#### **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:** 10/01/2025 to 09/30/2026

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

#### **Report Sections**

- 1. Mandatory Grant Application SF-424
- 2. Section 1 Program Components
- 3. Section 2 HEATING ASSISTANCE
- 4. Section 3 COOLING ASSISTANCE
- 5. Section 4 CRISIS ASSISTANCE
- 6. Section 5 WEATHERIZATION ASSISTANCE
- 7. Section 6 Outreach, 2605(b)(3) Assurance 3, 2605(c)(3)(A)
- 8. Section 7 Coordination, 2605(b)(4) Assurance 4
- 9. Section 8 Agency Designation,, 2605(b)(6) Assurance 6
- 10. Section 9 Energy Suppliers,, 2605(b)(7) Assurance 7
- 11. Section 10 Program, Fiscal Monitoring, and Audit, 2605(b)(10) Assurance 10
- 12. Section 11 Timely and Meaningful Public Participation, , 2605(b)(12) Assurance 12, 2605(c)(2)
- 13. Section 12 Fair Hearings, 2605(b)(13) Assurance 13
- 14. Section 13 Reduction of home energy needs, 2605(b)(16) Assurance 16
- 15. Section 14 Leveraging Incentive Program ,2607A
- 16. Section 15 Training
- 17. Section 16 Performance Goals and Measures, 2605(b)
- 18. Section 17 Program Integrity, 2605(b)(10)
- 19. Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- 20. Section 19: Certification Regarding Drug-Free Workplace Requirements
- 21. Section 20: Certification Regarding Lobbying
- 22. Assurances
- 23. Plan Attachments

## **Mandatory Grant Application SF-424**

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

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

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

		* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:			* 1.d. Version:  Initial Resubmission Revision Update	
		2. Date Re			State Use Only:	
		3. Applica	nt Identifie	r:		
		4a. Unique NZMLYK		entifier (UEI)	5. Date Received By State:	
		4b. Federa	al Award Id	lentifier:	6. State Application Identifier:	
7. APPLICANT INFORMATION						
* a. Legal Name: State of Connecticu	ıt					
* b. Address:		SU-				
* Street 1: 55 Farmingto	n Avenue	Street 2	2:	10th floor		
* City: HARTFORD		County	<b>:</b>	HARTFORD		
* State: CT		Provinc	ce:			
* Country: United States		* Zip / ] Code:	Postal	06106 - 5033		
c. Organizational Unit:						
Department Name: Department of Social Services			<b>n Name:</b> Oversight &	Grant Adminis	stration	
d. Name and contact information of Awards and on the U.S. Department					be listed on Notice of Funding	
* First Name: Peter * Last Name: Hadler						
Title: Social Services Program Manager			ional Affilia Connecticut	ation:		
* Telephone Number: 8604245385		Fax Numb	oer			
* Email: Peter.Hadler@ct.gov		•				
* 8. TYPE OF APPLICANT: A: State Government						
* a. Is the applicant a Tribal Cons	sortium: O Yes O No					
* b. If yes please attach at least on	e the following documentation:					
	Catalog of Federal Domes Assistance Number:	stic		C	FDA Title:	
9. CFDA Numbers and Titles	93.568	Lo	ow-Income I	Home Energy A	Assistance Program	
10. DESCRIPTIVE TITLE OF APP Statewide	LICANT'S PROJECT:					
11. AREAS AFFECTED BY FUND All municipalities within the state	ING:					
12. CONGRESSIONAL DISTRICT: 01	S OF APPLICANT:					
13. FUNDING PERIOD:						
a. Start Date: 10/01/2025		<b>b. End Da</b>				
* 14. IS SUBMISSION SUBJECT T	O REVIEW BY STATE UNDER EX	ECUTIVE	ORDER 1	2372 PROCES	S?	
a. This submission was made avai	lable to the State under Executive O	rder 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? NO
 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 🗹 \*\* 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 Peter Hadler 17c. Telephone (area code, number and extension) 17d. Email Address peter.hadler@ct.gov 17e. Date Report Submitted (Month, Day, Year) 17b. Signature of Authorized Certifying Official 09/04/2025 sign

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

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					
Pro	ogram Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)					
(No	Check which components you will operate under the LIHEAP program. te: You must provide information for each component designated here as requested elsewhere in s plan.)	Dates of C	Operation			
	<u> </u>	Start Date	End Date			
>	Heating assistance	11/01/2025	06/17/2026			
	Cooling assistance					
	Summer crisis assistance					
>	Winter crisis assistance	11/01/2025	06/17/2026			
	Year-round crisis assistance					
>	Weatherization assistance	11/01/2025	09/30/2026			
Pro	ovide further explanation for the dates of operation, if necessary					
Esti	imated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16					
	Estimate what amount of available LIHEAP funds will be used for each component that you will operate: total of all percentages must add up to 100%.	Percentage ( % )	Prior year totals			
Н	leating assistance	61.00%	59.96%			
С	Cooling assistance	0.00%	0.00%			
S	summer crisis assistance	0.00%	0.00%			
V	Vinter crisis assistance	25.00%	26.04%			
Y	Vear-round crisis assistance	0.00%	0.00%			
V	Veatherization assistance	2.00%	2.59%			
С	Carryover to the following federal fiscal year	0.00%	0.00%			
A	Administrative and planning costs	10.00%	10.00%			
S	services to reduce home energy needs including needs assessment (Assurance 16)	2.00%	1.41%			
U	Jsed to develop and implement leveraging activities	0.00%	0.00%			
TOT	ΓAL	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.

