

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

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

**Grantee Name:** EXECUTIVE OFFICE OF HOUSING AND LIVABLE COMMUNITIES

**Report Name:** DETAILED MODEL PLAN (LIHEAP)

**Report Period:** 10/01/2025 to 09/30/2026

**Report Status:** Submission Accepted by CO

### **Report Sections**

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# Mandatory Grant Application SF-424

|                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                      |                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES                                                                                                                                                         |                                                                     | August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01<br>OMB Clearance No.: 0970-013<br>Expiration Date: 02/28/2027 |                                                                                                                                                                            |
| <b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b><br><b>MODEL PLAN</b><br><b>SF - 424 - MANDATORY</b>                                                                                                                                     |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* 1.a. Type of Submission:</b><br><input checked="" type="radio"/> Plan                                                                                                                                                                       | <b>* 1.b. Frequency:</b><br><input checked="" type="radio"/> Annual | <b>* 1.c. Consolidated Application/ Plan/Funding Request?</b><br><br><b>Explanation:</b>                             | <b>* 1.d. Version:</b><br><input checked="" type="radio"/> Initial<br><input type="radio"/> Resubmission<br><input type="radio"/> Revision<br><input type="radio"/> Update |
|                                                                                                                                                                                                                                                  |                                                                     | <b>2. Date Received:</b>                                                                                             | <b>State Use Only:</b>                                                                                                                                                     |
|                                                                                                                                                                                                                                                  |                                                                     | <b>3. Applicant Identifier:</b>                                                                                      |                                                                                                                                                                            |
|                                                                                                                                                                                                                                                  |                                                                     | <b>4a. Unique Entity Identifier (UEI)</b><br>G9PBNNBRK2N9                                                            | <b>5. Date Received By State:</b>                                                                                                                                          |
|                                                                                                                                                                                                                                                  |                                                                     | <b>4b. Federal Award Identifier:</b>                                                                                 | <b>6. State Application Identifier:</b>                                                                                                                                    |
| <b>7. APPLICANT INFORMATION</b>                                                                                                                                                                                                                  |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* a. Legal Name:</b> Commonwealth of Massachusetts                                                                                                                                                                                            |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* b. Address:</b>                                                                                                                                                                                                                             |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* Street 1:</b>                                                                                                                                                                                                                               | 100 CAMBRIDGE STREET, SUITE 300                                     | <b>Street 2:</b>                                                                                                     |                                                                                                                                                                            |
| <b>* City:</b>                                                                                                                                                                                                                                   | BOSTON                                                              | <b>County:</b>                                                                                                       | Suffolk                                                                                                                                                                    |
| <b>* State:</b>                                                                                                                                                                                                                                  | MA                                                                  | <b>Province:</b>                                                                                                     |                                                                                                                                                                            |
| <b>* Country:</b>                                                                                                                                                                                                                                | United States                                                       | <b>* Zip / Postal Code:</b>                                                                                          | 02114 - 2425                                                                                                                                                               |
| <b>c. Organizational Unit:</b>                                                                                                                                                                                                                   |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>Department Name:</b><br>Exec Office of Housing and Livable Communities                                                                                                                                                                        |                                                                     | <b>Division Name:</b><br>Strategy and Climate                                                                        |                                                                                                                                                                            |
| <b>d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)</b> |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* First Name:</b><br>Edward                                                                                                                                                                                                                   |                                                                     | <b>* Last Name:</b><br>Kiely                                                                                         |                                                                                                                                                                            |
| <b>Title:</b><br>Manager                                                                                                                                                                                                                         |                                                                     | <b>Organizational Affiliation:</b>                                                                                   |                                                                                                                                                                            |
| <b>* Telephone Number:</b><br>(617) 573-1406                                                                                                                                                                                                     |                                                                     | <b>Fax Number</b>                                                                                                    |                                                                                                                                                                            |
| <b>* Email:</b><br>edward.kiely@mass.gov                                                                                                                                                                                                         |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* 8. TYPE OF APPLICANT:</b>                                                                                                                                                                                                                   |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| A: State Government                                                                                                                                                                                                                              |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* a. Is the applicant a Tribal Consortium:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                  |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* b. If yes please attach at least one the following documentation:</b>                                                                                                                                                                       |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>9. CFDA Numbers and Titles</b>                                                                                                                                                                                                                |                                                                     |                                                                                                                      |                                                                                                                                                                            |
|                                                                                                                                                                                                                                                  |                                                                     | Catalog of Federal Domestic Assistance Number:                                                                       | CFDA Title:                                                                                                                                                                |
|                                                                                                                                                                                                                                                  |                                                                     | 93.568                                                                                                               | Low-Income Home Energy Assistance Program                                                                                                                                  |
| <b>10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>                                                                                                                                                                                             |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| Fiscal Year 2026 Home Energy Assistance Program (HEAP) State Plan and Application                                                                                                                                                                |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>11. AREAS AFFECTED BY FUNDING:</b>                                                                                                                                                                                                            |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| Statewide                                                                                                                                                                                                                                        |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>                                                                                                                                                                                                 |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| 8                                                                                                                                                                                                                                                |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>13. FUNDING PERIOD:</b>                                                                                                                                                                                                                       |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>a. Start Date:</b><br>10/01/2025                                                                                                                                                                                                              |                                                                     | <b>b. End Date:</b><br>09/30/2026                                                                                    |                                                                                                                                                                            |
| <b>* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>                                                                                                                                                       |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| a. This submission was made available to the State under Executive Order 12372                                                                                                                                                                   |                                                                     |                                                                                                                      |                                                                                                                                                                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Process for review on:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             |
| b. Program is subject to E.O. 12372 but has not been selected by State for review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |
| c. Program is not covered by E.O. 12372.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |
| *15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |
| <input type="radio"/> YES<br><input checked="" type="radio"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |
| If Yes, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |
| 16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)<br><b>**I Agree</b> <input checked="" type="checkbox"/> |                                                             |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |
| 17a. Typed or Printed Name and Title of Authorized Certifying Official<br>Amy Stitely                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17c. Telephone (area code, number and extension)            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17d. Email Address<br>Not Available                         |
| 17b. Signature of Authorized Certifying Official<br>                                                                                                                                                                                                                                                                                                                                                                                                                         | 17e. Date Report Submitted (Month, Day, Year)<br>08/05/2025 |

