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

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

**Grantee Name:** IDAHO DEPARTMENT OF HEALTH & WELFARE **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

<u> </u>							
_		* 1.b. Frequency:  • Annual	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:			* 1.d. Version:  Initial Resubmission Revision Update	
			2. Date	Received:		State Use Only:	
			3. App	licant Identifie	r:		
				que Entity Ide	ntifier (UEI)	5. Date Received By State:	
			4b. Fed	leral Award Id	entifier:	6. State Application Identifier:	
7. APPLICANT INFO	ORMATION		"				
* a. Legal Name: Ida	ho Department	of Health and Welfare					
* b. Address:							
*		F MANAGEMENT SERVICES	Stre	et 2:	450 WEST S	TATE STREET	
* City:	BOISE		Cou	nty:			
* State:	ID		Pro	vince:			
* Country:	United States		* Zi Code:	p / Postal	83720 - 0036	j	
c. Organizational	Unit:						
Department Name: Self-Reliance			Division Name: Division of Self-Reliance				
		person to be contacted on matters in t of Health and Human Services' LII				be listed on Notice of Funding	
* First Name: Lisa			* Last Name: Johnson				
<b>Title:</b> Program Manager			Organizational Affiliation: Idaho Dept of Health & Welfare				
* Telephone Number 208-334-5739	:		<b>Fax Number</b> 208-334-5817				
* Email: Lisa.Johnson@dhw.i	daho.gov						
* 8. TYPE OF APPL A: State Government	ICANT:						
* a. Is the applican	t a Tribal Con	sortium: O Yes O No					
* b. If yes please at	ttach at least oi	ne the following documentation:					
Catalog of Federal Dom Assistance Number:			stic	cFDA Title:			
9. CFDA Numbers and Titles 93.568		93.568		Low-Income I	Home Energy A	Assistance Program	
10. DESCRIPTIVE T Low-Income Home F		PLICANT'S PROJECT: ce Program					
11. AREAS AFFECT Statewide	TED BY FUND	ING:					
12. CONGRESSION	AL DISTRICT	S OF APPLICANT:					
13. FUNDING PERIO	OD:						
<b>a. Start Date:</b> 10/01/2025			<b>b. End</b> 09/30/2				
* 14. IS SUBMISSIO	N SUBJECT T	O REVIEW BY STATE UNDER E	XECUTI	VE ORDER 1	2372 PROCES	SS?	
a. This submission	was made ava	ilable to the State under Executive C	order 123	372			

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 17c. Telephone (area code, number and extension) Lisa Johnson 17d. Email Address Lisa.Johnson@dhw.idaho.gov 17b. Signature of Authorized Certifying Official 17e. Date Report Submitted (Month, Day, Year) 09/16/2025 sign

## **Section 1 - Program Components**

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

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

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

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

## **Section 1 Program Components** Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C) **Dates of Operation** 1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.) Start Date **End Date** 10/01/2025 03/31/2026 Heating assistance Cooling assistance Summer crisis assistance Winter crisis assistance Year-round crisis assistance 10/01/2025 09/30/2026 Weatherization assistance 10/01/2025 09/30/2026 Provide further explanation for the dates of operation, if necessary End dates are estimated, dependent on funding. Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: Percentage (%) Prior year totals The total of all percentages must add up to 100%. 61.70% 0.00% Cooling assistance 0.00% Summer crisis assistance 0.00% 0.00% 0.00% Winter crisis assistance 0.00% Year-round crisis assistance 10.90% 19.60% 15.00% Weatherization assistance 15.00% Carryover to the following federal fiscal year 0.00% 0.00% 10.00% 10.00% Administrative and planning costs 3.40% Services to reduce home energy needs including needs assessment (Assurance 16) 2.20% 0.20% 0.20% Used to develop and implement leveraging activities

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

Δlto	in excess of these limits must be p	aid from non-federal	sources.						
Aitel	rnate Use of Crisis Assistance Fo	unds, 2605(c)(1)(C)							
1.3 T	The funds reserved for winter cr	isis assistance that h	ave not been exp	ended by March 15 w	ill be reprogrammed	to:			
M	Heatin	g assistance			Cooling assis	stance			
	Weath	erization assistance		>	Other (speci	fy:) Crisis is offered year-			
Cate	egorical Eligibility, 2605(b)(2)(A	) - Assurance 2, 2605	5(c)(1)(A), 2605(b	o)(8A) - Assurance 8	71				
	Oo you consider households cate te left column below?  Yes		t least one housel	hold member receives	at least one of the fol	lowing categories of benefits			
If yo	ou answered "Yes" to question 1	.4, you must complet	te the table below	v and answer question	s 1.5 and 1.6.				
			Heating	Cooling	Crisis	Weatherization			
TANI	F		Yes 💿 No	O Yes O No	O Yes O No	C Yes O No			
SSI			Yes O No	O Yes O No	⊙ Yes O No	⊙ Yes ONo			
SNAI	P	•	Yes O No	C <sub>Yes</sub> ⊙ <sub>No</sub>	⊙ Yes O No	⊙ Yes ONo			
Mear	ns-tested Veterans Programs		Yes O No	C Yes O No	• Yes O No	© Yes C No			
	4a. Provide your definition of ca								
1.5 I	Year (October 1st September 3 for services under the Low-Inco Oo you automatically enroll house	0th); Supplemental Se ome Home Energy As	ecurity Income (Sassistance Program	SI), and/or Means-teste (LIHEAP).	d Veterans Programs	during the LIHEAP Program are categorically eligible (CE)			
	es, explain:	scholds without a til	cet annuar appro	cation. 10 103 101 10	,				
11 10	es, explain.								
SNA	heating benefit is based on the for any additional household in P Nominal Payments	household income, fu	el type, and energ	y burden. Categoricall		y region in the state. The nust still provide verification			
1.7a	Do you allocate LIHEAP funds	toward a nominal pa	ayment for SNAI	1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? Yes No					
If yo	ou answered "Yes" to question 1	•	•	<b>P households?</b> 🔘 Yes	<b>⊙</b> No				
1 7h	Amount of Nominal Assistance								
1./1)		.7a, you must provid							
	Frequency of Assistance	.7a, you must provid							
_	Frequency of Assistance Once Per Year	.7a, you must provid							
	<u> </u>	.7a, you must provid							
	Once Per Year	.7a, you must provid							
1.7c	Once Per Year Once every five years	.7a, you must provid: \$0.00	e a response to q	uestions 1.7b, 1.7c, ar	d 1.7d.				
1.7c	Once Per Year  Once every five years  Other - Describe:	.7a, you must provid: \$0.00	e a response to q	uestions 1.7b, 1.7c, ar	d 1.7d.				
1.7d	Once Per Year  Once every five years  Other - Describe:  How do you confirm that the ho	.7a, you must provid: \$0.00	e a response to q	uestions 1.7b, 1.7c, ar	d 1.7d.				
1.7c	Once Per Year  Once every five years  Other - Describe:  How do you confirm that the ho	.7a, you must provid: \$0.00	e a response to q	uestions 1.7b, 1.7c, an	r need?				
1.7c	Once Per Year  Once every five years  Other - Describe:  How do you confirm that the how N/A  ermination of Eligibility - Counter	.7a, you must provid: \$0.00	e a response to q	uestions 1.7b, 1.7c, an	r need?				
1.7c	Once Per Year  Once every five years  Other - Describe:  How do you confirm that the homology is a second of the confirmation of Eligibility - Counts  In determining a household's income	.7a, you must provid: \$0.00	e a response to q	uestions 1.7b, 1.7c, an	r need?				
1.7c	Once Per Year  Once every five years  Other - Describe:  How do you confirm that the how the N/A  ermination of Eligibility - Counts  In determining a household's income	.7a, you must provid: \$0.00	e a response to q	uestions 1.7b, 1.7c, an	r need?				
1.7c :	Once Per Year  Once every five years  Other - Describe:  How do you confirm that the homology in the second of the	.7a, you must provid: \$0.00	nominal paymen	nt has an energy cost of	r need?	AP			