Altern	ate Use of Crisis Assists	ance Funds, 2605(c)(1)(	(n)						
	1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:								
>	ii	eating assistance					Cooling assistance		
·	W	Veatherization assistance	ce 🔽		Other (specify:) Supplemental payments to the				
								companies	FFF
Catego	rical Eligibility, 2605(b	o)(2)(A) - Assurance 2, 2	605(c)(1)(A), 26	605(b)(8	A) - Ass	urance 8			
1.4 Do	you consider household	ds categorically eligible	if at least one h	ouseholo	d memb	er receives a	t least on	e of the follo	owing categories of benefits
	in the left column below? • Yes No  If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.								
11 you a	answered Yes to que	stion 1.4, you must com	Heating	below ar		Cooling	4	Crisis	Weatherization
TANF			• Yes ONG	<del>,  </del>	Oyes			ONo	• Yes O No
SSI			• Yes ON		Oyes		<del>_</del>	ONo	• Yes ONo
SNAP			• Yes ON		O Yes		<u> </u>	O No	• Yes ONo
	tested Veterans Programs	1	O Yes O No		O Yes			€ No	O Yes O No
need to applica	receive the benefits or ation process.  A household ma means-tested program, s	y be determined categoric such as Temporary Assist I, Blind and Disabled, Re	ere a data excha cally eligible for ance for Needy l	nge in p	olace?) a P assista (TANF)	nnd how cate nce if one per ), the Suppler	egorical el rson in the mental Nu	household irition Assis	
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.  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.  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.									
1.5 Do	vou automatically enro	oll households without a	direct annual a	pplicati	on? O	Yes 💽 No			
	explain:			FF					
	w do you ensure there i letermining eligibility a		eatment of cate	gorically	y eligibl	e households	from tho	se not recei	iving other public assistance
			•						y household that applies must re evaluated based on the
SNAP	Nominal Payments								
1.7a De	you allocate LIHEAP	funds toward a nomina	al payment for S	NAP ho	ouseholo	ls? 💽 Yes	O <sub>No</sub>		
If you	answered "Yes" to que	stion 1.7a, you must pro	ovide a response	to ques	tions 1.	7b, 1.7c, and	1.7d.		
1.7b A	mount of Nominal Assi	stance: \$20.01							
	equency of Assistance								
>	Once Per Year								
	Once every five years								
	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.								
Detern	Determination of Eligibility - Countable Income								
1.8. In	determining a househo	ld's income eligibility fo	or LIHEAP, do	you use	gross in	come or net	income?		
V	Gross Income								

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

~	Veterans Administration (VA) benefits
	Earned income of a child under the age of 18
	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
	Income tax refunds
	Stipends from senior companion programs, such as VISTA
	Funds received by household for the care of a foster child
~	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
	Reimbursements (for mileage, gas, lodging, meals, etc.)
	Other
	ny of the above questions require further explanation or clarification that could not be made in fields provided, attach a document with said explanation here.
1.10 1	Do you have an online application process  Yes No
1.1	0a If yes, describe the type of online application (Select all boxes that apply)
~	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
~	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<b>&gt;</b>	Online application that is also mobile friendly
	Other, please describe
Pleas	e 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? O Yes O 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 ① Yes ① No
1.12	Do you or any of your subrecipients require in person appointments in order to apply C Yes O No
	t, please provide more information regarding why in-person appointments are required and in what circumstances they are required.
1.13 1	How can applicants submit documentation for verification? Select all that apply:
~	In-person
~	Mail
~	Email
~	Portal application
	Other, please describe