## 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)

| 1.1 Check which components you will operate under the LIHEAP program.<br>(Note: You must provide information for each component designated here as requested elsewhere in this plan.) |                              | Dates of Operation |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------|------------|
|                                                                                                                                                                                       |                              | Start Date         | End Date   |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Heating assistance           | 11/01/2025         | 09/30/2026 |
| <input type="checkbox"/>                                                                                                                                                              | Cooling assistance           |                    |            |
| <input type="checkbox"/>                                                                                                                                                              | Summer crisis assistance     |                    |            |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Winter crisis assistance     | 11/01/2025         | 09/30/2026 |
| <input type="checkbox"/>                                                                                                                                                              | Year-round crisis assistance |                    |            |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Weatherization assistance    | 11/01/2025         | 09/30/2026 |

Provide further explanation for the dates of operation, if necessary

An application received on April 30 must be completed by the applicant no later than May 31. If April 30 falls on a weekend, the last business day in April will serve as the final date to apply for home energy assistance. After consideration of the circumstances, which may include a particularly inclement winter, increases in energy prices, lower than expected application numbers, an extension of the statewide moratorium, etc., the Commonwealth of Massachusetts may extend the application date from the end of April into the month of May.

An online portal is offered in addition to the hard copy application, and includes the options of online appointment booking, prescreening tools, and submitting the application online.