<b>Y</b>	Self - Employment Income					
<b>&gt;</b>	Contract Income					
<b>&gt;</b>	Payments from mortgage or Sales Contracts					
<b>&gt;</b>	Unemployment insurance					
<b>&gt;</b>	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
	Annuities, Private Disability Insurance, Trust Fund Income or Workman's Compensation benefits. Infrequent, irregular, or unpredictable income from gifts or lottery winnings of more than thirty dollars (\$30) during the prior month.
	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 I	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.
	Online application that is also mobile friendly
	Other, please describe
Pleas	e include a link(s) to a statewide application, if available:
	0000000000
1.10b	Can all program components be applied for online? • Yes O No
If no,	explain which components can and cannot be applied for online.
	Do you have a process for conducting and completing applications by phone © Yes ONO
	Do you or any of your subrecipients require in person appointments in order to apply C Yes 🔞 No
	, please provide more information regarding why in-person appointments are required and in what circumstances they are required.
1.13 I	How can applicants submit documentation for verification? Select all that apply:
>	In-person Control of the Control of
>	Mail
~	Email
	Portal application
>	Other, please describe
	Drop-box and fax or by phone.

## **Hidden for Section 1**

## **Section 2 - HEATING ASSISTANCE**

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

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

	Secti	ion 2 - H	Heating Assistance	
Eligibility, 2605(	b)(2) - Assurance 2			
2.1 Designate the	e income eligibility threshold used for th	ne heating co	omponent:	
Add	Household size		Eligibility Guideline	Eligibility Threshold
1	1		State Median Income	60.00%
2	2		State Median Income	60.00%
3	3		State Median Income	60.00%
4	4		State Median Income	60.00%
5	5		State Median Income	60.00%
6	6		State Median Income	60.00%
7	7		State Median Income	60.00%
8	8		HHS Poverty Guidelines	150.00%
9	9		HHS Poverty Guidelines	150.00%
10	10		HHS Poverty Guidelines	150.00%
11	11		HHS Poverty Guidelines	150.00%
12	12		HHS Poverty Guidelines	150.00%
13	13		HHS Poverty Guidelines	150.00%
14	14		HHS Poverty Guidelines	150.00%
15	15		HHS Poverty Guidelines	150.00%
2.2 Do you have Heating Assistan	additional eligibility requirements for ace?	<b>⊙</b> Yes	C <sub>No</sub>	
2.3 Check the ap	propriate boxes below and describe the			
Do you require a	n Assets test?	C Yes	<b>⊙</b> No	
If yes, describe:	Do you have additional/differing eligibi	lity policies	for:	
Renters?		Yes	O <sub>No</sub>	
If yes, describe: Ve	rification that household has a financial re	esponsibility	for heating costs when the utility bill is not	in a household member name.
Renters Li	ving in subsidized housing?	Yes	○ No	
	erification that household has a financial rein a household member name.	esponsibility	for heating costs when the utility	
Renters wi	th utilities included in the rent?	Yes	O No	
	erification that household has a financial re in a household member name.	esponsibility	for heating costs when the utility	
Do you give prio	rity in eligibility to:			
Older Adu	lts (60 years or older)?	C Yes	<b>⊙</b> No	
If yes, describe:				
Individual	s with a disability?	C Yes	<b>⊙</b> No	

If yes, describe:				
Young children?	C Yes ⊙ N	0		
If yes, describe:	•			
Households with high energy burdens	? Oyes ON	ĺo		
If yes, describe:	•			
Other?	Oyes On	lo .		
If yes, describe:				
Explanations of policies for each "yes" chec	ked above:			
Must reside in Idaho. The hous naturalized citizen, legal resident or qu		ng costs, either directly or through renta ousehold member.	al costs. Must be a US cit	izen,
Determination of Benefits 2605(b)(5) - Assu	rance 5 2605(c)(1)(R)			
2.4 Describe how you prioritize the provision		Inerable nonulations e a henefit a	mounts early applicatio	n nariode
etc.	-	igible for a LIHEAP benefit receive in		-
benefit, as determined by the State. Th				
2.5 Check the variables you use to determin	e your benefit levels. (Check	all that apply):		
<b>✓</b> Income				
Family (household) size				
<b>✓</b> Home energy cost or need:				
Home energy cost of need.				
= 1 uoi type				
Climate/region				
Individual bill				
Dwelling type				
Energy burden (% of income s	pent on home energy)			
Energy need				
Other - Describe:				
Household with no specific hea	t cost obligation (included in r	ent, rent subsidized) will not be eligible	e to a LIHEAP benefit.	
Benefit Levels, 2605(b)(5) - Assurance 5, 26  2.6 Describe estimated benefit levels for the		n annlies Please nate: the maximum	and minimum honofits w	nust he
shown in the payment matrix.	risear year for which this pla	п аррисэ, 1 юизе поге, те тихипит	ana minimum venejus m	enst UC
Minimum Benefit	\$122	Maximum Benefit	\$1	.,285
2.7 Do you provide in-kind (e.g., blankets, s	pace heaters) and/or other fo	rms of benefits?2 • Yes • No		
If yes, describe.				
During a governor-declared dis shortages experienced by participant h		tion of the LIHEAP grant funds may be	e used for home heating s	upply
If any of the above questions	require further expl	anation or clarification tl	hat could not be	made in

the fields provided, attach a document with said explanation here.