## **Hidden for Section 1**

Page 8 of 50

## **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 Expiration Date: 02/28/2027

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN**

	Secti	on 2 - 1	Heating Assistance	
Eligibility, 2605(	(b)(2) - Assurance 2			
2.1 Designate the	e income eligibility threshold used for th	e heating c	omponent:	
Add	Household size		Eligibility Guideline	Eligibility Threshold
1	All Household Sizes		State Median Income	60.00%
2.2 Do you have Heating Assistan	additional eligibility requirements for nce?	• Yes	C No	
2.3 Check the ap	propriate boxes below and describe the	policies for	r each.	
Do you require a	nn Assets test?	C Yes	<b>⊙</b> No	
If yes, describe:	Do you have additional/differing eligibil	lity policies	for:	
Renters?		C Yes	⊙ No	
If yes, describe:				
Renters Li	ving in subsidized housing?	C Yes	⊙ No	
If yes, describe:				
Renters wi	ith utilities included in the rent?	C Yes	⊙ No	
If yes, describe:				
Do you give prio	ority in eligibility to:			
Older Adu	llts (60 years or older)?	• Yes	O No	
If yes, describe:				
	sic Benefit awards are determined based of e households and households with the low			
Individual	s with a disability?	• Yes	O <sub>No</sub>	
If yes, describe:				
	usic Benefit awards are determined based of e households and households with the low			
Young chi	ldren?	• Yes	O <sub>No</sub>	
If yes, describe:				
	asic Benefit awards are determined based of e households and households with the low			
Household	s with high energy burdens?	• Yes	C <sub>No</sub>	
If yes, describe:				
FFY 2026	enefits available through LIHEAP vary to replace is Plan is designed to provide the highest let incomes, and the highest energy needs in rability.	vel of assist	ance to those households who have	
Other?		C Yes	⊙ <sub>No</sub>	
If yes, describe:				
	policies for each "yes" checked above:			
Ple	ease refer to the FFY 2026 LIHEAP Alloc	cation Plan	for additional information.	
Determination o	f Benefits 2605(b)(5) - Assurance 5, 2605	5(c)(1)(B)		

2.4 Describe how you prioritize the provision etc.	on of heating assistance to vu	ulnerable populations, e.g., benefit amoun	ts, early application periods,		
etc.					
		who is elderly (60 or over), disabled, or youn	0 ,		
quality for higher Basic Benefit award for vulnerable homebound residents.	s per income category than not	n-vulnerable households. Agencies also acco	omodate the application process		
2.5 Check the variables you use to determin	ne your benefit levels. (Check	all that apply):			
<b>☑</b> Income					
Family (household) size					
<b>✓</b> Home energy cost or need:					
Fuel type	Fuel type				
Climate/region	Climate/region				
Individual bill					
Dwelling type					
Energy burden (% of income s	pent on home energy)				
Energy need					
Other - Describe:					
Benefit Levels, 2605(b)(5) - Assurance 5, 26	05(c)(1)(B)				
O' Londo Con Alex		** ***			
2.6 Describe estimated benefit levels for the shown in the payment matrix.	fiscal year for which this pia	in applies. Please note: the maximum ana n	ninimum benefits must be		
		<u> </u>	1		
Minimum Benefit	\$75	Maximum Benefit	\$645		
2.5 hind (a.g. blowleste e	1 town and/an other fo	es e4.90 O V 6 No	<u></u>		
2.7 Do you provide in-kind (e.g., blankets, s	pace heaters) and/or other to	orms of benefits?2 V res V No			
If yes, describe.					
If any of the above questions			could not be made in		
the fields provided, attach a d	locument with said $\epsilon$	explanation here.			

## **Section 3 - COOLING ASSISTANCE**

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

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

## Expiration Date: 02/2

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

	Section 3 - Cooling Assistance				
Eligibility, 2605(	c)(1)(A), 2605 (b)(2) - Assurance 2				
	e income eligibility threshold used for th	e Cooling o	component:		
Add	Household size		Eligibility Guideline	Eligibility Thresho	old
1			· ·		0.00%
3.2 Do you have a	additional eligibility requirements for ce?	C Yes	C No		
3.3 Check the ap	propriate boxes below and describe the	policies for	each.		
Do you require a	n Assets test?	C Yes	C <sub>No</sub>		
If yes, describe:					
Do you have add	itional/differing eligibility policies for:				
Renters?		C Yes	C <sub>No</sub>		
If yes, describe:					
Renters Living in subsidized housing?					
If yes, describe:		•			
Renters wi	Renters with utilities included in the rent?				
If yes, describe:					
Do you give prio	rity in eligibility to:				•
Older Adu	lts (60 years or older)?	C Yes	C <sub>No</sub>		
If yes, describe:					
Individuals	s with a disability?	O Yes	C <sub>No</sub>		
If yes, describe:					
Young chil	dren?	O Yes	C <sub>No</sub>		
If yes, describe:					
Household	s with high energy burdens?	O Yes	C <sub>No</sub>		
If yes, describe:					
Other?		Oyes	C <sub>No</sub>		
If yes, describe:					
	policies for each "yes" checked above:				
3.4 Describe how etc.	you prioritize the provision of cooling a	ssistance to	o vulnerable populations, e.g., benefit amour	nts, early application pe	eriods,
Determination of	f Benefits 2605(b)(5) - Assurance 5, 2605	(c)(1)(B)			
3.5 Check the va	riables you use to determine your benefi	t levels. (Cl	heck all that apply):		
Income					
Family (hor	usehold) size				
Home energy cost or need:					
Fuel	type				
Clin	nate/region				
Indi	Individual bill				