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:<br>The total of all percentages must add up to 100%. | Percentage ( % ) | Prior year totals |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|
| Heating assistance                                                                                                                                             | 70.00%           | 73.00%            |
| Cooling assistance                                                                                                                                             | 0.00%            | 0.00%             |
| Summer crisis assistance                                                                                                                                       | 0.00%            | 3.00%             |
| Winter crisis assistance                                                                                                                                       | 1.00%            | 0.00%             |
| Year-round crisis assistance                                                                                                                                   | 0.00%            | 0.00%             |
| Weatherization assistance                                                                                                                                      | 15.00%           | 10.00%            |
| Carryover to the following federal fiscal year                                                                                                                 | 0.95%            | 0.95%             |
| Administrative and planning costs                                                                                                                              | 10.00%           | 10.00%            |
| Services to reduce home energy needs including needs assessment (Assurance 16)                                                                                 | 3.00%            | 3.00%             |

|                                                     |         |         |
|-----------------------------------------------------|---------|---------|
| Used to develop and implement leveraging activities | 0.05%   | 0.05%   |
| <b>TOTAL</b>                                        | 100.00% | 100.00% |

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

**Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)**

**1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:**

|                                     |                           |                          |                    |
|-------------------------------------|---------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | Heating assistance        | <input type="checkbox"/> | Cooling assistance |
| <input type="checkbox"/>            | Weatherization assistance | <input type="checkbox"/> | Other (specify:)   |

**Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8**

**1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below?** ☒ Yes ☐ No

**If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.**

|                                | Heating                                                       | Cooling                                            | Crisis                                                        | Weatherization                                                |
|--------------------------------|---------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|
| TANF                           | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| SSI                            | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| SNAP                           | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Means-tested Veterans Programs | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |

**1.4a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e, do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.**

Categorical eligibility exists only through the H-EAT. To be eligible for the H-EAT HEAP benefit, Applicants must be Supplemental Nutritional Assistance Program (SNAP) recipients, not receive a HEAP benefit in the last 12 months, have a limited energy burden, and a recorded shelter cost. Eligibility is determined by household. This streamlines the application process by reducing the paperwork for eligible households that already have had their eligibility verified by a state agency. It also reduces the administrative burden on the Subgrantees and the involved state agencies.

**1.5 Do you automatically enroll households without a direct annual application?** ☒ Yes ☐ No

**If Yes, explain:**

SNAP recipient households' income and utility information are collected by the Massachusetts Department of Transitional Assistance (DTA) and data matched with HEAP households. DTA determines those SNAP households with limited energy burden eligible to receive an annual benefit of \$21 based on their residential energy cost and affordability threshold as determined by Commonwealth of Massachusetts, and issues notices accordingly. Income eligible households with no energy cost (i.e., excluding heat included in rent tenants) are not eligible to receive a H-EAT benefit.

**1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?**

All applicant households, including H-EAT recipients, must have their eligibility for regular HEAP assistance determined separately through one of the 20 local administrating agencies. The Commonwealth of Massachusetts has specific program eligibility criteria that must be met.

**SNAP Nominal Payments**

**1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?** ☒ Yes ☐ No

**If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.**

**1.7b Amount of Nominal Assistance:** \$21.00

**1.7c Frequency of Assistance**

|                                     |                       |
|-------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> | Once Per Year         |
| <input type="checkbox"/>            | Once every five years |
| <input type="checkbox"/>            | Other - Describe:     |

**1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?**

Through the established agreement between the Commonwealth of Massachusetts and DTA, it is determined that the SNAP households receiving the H-EAT benefit have energy costs/needs. Further the notice that DTA issues with the H-EAT benefit explains that the benefit is to pay towards home energy expenses and must be returned if certain criteria are not met (e.g., ineligible dwelling types).