## **Section 3 - COOLING ASSISTANCE**

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

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

## Expiration Date: 02/2

	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 Li	ving in subsidized housing?	C Yes	C <sub>No</sub>			
If yes, describe:		•				
Renters wi	th utilities included in the rent?	C Yes	C <sub>No</sub>			
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					
	gy cost or need:					
Fuel	type					
Clin	nate/region					
Individual bill						

Dwelling type					
Energy burden (% of income spent on home energy)					
Energy need					
Other - Describe:					
Benefit Levels, 2605(b)(5) - Assurance 5, 260	5(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 conditioners) and/or other forms of benefits? O Yes O No					
If yes, describe.					
If any of the above questions re the fields provided, attach a do	•		ould not be ma	ide 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 4: CRISIS ASSISTANCE**

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

4.1 Designate the income eligibility threshold used for the crisis component

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	HHS Poverty Guidelines	150.00%
9	9	HHS Poverty Guidelines	150.00%
10	10	HHS Poverty Guidelines	150.00%
11	11	HHS Poverty Guidelines	150.00%
12	12	HHS Poverty Guidelines	150.00%
13	13	HHS Poverty Guidelines	150.00%
14	14	HHS Poverty Guidelines	150.00%
15	15	HHS Poverty Guidelines	150.00%

4.2 Provide your LIHEAP program's definition for determining a crisis. If you administer multiple crisis assistance programs (winter, summer, and/or year-round), Include all program definitions.

Idaho defines a crisis as a situation where an eligible household has a utility service that is disconnected, their service is pending disconnection status, has less than 48 hours of bulk fuel, requires a utility pole or gas line hookup for the primary heat source or another energy source and lack of access would result in a health or safety concern or the household cannot maintain a payment agreement with the utility company and the account will move into the pending disconnection process and will make the household ineligible for future payment arrangements. Households are eligible to one Crisis benefit per season, however, when funding is available, a second LIHEAP Crisis payment may be authorized, based on request, to alleviate heat related cooling needs.

## 4.3 What constitutes a <u>life-threatening crisis?</u>

When a Crisis eligible household contains at least one household member with an illness or medical condition that poses an immediate risk due to the loss of the energy source or has a medical condition requiring the use of an energy source to operate a medical device or store medication.

## Crisis Requirement, 2604(c)

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

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

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

		Winter Crisis	Summer Crisis	Year-Round Crisis		
4.6 Do you have addit	ional eligibility requirements for Crisis Assistance?			<u>~</u>		
4.7 Check the appropriate boxes below to indicate type(s) of assistance provided 0						
Do you require an As	sets test?					
Do you give priority i	n eligibility to:			_!!		
Older Adults (6	0 years or older)?					
Individuals witl	Individuals with a disability?					
Young Children	?					
Households wit	h high energy burdens?					
Other (Specify)	:					
In Order to receive cr	risis assistance:		•			
Must the house	hold have received a shut-off notice or have a near empty tank?			<b>~</b>		
Must the house	hold have been shut off or have an empty tank?					
Must the house	hold have exhausted their regular heating benefit?					
Must renters w	th heating costs included in their rent have received an eviction notice?					
Must heating/co	ooling be medically necessary?					
Must the house	hold have non-working heating or cooling equipment?					
Other (Specify)	:					
Do you have addition	al/differing eligibility policies for:		•	<u></u>		
Renters?						
Renters living in	n subsidized housing?					
Renters with ut	ilities included in the rent?					
Explanations of polici	es for each "yes" checked above:	"	•			
part of the rent.	old must reside in Idaho and the household must pay for home heating costs, either Verification of disconnection or pending disconnection must be provided or a state f bulk fuel must be on file to receive crisis.					
Determination of Ben	efits					
4.8 How do you hand	e crisis situations?					
Separate component						
Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.						
Other - Describe:						
4.9 If you have a separate component, how do you determine crisis assistance benefits?						
Amount to resolve the crisis. \$0						
Other - Describe:						
Crisis benefits are based on actual need, verified by a bill or billing portal. Payment is made to the utility vendor and/or the customer, up to the maximum benefit of \$1,500.00.						
Crisis Requirements,	260A(c)					
	2604(C) plications for energy crisis assistance at sites that are geographically accessible	e to all househo	olds in the area	to be served?		
• Yes O No E						
	·· · · · · · · · · · · · · · · · · · ·					

4.11 Do you provide individuals who are individua	ıls with a dis	ability the n	aeans to:			
Submit applications for crisis benefits without le	eaving their	homes?				
⊙ Yes ○ No						
If No, explain.						
Travel to the sites at which applications for crisis assistance are accepted?						
⊙ Yes ○ No						
If No, explain.						
If you answered "No" to both options in question disabled?	4.11, please	explain alter	rnative means of intake to those who are homebound or physically			
Benefit Levels, 2605(c)(1)(B)						
4.12 Indicate the maximum benefit for each type o	f crisis assis	tance offere	d.			
Winter Crisis \$0.00 maximum benefit						
Summer Crisis \$0.00 maximum benefit						
Year-round Crisis \$1,500.00 maximum ben	efit					
4.13 Do you provide in-kind (e.g. blankets, space h	eaters, fans)	and/or othe	er forms of benefits?			
<b>⊙</b> Yes <b>○</b> No <b>If yes, Describe</b>						
shortages experienced by participant househol	lds.		on of the LIHEAP grant funds may be used for home heating supply			
4.14 Do you provide for equipment repair or repla	cement usin	g crisis fund	is?			
C Yes O No						
If you answered "Yes" to question 4.14, you must	complete qu	estion 4.15.				
4.15 Check appropriate boxes below to indicate ty	pe(s) of assis	stance provi	ded.			
	Winter Crisis	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	Utility poles / gas line hook-ups					
Other (Specify):						
4.16 Do any of the utility vendors you work with en	nforce a mo	ratorium on	shut offs?			
€ Yes C No						
If you responded "Yes" to question 4.16, you must	t respond to	question 4.1	7.			
4.17 Describe the terms of the moratorium and an	v special dis	pensation re	eceived by LIHEAP clients during or after the moratorium period.			
	J - P	P	F			