Dwelling type					
Energy burden (% of income sp	ent on home energy)				
Energy need					
Other - Describe:					
Benefit Levels, 2605(b)(5) - Assurance 5, 260	Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)				
3.6 Describe estimated benefit levels for the f shown in the payment matrix.	iscal year for which this plan	n applies. Please note: the maximum and min	nimum benefits must l	be	
Minimum Benefit	\$0	Maximum Benefit	\$0		
3.7 Do you provide in-kind (e.g., fans, air cor	3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? C Yes C No				
If yes, describe.					
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.					

## **Section 4 - CRISIS ASSISTANCE**

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

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

Expiration Date: 02/28/2027

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

	Section 4: CRISIS ASSISTANCE					
Eligibility - 2604	4(c), 2605(c)(1)(A)					
4.1 Designate th	e income eligibility threshold used for th	ne crisis component				
Add	Household size	Eligibility Guidel	line	Eligibility	Threshold	
1	All Household Sizes	State Median Income			60.00%	
	r LIHEAP program's definition for deter and), Include all program definitions.	rmining a crisis. If you administer multi	ple crisis assistan	ce programs (w	inter, summer,	
and are st	Vinter crisis assistance benefits address the latil at imminent risk of losing heat.  household qualifying for a winter crisis Astening situations.	•				
4.3 What constit	tutes a <u>life-threatening crisis?</u>					
the progra less than of TH household authorizat It services a	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).					
	many hours do you provide an intervent many hours do you provide an intervent				tening	
Crisis Eligibility	y, 2605(c)(1)(A)					
			Winter Crisis	Summer Crisis	Year-Round Crisis	
4.6 Do you have	additional eligibility requirements for C	Crisis Assistance?	~			
4.7 Check the ap	ppropriate boxes below to indicate type(s	s) of assistance provided				
Do you require :	an Assets test?					
Do you give pric	ority in eligibility to:			•	<u>'</u>	
Older Adı	ults (60 years or older)?					
Individual	ls with a disability?					
Young Ch	nildren?					
Household	ds with high energy burdens?					
Other (Sp	ecify):					
In Order to rece	eive crisis assistance:		II.		<u>"</u>	
Must the l	household have received a shut-off notice	e or have a near empty tank?	~			

Must the house	chold have been shut off or have an empty tank?					
Must the house	chold have exhausted their regular heating benefit?	~				
Must renters w	rith heating costs included in their rent have received an eviction notice?					
Must heating/c	ooling be medically necessary?					
Must the house	chold have non-working heating or cooling equipment?					
Other (Specify	):					
	nal/differing eligibility policies for:					
Renters?	0 1 0 1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Renters living	in subsidized housing?					
	tilities included in the rent?					
	cies for each "yes" checked above:					
secure primary	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 \$425. During the program year, all eligible households may receive up to three winter crisis assistance benefits.					
Determination of Ber	nefits					
4.8 How do you hand	lle crisis situations?					
<b>✓</b>	Separate component					
	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefi response time frames.	ts are issued to	crisis customers	s within crisis		
	Other - Describe:					
4.9 If you have a sepa	arate component, how do you determine crisis assistance benefits?					
<b>&gt;</b>	Amount to resolve the crisis. \$425					
	If a household receives a shut-off notice or has nearly empty heating benefits, they can call to request their winter crisis benefit. This process doe eligibility, making it a bit easier for those in urgent need.					
Crisis Requirements	, 2604(c)					
4.10 Do you accept a	pplications for energy crisis assistance at sites that are geographically accessible	to all househole	ds in the area to	be served?		
€ Yes C No I	Explain.					
Applica	ations are taken at community action agencies and through a network of intake sites t	hroughout the st	ate.			
	individuals who are individuals with a disability the means to:					
	as for crisis benefits without leaving their homes?					
⊙ Yes ○ 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?						
C Yes O 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	\$425.00 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 h	eaters, fans	) and/or oth	er forms of benefits?						
☐ Yes	Yes No If yes, Describe								
4.14 Do you provide for equipment repair or repla	cement usin	ıg crisis fund	ds?						
○ Yes • No									
If you answered "Yes" to question 4.14, you must o									
4.15 Check appropriate boxes below to indicate type	pe(s) of assis	stance provi							
	Winter Crisis	Summer Crisis	Year-round Crisis						
Heating system repair									
Heating system replacement									
Cooling system repair									
Cooling system replacement									
Wood stove purchase									
Pellet stove purchase									
Solar panel(s)									
Utility poles / gas line hook-ups									
Other (Specify):									
4.16 Do any of the utility vendors you work with er	nforce a mo	ratorium on	shut offs?						
• Yes O No									
If you responded "Yes" to question 4.16, you must	respond to	question 4.1	17.						
4.17 Describe the terms of the moratorium and any	y special dis	pensation re	eceived by LIHEAP clients during or after the moratorium period.						
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.									
No	tend to utili	ize LIHEAP	crisis funds to address disaster related crisis situations? O Yes .						
If yes, describe									
If any of the above questions requi the fields provided, attach a docun		-	nation or clarification that could not be made in splanation here.						

