Grant recipients who are individuals, Alternate II applies.
5. Workplaces under grants, for Grant recipients other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the Grant recipient does not identify the workplaces at the time of application, or upon award, if there is no application, the Grant recipient 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 Grant recipients 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 Grant recipient 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. Grant recipients 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 Grant recipient 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 Grant recipients payroll. This definition does not include workers not on the payroll of the Grant recipient (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the Grant recipients payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grant recipients Other Than Individuals)

The Grant recipient 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 Grant recipients 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 Grant recipients 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 Grant recipient 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 (*That this must be physical address. No PO Boxes allowed.*)

55 Farmington Avenue
*** Address Line 1**

Address Line 2

Address Line 3

Hartford
*** City**

CT
*** State**

06105
*** Zip Code**

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

Alternate II. (Grant recipients Who Are Individuals)

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income

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

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

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

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

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

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

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

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

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and

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



By checking this box, the prospective primary participant is agreeing to the Assurances set out above.

Plan Attachments

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