4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?  Yes No
If yes, describe  In the event of state or federal declared natural or manmade disaster, Idaho may request permission to use LIHEAP resources to provide emergency services to low-income individuals and families in the designated disaster area.
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 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 HHS Poverty Guidelines 200.00% 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. 5.4 Is there a separate monitoring protocol for weatherization? • Yes O No WEATHERIZATION - Types of Rules 5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.) Entirely under LIHEAP (not DOE) rules Entirely under DOE WAP (not LIHEAP) rules Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply): **Income Threshold** Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities). Other - Describe: Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.) Income Threshold ~ Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit. ~ Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards. LPW Weatherization funding not subject to the DOE limits on Fringe and Indirect costs. Homes weatherized with LPW funding can be reweatherized after 7 years. Weatherization of multi-family housing structures is permitted if at least 50% of units are eligible units where significant energy-efficiency improvement would occur if the building were weatherized, and authorization has been provided by the grantee. Weatherizatin of entire multi-family housing structures is permitted if at least 66% of unites (50% in 2 & 4 unit buildings) are eligible units or will become eligible with 180 days. Weatherization of shelters temporally housing primary low income persons (excluding nursing homes, prisions, and similar institutional care facilities). Eligibility, 2605(b)(5) - Assurance 5 O Yes O No 5.6 Do you require an assets test? 5.7 Do you have additional/differing eligibility policies for : Renters Yes No Renters living in subsidized O Yes O No housing? Renters with utilities included in the O Yes O No

rent?		
5.8 Do you give priority in eligibility to:	<u> </u>	
Older Adults?	⊙ Yes C No	
Individuals with a disability?	⊙ Yes O No	
Young Children?	⊙ Yes O No	
House holds with high energy burdens?	€ Yes C No	
Other?	O Yes O No	
	ons in questions 5.6, 5.7, or 5.8,	you must provide further explanation of these policies in the text field
Applicants that rent their ho Weatherization Operations Manual	•	rner and Renter agreement as outlined in the DOE-Approved Idaho
priority demographics for weatheri: Worksheet (Priority Formula) rules based upon emergency situation; pr	zation. All participants will be pri s. Priority is automatically calcular riority populations living in the ho	under 18, in the household as well as households with high energy burdens as oritized according to the Weatherization Application Priority Formula ted by each Community Action Agency's Weatherization reporting database busehold, including elderly persons, persons with disabilities, and children priority to receive services is assigned to those eligible participants with an
When selecting a h	ome for energy audit,	Community Action Agencies will review a
		o all other active applications within the same county
G	funding source planned	to ensure to ensure proper prioritization of grant
funds.		
Benefit Levels		
5.9 Do you have a maximum LIHEAP w		re per household? U Yes W No
5.9a If yes, what is the maximum? \$0 5.10 Do you use an Average Cost per Un		
5.10 Bo you use an Average Cost per Un		
51704 II 50, What is the 1201 C uniounic	• 40	
Types of Assistance, 2605(c)(1), (B) & (L	<b>D</b> )	
5.11 What LIHEAP weatherization mea	sures do you provide ? (Check a	all categories that apply.)
Weatherization needs assessment	ts/audits	Energy related roof repair
<b>✓</b> Caulking and insulation		Major appliance repairs
<b>✓</b> Storm windows		Major appliance replacement
Furnace/heating system modifica	tions/repairs	Windows/sliding glass doors
Furnace replacement		<b>✓</b> Doors
Cooling system modifications/rep	pairs	Water Heater
Water conservation measures		Cooling system replacement
Roof top solar		Community solar projects
Compact florescent light bulbs		Other - Describe: Attic floor installation, duct sealing, general heat waste reduction, LED bulbs and Spray Foam insulation. Portable space heaters for participants with failed heating systems, during the heating season.
If any of the above question		

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: V Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. V Publish articles in local newspapers or broadcast media announcements. Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. Mass mailing(s) to prior-year LIHEAP recipients. ✓ Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. ~ Execute interagency agreements with other low-income program offices to perform outreach to target groups. 4 Web Posting **✓** Email Texting ~ **Events** ~ Social Media Other (specify):

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.

presentations at community meetings and at interagency meetings

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 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, CSBG, TEFAP Intake referrals to/from other programs (indicate programs included) SNAP, Child Support, Weatherization, Head Start 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(h)(6) - Assurance 6 (Required for state Grant

	recipients a	nd the Commo		•	tate Grant
8.1 Ho	w would you categorize the primary respons	ibility of your State age	ency?		
>	Administration Agency				
	Commerce Agency				
	Community Services Agency				
	Energy/Environment Agency				
	Housing Agency				
	State Department of Welfare (administers	TANF, SNAP, and/or M	fedicaid)		
	Economic Development Agency				
	Other - Describe:				
	e current list of subrecipient name, main off ımber. <i>Used for Near hotline and OCS Servi</i> c			er, county(s) served, Cor	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	ake for heating assistan	ice?		
	N/A				
8.3 Ho	w do you provide alternate outreach and int	ake for cooling assistan	ce?>		
	N/A				
8.4 Ho	w do you provide alternate outreach and int	ake for crisis assistance	?		
	N/A				
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?	State Administration Agency	Non-Applicable	State Administration Agency	
8.5c wl vendor	no processes benefit payments to bulk fuel s?	State Administration Agency	Non-Applicable	State Administration Agency	

8.5d Who performs installation of weatherization measures?	n			Community Action Agencies
Include a current list of subrecipi number, county(s) served, Congr				Box), phone
If any of your LIHEAP components are not centrapplicable, 8.9.	rally-administered by a st	tate agency, you must co	mplete questions 8.6, 8.	7, 8.8, and, if
8.6 What is your process for selecting local admin	nistering agencies?			
In Idaho, Community Action Agencie exemption, Community Action Agencies are		ding process for subgrants	s. In the Department of F	Purchasing bid
Community Action Agencies - Community Action Agencies - Community detailed in the Section 2605(b)(4) of LIHEA oversight responsibilities.				
8.7 How many local administering agencies do yo	ou use? 7			
8.8 Have you changed any local administering ag  Yes  No	gencies in the last year?			
8.9 If so, why?				
Agency was in noncompliance with Grant	t recipient requirements f	òor LIHEAP -		
Agency is under criminal investigation				
Added agency				
Agency closed				
Other - describe				
N/A 8.10 If a subrecipient is no longer providing LIH	EAP, are you aware of pi	rior-year LIHEAP funds	s being mismanaged or 1	nisspent? © Yes
No 8.10a If yes, please explain.				
N/A				
8.10b If you are aware, were other federal progression funding, etc. O Yes No	grams impacted such as (	CSBG, SSBG, Head Star	t, TANF, and Departme	ent of Energy
8.10c If yes, please explain.				
N/A				
If any of the above questions requ	uire further expla	nation or clarific	cation that could	not be made