#### Section 5 - WEATHERIZATION ASSISTANCE

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

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

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 5: WEATHERIZATION ASSISTANCE Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance 2 5.1 Designate the income eligibility threshold used for the Weatherization component Household Size Eligibility Guideline Eligibility Threshold All Household Sizes State Median Income 5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component? 💽 Yes 🔘 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 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 (DEEP) 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 Ration (SIR) standards. Other - Describe: Eligibility, 2605(b)(5) - Assurance 5 5.6 Do you require an assets test? O Yes O No

5.7 Do you have additional/differing eligibility policies for :							
Renters	• Yes ONo						
Renters living in subsidized housing?	⊙ Yes C No						
Renters with utilities included in the rent?	€ Yes C No						
5.8 Do you give priority in eligibility to:							
Older Adults?	⊙ Yes ○ No						
Individuals with a disability?	⊙ Yes ○ No						
Young Children?	€ Yes C No						
House holds with high energy burdens?	C Yes O No						
Other?	C Yes O No						
below.	in questions 5.6, 5.7, or 5.8, y	ou must provide further explanation of these policies in the text field ther information.					
Benefit Levels							
5.9 Do you have a maximum LIHEAP weat	herization benefit/expenditur	e per household? • Yes O No					
5.9a If yes, what is the maximum? \$15,00							
5.10 Do you use an Average Cost per Unit (	ACPU). • Yes No						
5.10a If so, what is the ACPU amount? \$	58,000						
Types of Assistance, 2605(c)(1), (B) & (D)							
5.11 What LIHEAP weatherization measur	res do you provide ? (Check al	ll categories that apply.)					
Weatherization needs assessments/a	udits	Energy related roof repair					
Caulking and insulation		Major appliance repairs					
Storm windows		Major appliance replacement					
Furnace/heating system modification	ns/repairs	Windows/sliding glass doors					
Furnace replacement		Doors					
Cooling system modifications/repair	rs	Water Heater					
Water conservation measures		Cooling system replacement					
Roof top solar		Community solar projects					
Compact florescent light bulbs							
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.							

Page 17 of 50

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, 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. V Publish articles in local newspapers or broadcast media announcements. V Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. $Mass\ mailing (s)\ to\ prior-year\ LIHEAP\ recipients.$ V Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. Execute interagency agreements with other low-income program offices to perform outreach to target groups. V Web Posting Email 4 Texting ~ Events **V** Social Media Other (specify): The state provides up-to-date information for residents and vendors through a dedicated website. Additionally, an Emergency Assistance

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.

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 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, TANF, Low Income Discount Rate (LIDR), Matching Payment Program (MPP), Operation Fuel One - stop intake centers Other - Describe:

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 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?										
	Administration Agency									
	Commerce Agency									
	Community Services Agency									
	Energy/Environment Agency									
	Housing Agency									
>	State Department of Welfare (administers TANF, SNAP, and/or Medicaid)									
	Economic Development Agency									
	Other - Describe:									
	e current list of subrecipient name, main off umber. Used for Near hotline and OCS Service			er, county(s) served, Con	ngressional District, and					
If you	ate Outreach and Intake, 2605(b)(15) - Assu selected "State Department of Welfare (adm 8.4, as applicable.		and/or Medicaid)'' in q	uestion 8.1, you must co	mplete questions 8.2, 8.					
8.2 Ho	w do you provide alternate outreach and int  Outreach/intake for heating assistance	_								
8.3 Ho	w do you provide alternate outreach and int	ake for cooling assistan	ce?>							
8.4 Ho	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 LII	HEAP Component Administration.	Heating	Cooling	Crisis	Weatherization					
8.5a W	ho determines client eligibility?	Community Action Agencies	Non-Applicable	Community Action Agencies	Community Action Agencies					
	Tho processes benefit payments to gas and evendors?	Community Action Agencies	Non-Applicable	Community Action Agencies						
8.5c wl vendor	no processes benefit payments to bulk fuel s?	Community Action Agencies	Non-Applicable	Community Action Agencies						
8.5d W	8.5d Who performs installation of weatherization Community Action									

measures?			Agencies
			s (do not list P.O. Box), phone
number, county(s) serve	d, Congressional Distri	ct, and UEI numb	er.
If any of your LIHEAP components applicable, 8.9.	are not centrally-administered by	y a state agency, you must	complete questions 8.6, 8.7, 8.8, and, if
8.6 What is your process for selecting	g local administering agencies?		
organizations. Consequently, t identifying the CAAs as the co	he state's Office of Policy Managem	nent (OPM) secures waivers goes review by the State OF	(CAAs) as prioritized community-based from competitive procurement before specifically PM and is then submitted to the Governor and the Energy/Technology—for approval.
8.7 How many local administering a	gencies do you use? 9		
8.8 Have you changed any local adn Yes No	ninistering agencies in the last yea	r?	
8.9 If so, why?			
Agency was in noncomplian	ce with Grant recipient requireme	ents for LIHEAP -	
Agency is under criminal in	estigation		
Added agency			
Agency closed			
Other - describe			
8.10 If a subrecipient is no longer p  No	roviding LIHEAP, are you aware	of prior-year LIHEAP fu	nds being mismanaged or misspent? © Yes
8.10a If yes, please explain.			
8.10b If you are aware, were othe Weatherization funding, etc. Yes		as CSBG, SSBG, Head S	tart, TANF, and Department of Energy
8.10c If yes, please explain.			
If any of the above quest in the fields provided, at	-	-	fication that could not be made ere.

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 9: Energy Suppliers, 2605(b)(7) - Assurance 7 9.1 Do you make payments directly to home energy suppliers? Heating OYes ONo Cooling Crisis Yes ○ No Are there exceptions? 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 margin over rack 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? C Yes O 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.

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 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 expnses.

#### 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), "admnistrative 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 Proce	ess			
10.2. Is you Yes		n audited annually under the Single Audit	Act and OMB Circular A - 133?	
10.2a - if	. ,	auditor selection process.		
moniaction Divis subre of bo (\$30) the s in the that of mana audit prior mont for th	ward is used for auth itoring process, DSS on on all deficiencies sion is also responsib ecipient audit reports oth State and Federal (0,000/\$750,000). The ubrecipient to determ e audit report, there a contains reported find agement decision, the tor assurance related to issuing the manage this of receipt of the a the decision, and the e	n entity for Federal funds, DSS is responsible torized purposes, in compliance with Federal Office of Quality Assurance Audit Division noted in audit reports pertaining to the Federale for the issuance of a management decision is performed by the Departments Audit Division. Funds to determine which subrecipients coute Department obtains the single audit reports nine whether there were any reportable finding are no further actions taken. The Audit Divisidings related to the Department Programs. If the Audit Division will request additional infort to the documentation. The Audit Division will report. The management decision letter expected auditee action to repay disallowed cection action plan is appropriate to resolve thubrecipient.	al statutes, regulations, and associated to a is responsible for ensuring that subreveral award provided by the Department on for audit findings pertaining to any levision. On an annual basis, the Audit Duld meet the State and Federal Single as either from the State Office of Policy angs. If there were no reportable finding sion will review the subrecipients corrective action plan does not promation or documentation from the subvoild consult with the Departments of vision will issue the management deciry will clearly state whether or not the a costs, make financial adjustments, or texts and responsible for each of the subverse of	terms and conditions. As part of the cipients take timely and appropriate t to each subrecipient. The Audit Federal award. The monitoring of Division compiles a list of all recipients Audit expenditure thresholds y Management website or directly from ags related to the Departments programs ective action plan for any audit report rovide sufficient information to issue a abrecipient, including a request for ffice of Community Services if needed ision letter to the subrecipient within six undit finding is sustained, the reasons take other action. The letter will
cited in the	single audits, inspec	gs of the grant recipient (i.e. State/Tribe/T ctor general reviews, or other government		
No Finding	1	Dwief Summery	Resolved?	Action Tokon
Finding	Туре	Brief Summary  Connecticut's Statewide Single	Resolved?	Action Taken
1	reporting	Audit identified that (1) the Department of Social Services (DSS) reported nine subawards, totaling \$63,913,532, between 18 and 65 days late on FSRS; and (2) DSS reported the incorrect contract number for one LIHEAP subaward, totaling \$262,193. There were no questioned costs.	Yes	training changes
2	monitoring	Connecticut's Statewide Single Audit identified that the Department of Social Services (DSS) did not conduct a full subrecipient monitoring for every subrecipient. There were no questioned costs.	Yes	staffing/management changes
3	reporting	Connecticut's Statewide Single Audit identified that the Department of Social Services (DSS) did not have detailed backup documentation for certain reported levels of assistance. There were no questioned costs.		staffing/management changes
10.4. Audits	s of Local Administe	ering Agencies	9	<u> </u>
What types Select all th		quirements do you have in place for local a	administering agencies/district office	es?
✓ Le	ocal agencies/distric	ct offices are required to have an annual a	udit in compliance with Single Audi	it Act and OMB Circular A-133
☑ Lo	ocal agencies/distric	ct offices are required to have an annual a	udit (other than A-133)	
✓ L	ocal agencies/distric	ct offices' A-133 or other independent audi	its are reviewed by Grant recipient	as part of compliance process.
✓ G	rant recipient condu	ucts fiscal and program monitoring of loca	al agencies/district offices	
✓ L	ocal agencies and d	listrict offices are required to have an annu	ual audit in compliance with Single	Audit Act and OMB Circular A-133
Compliance	e Monitoring			

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 agencys 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 agencys 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:

V	On - site evaluation

Annual program review

Monitoring through central database

Desk reviews

V

Client File Testing/Sampling

Other program review mechanisms are in place. Describe:

The monitoring process involves onsite reviews of sample program files and payments to ensure compliance with the State Plan, conducted by DSS staff.