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. Idaho sends payments via ACH or by state warrant to utility companies who have signed up to be LIHEAP vendors. Idaho makes payments directly to the participants when the household's heat is included in the rent and when there is not an available home energy supplier with a current LIHEAP vendor agreement on file (i.e., when the household utilizes bulk fuel). 9.2 How do you notify the client of the amount of assistance paid? All participants receive a benefit determination letter in-person, by mail or by electronic message. 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? We perform monitoring of home energy suppliers to verify that the payment was applied to the customer account correctly and timely. 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? We perform monitoring of home energy suppliers to ensure LIHEAP households are treated the same as other customers. We require home energy suppliers to sign a vendor agreement where they agree to not treat LIHEAP customers differently than non-LIHEAP eligible customers. 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?

LIHEAP funds are distributed between Administrative, Program Support, Leveraging and Assurance 16 categories up to the grant award amount. Each funding category is assigned a project number and tracked to ensure that expenditures do not exceed the amount allocated to the budget category. Subgrantee's submit monthly invoices that are reviewed for allowability of expenditures, and to ensure funding does not exceed the amount allocated in the subgrant/budget category. Vendor refunds are reviewed by the Program and are logged. Vendors are required to provide information that explains the refund so that the original issuance date can be identified. Program notifies fiscal of the correct program year to record the refund. Idaho uses LUMA as their fiscal software system.

Subgrant Expenditures: Subgrant Recipients are required to submit monthly invoices by the 15th of the month, for the prior month. Invoices are reviewed for completeness and accuracy by a separate unit at Health and Welfare. Part of this review involves ensuring that the Subgrantee has enough funding to be reimbursed. The Program Manager reviews expenditures monthly to monitor progress of fund expenditures. Subgrantee's are contacted prior to the end of the contractual period to review remaining funding, discuss ability to spend out allocated funding and perform Subgrant amendments to adjust funding that will not be expended to other Subgrantee's, if needed.

Tracking Funds: LIHEAP funds are tracked by funding categories using assigned project numbers. New project numbers are assigned at the start of each Program Year. This allows us to track funds that are issued as benefit and spent by the Grantee and Subgrantee's. The Grantee maintains a project number for their Administrative/Indirect costs and LIHEAP Benefits issued. Subgrantee's receive new project numbers, each season, for Administrative Funding, Assurance 16, Leveraging and LIHEAP Weatherization funds. Funding from other grant types (disaster, IIJA, etc.) is tracked the same way.

LIHEAP Refunds: LIHEAP funds that are returned come to the Grantee. We track these funds and record the refund on the participant file and in a tracking log. We require the vendor provide us the information about funds to identify who they are for, what Program Year they came from and why they are being returned.

### 10.1a Provide your definitions of the following:

#### Obligation

Funds issued as a LIHEAP benefit or spent by the Grantee prior to September 30th of the current Program Year and funds that are put into Subgrant are considered obligated.

## Expenditures

Benefits issued to eligible LIHEAP households, funds spent by the Grantee for program Administration on or before September 30th of the current Program Year, and allowable costs spent by Subgrantees during the two-year availability of funds.

### Expenditure timeframe

Ninety percent of the funds must be spent or obligated before September 30th of the current program year. The remainder of funds must be spent by September 30th of the second year.

#### Administrative costs

Administrative Costs cannot exceed 10% of the federal award. This amount is determined at a state level. Administrative funding is split between the Grantee and the local community action agencies and obligated through Subgrant. Subgrantee funding is determined by formula. Administrative cost are the funds necessary for the proper administration and management oversight of the Idaho LIHEAP program, including all costs, both direct and indirect, associated with the general administration and coordination of the program; supportive services including accounting, human resource, and procurement; development of policies, goals, and objectives; participant intake and eligibility determination; and

monito	oring.			
Audit Proces	s			
10.2. Is your • Yes • 1	<b>LIHEAP program aud</b> No	lited annually under the Single Audit	Act and OMB Circular A - 133?	
Audit	in accordance with fede	for selection process.  S Division performs the annual Idaho Storal requirements and governmental audital programs are selected using the method.	iting standards. The Single Audit cover	rs the prior fiscal year for the entire
		the grant recipient (i.e. State/Tribe/I general reviews, or other government		
No Findings				
Finding	Type	Brief Summary	Resolved?	Action Taken
1	reporting	Low-Income Home Energy Assistance Program (LIHEAP) performance and special reports did not include a review for accuracy and compliance prior to submission.	In Progress	procedure/policy changes
2	financial	The review and approval of the annual updates to the Low-Income Home Energy Assistance Program (LIHEAP) benefits matrix were not documented.	In Progress	procedure/policy changes
3	financial	The review of the Low-Income Home Energy Assistance Program (LIHEAP) earmarking compliance requirements was not documented.	In Progress	procedure/policy changes
10.4. Audits	of Local Administering	g Agencies		
What types of Select all that		ements do you have in place for local a	administering agencies/district office	s?
✓ Loc	cal agencies/district off	ïces are required to have an annual a	udit in compliance with Single Audit	Act and OMB Circular A-133
Loc	cal agencies/district off	ices are required to have an annual a	udit (other than A-133)	
✓ Loc	cal agencies/district off	ices' A-133 or other independent aud	its are reviewed by Grant recipient a	s part of compliance process.
	ant recipient conducts	fiscal and program monitoring of loc	al agencies/district offices	
✓ Lo	cal agencies and distri	ct offices are required to have an ann	ual audit in compliance with Single A	Audit Act and OMB Circular A-133
Compliance 1	Monitoring			
10.5. Describ	e your monitoring pro	cess for compliance at each level belo	w. Check all that apply.	
Grant recipie	ents have a policy in pl	ace for appropriate separation of dut	ties and internal controls.	
✓ Inte	ernal program review			
<b>✓</b> De <sub>I</sub>	partmental oversight			
✓ Sec	ondary review of invoi	ices and payments		
Oth	ner program review me	echanisms are in place. Describe:		
Local Admin	istering Agencies/Dist	rict Offices:		
✓ On	- site evaluation			
	nual program review			
	nitoring through centr	ral database		
	sk reviews			
✓ Clie	ent File Testing/Sampl	ing		