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.

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

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..

#### 10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.

#### Site Visits:

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.

#### Desk Reviews:

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.

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?  $\, \mathbf{1} \,$ 

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

	MODEL PLAN	
Section 11: Timely and Meanir	ngful Public Participation, 2	605(b)(12), 2605(C)(2)
11.1 How did you obtain input from the public in the devo Note: Tribes do not need to hold a public hearing but must		nat apply.
Tribal Council meeting(s)		
Public Hearing(s)		
✓ Draft Plan posted to website and available for co	omment	
Hard copy of plan is available for public view a	nd comment	
Comments from applicants are recorded		
Request for comments on draft Plan is advertise	d	
Stakeholder consultation meeting(s)		
Comments are solicited during outreach activiti	es	
Other - Describe:		
Public Hearings, 2605(a)(2) - For States and the Common	wealth of Puerto Rico Only	
11.2 List the date and location(s) that you held public hea	ring(s) on the proposed use and distribution	of your LIHEAP funds?
	Date	Event Description
1	08/07/2025	A public hearing was held on Tuesday, August 7, 2025, starting at 1 pm, at the Legislative Office Building, 300 Capitol Avenue, Hartford, CT.
11.3. How many parties commented on your plan at the h	earing(s)? 10	
11.4 Summarize the comments you received at the hearing	g(s).	
Questions and comments during the hearing condition individuals and entities. Among those who submitted the Low Income Home Energy and Water Advisory Ethe plan, they also called for increased funding. Addit more without reducing benefits to clients.	Board (LIEWAB), and the CT Energy Marketer	munity Action Association, Operation Fuel, rs Association. While the comments supported
11.5 What changes did you make to your LIHEAP plan a	s a result of public participation and solicita	tion of input?
No changes were made to the LIHEAP plan.		
If any of the above questions require fu the fields provided, attach a document		ion that could not be made in

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 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? 1
- 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.

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 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 program Matching Payment Program. 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? 11,642

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 14:Leveraging Incentive Program, 2607(A)

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

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

The Margin Over Rack (MOR) 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 MOR 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	Margin Over Rack Pricing Program	The Margin Over Rack (MOR) 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 Data Transmission Network (DTN). The daily MOR price is calculated using the rack average from four terminals in Bridgeport, Hartford, New Haven and Norwich, with an added fixed margin of 50 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 payments made by each months payment deadline and the CEAP benefit. The resulting match is applied to the customers past due	Any leveraged funds will be used for direct program services to clients.

		4)	
		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

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 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 best practice used is 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

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 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 by volume as well as the top utility vendors by volume. 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.

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

L											
		i	Section 17:	Program	In	tegrity, 260	05(b)(10)				
17.1	Fraud Reporting Mechanisms	s									
a. E	escribe all mechanisms availab	ole to	the public for rep	orting cases of	f susj	pected waste, frau	ıd, and abuse. S	elect	all that apply.		
	Online Fraud Reportin	g									
	Dedicated Fraud Repo	rting	Hotline								
	Report directly to local	age	ncy/district office o	r Grant recip	ient (	office					
	Report to State Inspect	or G	eneral or Attorney	General							
	Forms and procedures	in p	lace for local agenc	ies/district off	ices	and vendors to re	port fraud, was	te, a	nd abuse		
	Other - Describe:										
b. I	Describe strategies in place for	adve	rtising the above-re	eferenced reso	ource	s. Select all that a	pply				
	Printed outreach mater	rials									
	Posted in local adminis	terin	g agencies offices.								
	Addressed on LIHEAP	app	lication								
	Website										
	Other - Describe:										
17.2	2. Identification Documentation	ı Red	quirements								
	ndicate which of the following subjects.	form	s of identification a	re required o	r req	uested to be colle	cted from LIHI	EAP	applicants or the	eir household	
						G H + 16	XX71 0				
Туг	e of Identification Collected					Collected from	wnom:				
			Applicant O	nly		All Adults in Household			All Household Members		
Soc	ial Security Card is		Required			Required			Required		
pho	tocopied and retained										
			Requested			Requested			Requested		
Soc	ial Security Number (Without		Required			Required			Required		
	ual Card)										
			Requested			Requested		>	Requested		
								•			
Cor	vernment-issued identification		Required			Required			Required		
car						J		•	~		
	bal ID, passport, etc.)		Requested			Requested			Requested		
	Other		Applicant Only	Applicant Or	ıly	All Adults in	All Adults in		All Household	All Household	
	Other		Required	Requested		Household Required	Household Requested		Members Required	Members Requested	
1 1	I	- 1	1				•	ıll		II	

17.3. 0	itizen	shi	p/Legal l	Residency Ver	rification							
What	are yo	ur		es for ensuri		cipients are	U.S. citizei	ns or qualified	non-citizens	who are eligib	ole to receive	LIHEAP
	Clie	nts	sign an a	attestation of	citizenship or U	U.S. Citizen	or Qualific	ed Non-Citizen				
	Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.											
	Non	-Ci	itizens m	ust provide do	ocumentation o	of immigrati	ion status					
	Citiz	zen	s must p	rovide a copy	of their birth o	ertificate, n	aturalizati	on papers, or p	assport			
	Non	-Ci	itizens ar	e verified thre	ough the SAVI	E system						
	Trib	al	members	s are verified	through Tribal	enrollment	records/T	ribal ID card				
>	Othe	er -	- Describ	e:								
	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.											
17.4. I	ncome	Ve	erificatio	n								
What	metho	ds	does you	r agency utiliz	ze to verify hou	sehold inco	me? Select	all that apply.				
>	Requi	ire	docume	ntation of inco	ome for all adu	lt household	d members					
	~	P	Pay stubs									
	~	S	Social Sec	urity award l	etters							
		В	Bank state	ements								
	<b>~</b>	T	Tax stater	nents								
	<b>~</b>	Z	Zero-inco	me statement	s							
	V	U	Jnemploy	ment Insurar	ice letters							
		O	Other - De	escribe:								
>	Com	ıpu	ıter data	matches:								
	V	Iı	ncome in	formation ma	tched against	state compu	ter system	(e.g., SNAP, TA	NF)			
	<b>V</b>	P	Proof of u	nemployment	benefits verifi	ed with stat	te Departm	ent of Labor				
		S	ocial Sec	urity income	verified with S	SA						
		U	J <b>tilize sta</b>	te directory o	f new hires							
		О	Other - D	escribe:								
b. Desc	ribe a	ny	exception	ns to the abov	e policies.							
			ion Verif									
Descri apply	be wha	at r	methods	are used to ve	rify the auther	nticity of ide	ntification	documents pro	vided by clie	nts or househo	ıld members	. Select all that
>	Verif	y S	SNs with	Social Securi	ity Administra	tion						
>	Matcl	h S	SSNs with	death record	s from Social S	Security Adı	ministratio	n or state agend	:y			
>	Matcl	h S	SSNs with	state eligibili	ty/case manag	ement syster	m (e.g., SN	AP, TANF)				
	Matcl	h w	vith state	Department of	of Labor system	n						
	Matcl	h w	vith state	and/or federa	al corrections s	ystem						
	Matcl	h w	vith state	child support	system							
	Verifi	ica	tion usin	g private softv	ware (e.g., The	Work Num	iber)					
	In-pe	rso	on certific	cation by staff	(for tribal Gr	ant recipien	ts only)					
	Matcl	h S	SSN/Trib	al ID number	with tribal dat	tabase or en	rollment r	ecords (for triba	ıl Grant reci	pients only)		
			Describe									

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

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.			
<b>V</b> endors are checked against an approved vendors list			
Centralized computer system/database is used to track payments to all vendors			
Clients are relied on for reports of non-delivery or partial delivery			
Two-party checks are issued naming client and vendor			
Direct payment to households are made in limited cases only			
Vendors are only paid once they provide a delivery receipt signed by the client			
Conduct monitoring of bulk fuel vendors			
Bulk fuel vendors are required to submit reports to the grant recipient.			
Vendor agreements specify requirements selected above, and provide enforcement mechanism			
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.			
Refer to state Inspector General			
Refer to local prosecutor or state Attorney General			
Refer to US DHHS Inspector General (including referral to OIG hotline)			
Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public			
Grant recipient attempts collection of improper payments. If so, describe the recoupment process			
Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 2 years			
Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated			
Vendors found to have committed fraud may no longer participate in LIHEAP			
✓ Other - Describe:			
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.BrBbr.
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
- 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or

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

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

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

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

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

#### Instructions for Certification

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

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

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

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

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

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

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

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

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

- 1. By signing and/or submitting this application or grant agreement, the 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		
10th floor 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

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

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

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		
Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.		
Heating component benefit matrix, if applicable		
Cooling component benefit matrix, if applicable		
Minutes, notes, or transcripts of public hearing(s).		
Policy Manual.		
Subrecipient Contract.		
Model Plan Participation Notes for Tribes.		