Other program review mechanisms are in place. Describe:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
LIHEAP is reviewed monthly through quality assurance reviews of participant files throughout the program year. Annual monitoring reviews are completed and includes desk review of policy, processes and procedures, fiscal/administrative and program/contractual compliance. Risk assessments are performed prior to the issuance of subgrants and subgrant amendments to identify Subgrantees with a higher level of risk. Agencies identified as high risk may have an increased frequency of monitoring.
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.
Site Visits:
We began tri-annual on-site monitoring during PY25 and visited 2 agencies.
Desk Reviews:
All agencies receive monthly file monitoring and annual fiscal/administrative reviews.
10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.  Annually
10.9. How many local agencies are currently on corrective action plans? 0
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

Section 11: Timely an	d Meaningful Public Participat	tion, 2605(b)(12), 2605(C)(2)
	ablic in the development of your LIHEAP plan? So aring but must ensure participation through other i	
Tribal Council meeting(s)		
Public Hearing(s)		
☑ Draft Plan posted to website and	available for comment	
Hard copy of plan is available for	r public view and comment	
Comments from applicants are r	ecorded	
Request for comments on draft P	lan is advertised	
✓ Stakeholder consultation meeting	g(s)	
Comments are solicited during or	utreach activities	
Other - Describe:		
Other - Describe:  The draft state plan and public utility vendors. Community Action A	c comment period is shared with the local Community egencies posted the public hearing and how to attend and the Commonwealth of Puerto Rico Only	
Other - Describe:  The draft state plan and public utility vendors. Community Action A  Public Hearings, 2605(a)(2) - For States an		the public hearing through their social media sites.
The draft state plan and public utility vendors. Community Action A  Public Hearings, 2605(a)(2) - For States an  11.2 List the date and location(s) that you	ad the Commonwealth of Puerto Rico Only  held public hearing(s) on the proposed use and dis	the public hearing through their social media sites.  stribution of your LIHEAP funds?  Event Description
Other - Describe:  The draft state plan and public utility vendors. Community Action A  Public Hearings, 2605(a)(2) - For States an	ad the Commonwealth of Puerto Rico Only held public hearing(s) on the proposed use and dis	the public hearing through their social media sites.  stribution of your LIHEAP funds?
The draft state plan and public utility vendors. Community Action A  Public Hearings, 2605(a)(2) - For States an  11.2 List the date and location(s) that you	agencies posted the public hearing and how to attend ad the Commonwealth of Puerto Rico Only held public hearing(s) on the proposed use and dis Date 08/26/2025	the public hearing through their social media sites.  stribution of your LIHEAP funds?  Event Description
The draft state plan and public utility vendors. Community Action A  Public Hearings, 2605(a)(2) - For States an  11.2 List the date and location(s) that you limited the state of the stat	ad the Commonwealth of Puerto Rico Only  held public hearing(s) on the proposed use and dis  Date  08/26/2025  arr plan at the hearing(s)? 0	the public hearing through their social media sites.  stribution of your LIHEAP funds?  Event Description
The draft state plan and public utility vendors. Community Action A  Public Hearings, 2605(a)(2) - For States an  11.2 List the date and location(s) that you be a second of the second	ad the Commonwealth of Puerto Rico Only  held public hearing(s) on the proposed use and dis  Date  08/26/2025  arr plan at the hearing(s)? 0	stribution of your LIHEAP funds?  Event Description  Virtual Public Hearing via WebEx

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?  $\,0\,$
- 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.

The household is given an eligibility determination notice upon completion of their application. LIHEAP participants and applicants have the right to request an administrative appeal or fair hearing if they disagree with the Department's decision. The participant's appeal rights are included on the eligibility determination notice and on the formal 'Notice of Denial' letter. If the participant feels they were wrongly denied services, the direct service provider holds a conference with the participant in attempt to resolve the issue. If the matter cannot be resolved, the direct service provider assists the household with completing the appeal form and submits the appeal request to the Department of Health and Welfare's Fair Hearing Unit.

Standard fair hearing procedure:

Appeal requests must be received within 30 days of the date of decision. The customer may complete the Fair Hearing Request form, submit a written request including their name, address, phone number and the issue they are contesting, or verbally request an appeal by calling the Department. Once a fair hearing request is received, the Fair Hearing Unit contacts the customer to discuss the basis of the hearing, address the customer's concerns

and clarify the action taken by the Department. If the contested issues is adequately addressed, the customer may elect to withdraw his/her appeal request. If the issue cannot be resolved, the appeal is scheduled with the hearing officer for a telephonic hearing. The hearing officer will mail or email a Notice of Scheduled Hearing to the customer and Department representative including the date, time and instructions for calling into the hearing. Once the hearing has taken place the hearing officer has 14 days to issue a preliminary order of decision, which is sent to the Department and the customer. If the individual does not agree with the hearing officer's decision, he or she has an opportunity to appeal the decision by filing a Petition for Review which is managed by the Administrative Procedures Section. Instructions and timeframes for requesting a Petition for Review are included in the preliminary order of decision.

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

This information is on the front page of LIHEAP application and the household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and on the 'Notice of Denial.' The language aligns with other programs (SNAP, TAFI, etc.)

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?

- · Include information on level payment plans during energy education, targeted to vulnerable populations and fixed income participants;
- · In-home energy education to support installation of utility-provided kit materials;
- Purchase of low cost/no cost energy conservation items for non-regulated electric utility customers;
- Leverage supplemental payments for participants who were unable to obtain their LIHEAP benefits;
- · Referral to the Weatherization Assistance Program;
- · Referral to available utility-funded energy conservation programs/services; and
- · Advocacy on behalf of households with home energy vendor to prevent disconnection.

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

We calculate up to 5% of the LIHEAP award as the maximum amount of funding. This amount is divided between the Subgrantee's using a funding formula. Assurance 16 funds are assigned a project number that is used by the Subgrantee's when they submit invoices. Program reviews each invoice for allowable costs and to ensure expenditures do not exceed the funding allocated.

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

A large impact of A16 services is utility shut off prevention and referral to the weatherization program. In the previous federal fiscal year, 11,576 households were in danger of having their utilities shut off and 9,975 of those households were identified as receiving services that preventing them from being shut off. In addition, 8,637 of 9,617 households experienced improved energy efficiency and/or energy burden reduction in their home.

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

5.9% of LIHEAP benefits were paid directly to households.

13.5 How many households received these services? 21,230

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.

Direct Service Providers pursue enhanced heat and weatherization funding through leveraging activities according to the guidelines set in the LIHEAP regulations outlined in 45 CFR 96.87, in DOE Grant Guidance and 10 CFR 440. Direct Service Providers will ensure all funds obtained from leveraging are used to increase LIHEAP impact on heating assistance and expand energy efficiency services and/or increase the number of dwelling units receiving weatherization services.

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	Cash Donations - Benefit	Community Members	Cash donations are used to offset utility bill assistance to low- income households.
2	Energy Education Funding - Resource	Regulated electric utilities	Avista, Idaho Power, Rocky Mountain Power, Intermountain Gas, Dominion Energy and AM Conservation provide funding to agencies to provide services such as: individualized education, host energy education events, and develop printed materials or provide energy conservation kits to customers, which increases the impact of bill assistance through energy conservation and education.
3	Donated Winter Clothing/Blankets - Benefit	Community Members	Donations of warm clothing and blankets to agency to be used to benefit low-income households and individuals.
4	Utility Funding for Weatherization - Benefit	Local Businesses	Funding allocated to agencies by utilities to be used to provide weatherization services to low-income housing.
5	Keep Kids Warm Program - Benefit	Regulated Utilities	Idaho Power, Intermountain Gas and the Salvation Army provide funding used to cover costs not allowable under LIHEAP.

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

Section 15: Training	
15.1 Describe the training you provide for each of the following groups:	
a. Grant recipient Staff:	1
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: Training is provided at least annually. Subgrantee staff may request or receive additional training as needed.	
✓ 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:

Annual meeting held with vendors prior to the start of the new program year.

15.2 Does your training program address fraud reporting and prevention?  $\begin{tabular}{c} \hline \end{tabular}$  Yes

O<sub>No</sub>

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.

Idaho continues to collect data on the four required LIHEAP performance measures. The four required measures are as follows:

- -Energy Burden Targeting (all households)
- -Energy Burden Targeting (high burden households)
- -Restoration of Home Energy Service
- -Prevention of Loss of Home Energy Service

Idaho evaluates data collection related to federal reporting requirements quarterly to minimize inaccurate data. This is expected to continually improve the quality of data collected within the statewide database.

Idaho's LIHEAP Intake Manual is reviewed annually to include any policy and/or process improvements to support integrity of data collection. Collection of the four data points related to the Performance Data form were incorporated into this policy manual. This manual is used by LIHEAP intake staff and program managers.

Idaho hosts monthly meetings with our subgrantee's to discuss challenges with program delivery and to identify solutions. Changes to current process are then incorporated into the policy manual to ensure high-quality program implementation and accurate data collection.

Idaho's vendor agreement requires vendors to submit cost and consumption data reports annually. The data will be analyzed in preparation for reporting on the LIHEAP Performance Measures report.

Idaho will continue to review LIHEAP performance measure data to aid in interpreting the state's approach to enhancing LIHEAP program delivery.

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

Expiration Date: 02/28/2027

	\$	Section 17: Program	In	tegrity, 260	05(b)(10)			
17.1 Fraud Reporting Mechanism	s							
a. Describe all mechanisms availal	ble to	the public for reporting cases of	susp	ected waste, frau	d, and abuse. S	elect	all that apply.	
Online Fraud Reporting	ıg							
Dedicated Fraud Repo	rting	Hotline						
Report directly to local	l agei	ncy/district office or Grant recip	ient o	ffice				
Report to State Inspect	tor G	eneral or Attorney General						
Forms and procedures	in pl	ace for local agencies/district off	ices a	and vendors to re	port fraud, was	te, ar	nd abuse	
Other - Describe:								
b. Describe strategies in place for	adve	rtising the above-referenced reso	urce	s. Select all that a	pply			
Printed outreach mater	rials							
Posted in local adminis	terin	g agencies offices.						
Addressed on LIHEAF	app	lication						
<b>✓</b> Website								
Other - Describe:								
Idaho statewide 2-1-1	cust	omer care-line						
17.2. Identification Documentation	n Rec	quirements						
a. Indicate which of the following members.	form	s of identification are required o	r req	uested to be colle	cted from LIHE	EAP :	applicants or the	eir household
The of Identification Collected				Collected from	Whom?			
Type of Identification Collected		Applicant Only		All Adults in Household			All Household	Members
		Required		Required			Required	
Social Security Card is photocopied and retained			A					
		Requested		Requested			Requested	
	A		A					
	┢	Required		Required		H	Required	
Social Security Number (Without actual Card)	>	·	4	_		A	•	
·		Requested		Requested		Н	Requested	
						>		
Government-issued identification	>	Required		Required			Required	
card (i.e.: driver's license, state ID,	*							
Tribal ID, passport, etc.)		Requested		Requested			Requested	
Other		Applicant Only Applicant On	ly	All Adults in	All Adults in	T	All Household	All Household

		Required	Requested	Household Paguired	Household Poguested	Members	Members Requested
1				Required	Requested	Required	Requested
	Citizenship/Legal Residency Ver	ification					
What	are your procedures for ensuring the select all that apply.		nts are U.S. citizer	ns or qualified no	on-citizens who are	eligible to receive	LIHEAP
	Clients sign an attestation of	citizenship or U.S. (	Citizen or Qualifie	ed Non-Citizen			
>	Client's submission of certain	Social Security Ad	ministration card	s is accepted as p	oof of U.S. Citizen	or Qualified Non	-Citizen.
>	Non-Citizens must provide do	cumentation of im	migration status				
	Citizens must provide a copy	of their birth certif	ïcate, naturalizati	on papers, or pas	sport		
>	Non-Citizens are verified thro	ough the SAVE syst	tem				
	Tribal members are verified t	hrough Tribal enro	ollment records/T	ribal ID card			
>	Other - Describe:						
	For SNAP and TANF elig	rible households, sta	te eligibility systen	n provides verificat	ion through SSA and	d SAVE interfaces	s.
	Exception - Applicants do temporarily in the United States f an SSN must be documented in the applicants who do not provide an number. If a household has only LIHEAP program.	or work or education ne "Case Notes" sect SSN during prograr	nal purposes, provi- tion of the intake da in intake. At least of	ding an SSN is not atabase. The databone member of the	required. The reason ase does have the ab household is require	on that an applicant pility to assign a un ed to give their Soc	t did not provide ique identifier to ial Security
17.4. I	Income Verification						
	methods does your agency utiliz	e to verify househo	old income? Select	all that apply.			
>	Require documentation of inco	me for all adult ho	usehold members				
	Pay stubs						
	Social Security award le	etters					
	Bank statements						
	Tax statements						
	Zero-income statements	3					
	<b>✓</b> Unemployment Insuran	ce letters					
	Other - Describe:						
	Self-declaration of income	2					
>	Computer data matches:						
	Income information ma	tched against state	computer system	(e.g., SNAP, TAN	F)		
	Proof of unemployment	benefits verified w	ith state Departm	ent of Labor			
	Social Security income	verified with SSA					
	Utilize state directory of	f new hires					
	Other - Describe:						
	For SNAP and TANF elig	tible households, sta	te eligibility systen	n provides verificat	ion through compute	er data matches.	
b. Desc	cribe any exceptions to the abov	e policies.					
	N/A						
45.5							-
	dentification Verification ibe what methods are used to ve	rify the authanticity	v of identification	documents provide	led by clients or bo	usehold member	Select all that
apply	noe what methods are used to ve	ing the authenticity	y or inchanceanon	aocuments provid	ica by chemis of 110	asenoia members	, seicet an that
	Verify SSNs with Social Securi	ty Administration					
	Match SSNs with death record	s from Social Secu	rity Administratio	n or state agency			
~	Match SSNs with state eligibili	ty/case managemer	nt system (e.g., SN	AP, TANF)			
	Match with state Department	of Labor system					
	Match with state and/or federa	l corrections syster	n				

Match with state child support system
Verification using private software (e.g., The Work Number)
In-person certification by staff (for tribal Grant recipients only)
Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
✓ Other - Describe:
For SNAP and TANF eligible households, state eligibility system provides verification through computer data matches. For households that do not receive SNAP or TANF, we require the applicant provide their SSN.
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
Thysical this are stored in a secure rotation
Electronic files are protected in a secure location.
✓ Other - Describe:
Electronic files are uploaded and stored in the statewide database which includes privacy/confidentiality safeguards.
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
✓ Vendors are verified through energy bills provided by the household
Vendors are verified through energy bills provided by the household  Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<ul> <li>✓ Vendors are verified through energy bills provided by the household</li> <li>☐ Grant recipient and/or local agencies/district offices perform physical monitoring of vendors</li> <li>✓ Other - Describe and note any exceptions to policies above:</li> <li>Each LIHEAP energy vendor must sign a vendor agreement in order to receive LIHEAP payments. Grantee performs quarterly</li> </ul>
<ul> <li>✓ Vendors are verified through energy bills provided by the household</li> <li>☐ Grant recipient and/or local agencies/district offices perform physical monitoring of vendors</li> <li>✓ Other - Describe and note any exceptions to policies above:         <ul> <li>Each LIHEAP energy vendor must sign a vendor agreement in order to receive LIHEAP payments. Grantee performs quarterly monitoring of select vendors.</li> </ul> </li> <li>17.8. Benefits Policy - Gas and Electric Utilities</li> <li>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.</li> </ul>
<ul> <li>✓ Vendors are verified through energy bills provided by the household</li> <li>☐ Grant recipient and/or local agencies/district offices perform physical monitoring of vendors</li> <li>✓ Other - Describe and note any exceptions to policies above:         <ul> <li>Each LIHEAP energy vendor must sign a vendor agreement in order to receive LIHEAP payments. Grantee performs quarterly monitoring of select vendors.</li> </ul> </li> <li>17.8. Benefits Policy - Gas and Electric Utilities</li> <li>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.</li> <li>✓ Applicants required to submit proof of physical residency</li> </ul>
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:  Each LIHEAP energy vendor must sign a vendor agreement in order to receive LIHEAP payments. Grantee performs quarterly monitoring of select vendors.  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.
<ul> <li>✓ Vendors are verified through energy bills provided by the household</li> <li>☐ Grant recipient and/or local agencies/district offices perform physical monitoring of vendors</li> <li>✓ Other - Describe and note any exceptions to policies above:         <ul> <li>Each LIHEAP energy vendor must sign a vendor agreement in order to receive LIHEAP payments. Grantee performs quarterly monitoring of select vendors.</li> </ul> </li> <li>17.8. Benefits Policy - Gas and Electric Utilities</li> <li>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.</li> <li>✓ Applicants required to submit proof of physical residency</li> </ul>
<ul> <li>✓ Vendors are verified through energy bills provided by the household</li> <li>☐ Grant recipient and/or local agencies/district offices perform physical monitoring of vendors</li> <li>✓ Other - Describe and note any exceptions to policies above:         <ul> <li>Each LIHEAP energy vendor must sign a vendor agreement in order to receive LIHEAP payments. Grantee performs quarterly monitoring of select vendors.</li> </ul> </li> <li>17.8. Benefits Policy - Gas and Electric Utilities</li> <li>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.</li> <li>✓ Applicants required to submit proof of physical residency</li> <li>✓ Applicants must submit current utility bill</li> </ul>
<ul> <li>✓ Vendors are verified through energy bills provided by the household</li> <li>☐ Grant recipient and/or local agencies/district offices perform physical monitoring of vendors</li> <li>✓ Other - Describe and note any exceptions to policies above:         <ul> <li>Each LIHEAP energy vendor must sign a vendor agreement in order to receive LIHEAP payments. Grantee performs quarterly monitoring of select vendors.</li> </ul> </li> <li>17.8. Benefits Policy - Gas and Electric Utilities</li> <li>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.</li> <li>✓ Applicants required to submit proof of physical residency</li> <li>✓ Applicants must submit current utility bill</li> <li>✓ Data exchange with utilities that verifies:</li> </ul>
✓ 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:
✓ 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:
✓ 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:
✓ 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:
✓ 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:
✓ 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:

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		
<b>V</b> 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:		
Verification of current utility bill must be obtained from the applicant or vendor. Vendor monitoring is conducted to ensure payment processing meets timelines, is accurate and that customers are not treated adversely.		
17.9. Benefits Policy - Bulk Fuel Vendors		
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.		
Vendors are checked against an approved vendors list		
Centralized computer system/database is used to track payments to all vendors		
Clients are relied on for reports of non-delivery or partial delivery		
Two-party checks are issued naming client and vendor		
Direct payment to households are made in limited cases only		
Vendors are only paid once they provide a delivery receipt signed by the client		
Conduct monitoring of bulk fuel vendors		
Bulk fuel vendors are required to submit reports to the 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? 12 months		
Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated		
Vendors found to have committed fraud may no longer participate in LIHEAP		
Other - Describe:		
If any of the above questions require further explanation or clarification that could not be made in		

the fields provided, attach a document with said explanation here.

## 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.)

450 W. State Street  * Address Line 1				
Address Line 2				
Address Line 3				
Boise * City	Idaho * State	83702 * 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.			