|                                                                                                                        |                                                                                                     |                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------|
| Determination of Eligibility - Countable Income                                                                        |                                                                                                     |                              |                                                       |
| 1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?                |                                                                                                     |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Gross Income                                                                                        |                              |                                                       |
| <input type="checkbox"/>                                                                                               | Net Income                                                                                          |                              |                                                       |
| <input type="checkbox"/>                                                                                               | Other - Describe                                                                                    |                              |                                                       |
| 1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP |                                                                                                     |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Wages                                                                                               |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Self - Employment Income                                                                            |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Contract Income                                                                                     |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Payments from mortgage or Sales Contracts                                                           |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Unemployment insurance                                                                              |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Strike Pay                                                                                          |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Social Security Administration (SSA ) benefits                                                      |                              |                                                       |
|                                                                                                                        | <input checked="" type="checkbox"/>                                                                 | Including MediCare deduction | <input type="checkbox"/> Excluding MediCare deduction |
| <input checked="" type="checkbox"/>                                                                                    | Supplemental Security Income (SSI )                                                                 |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Retirement / pension benefits                                                                       |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | General Assistance benefits                                                                         |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Temporary Assistance for Needy Families (TANF) benefits                                             |                              |                                                       |
| <input type="checkbox"/>                                                                                               | Loans that need to be repaid                                                                        |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Cash gifts                                                                                          |                              |                                                       |
| <input type="checkbox"/>                                                                                               | Savings account balance                                                                             |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. |                              |                                                       |
| <input type="checkbox"/>                                                                                               | Jury duty compensation                                                                              |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Rental income                                                                                       |                              |                                                       |
| <input type="checkbox"/>                                                                                               | Income from employment through Workforce Investment Act (WIA)                                       |                              |                                                       |
| <input type="checkbox"/>                                                                                               | Income from work study programs                                                                     |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Alimony                                                                                             |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Child support                                                                                       |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Interest, dividends, or royalties                                                                   |                              |                                                       |
| <input checked="" type="checkbox"/>                                                                                    | Commissions                                                                                         |                              |                                                       |

|                                                                                                                                                                                       |                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                   | Legal settlements                                                                                                                                        |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Insurance payments made directly to the insured                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | Insurance payments made specifically for the repayment of a bill, debt, or estimate                                                                      |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Veterans Administration (VA) benefits                                                                                                                    |
| <input type="checkbox"/>                                                                                                                                                              | Earned income of a child under the age of 18                                                                                                             |
| <input type="checkbox"/>                                                                                                                                                              | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.                                                   |
| <input type="checkbox"/>                                                                                                                                                              | Income tax refunds                                                                                                                                       |
| <input type="checkbox"/>                                                                                                                                                              | Stipends from senior companion programs, such as VISTA                                                                                                   |
| <input type="checkbox"/>                                                                                                                                                              | Funds received by household for the care of a foster child                                                                                               |
| <input type="checkbox"/>                                                                                                                                                              | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid                                                                             |
| <input type="checkbox"/>                                                                                                                                                              | Reimbursements (for mileage, gas, lodging, meals, etc.)                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                              | Other                                                                                                                                                    |
| <p><b>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.</b></p> |                                                                                                                                                          |
| 1.10 Do you have an online application process <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                          |                                                                                                                                                          |
| 1.10a If yes, describe the type of online application (Select all boxes that apply)                                                                                                   |                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.                                     |
| <input checked="" type="checkbox"/>                                                                                                                                                   | A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.                   |
| <input type="checkbox"/>                                                                                                                                                              | One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing. |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Online application that is also mobile friendly                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | Other, please describe                                                                                                                                   |
| Please include a link(s) to a statewide application, if available:                                                                                                                    |                                                                                                                                                          |
| <a href="http://www.toapply.org/MassLIHEAP">www.toapply.org/MassLIHEAP</a>                                                                                                            |                                                                                                                                                          |
| 1.10b Can all program components be applied for online? <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                 |                                                                                                                                                          |
| If no, explain which components can and cannot be applied for online.                                                                                                                 |                                                                                                                                                          |
| 1.11 Do you have a process for conducting and completing applications by phone <input checked="" type="radio"/> Yes <input type="radio"/> No                                          |                                                                                                                                                          |
| 1.12 Do you or any of your subrecipients require in person appointments in order to apply <input type="radio"/> Yes <input checked="" type="radio"/> No                               |                                                                                                                                                          |
| If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.                                                |                                                                                                                                                          |
| 1.13 How can applicants submit documentation for verification? Select all that apply:                                                                                                 |                                                                                                                                                          |
| <input checked="" type="checkbox"/>                                                                                                                                                   | In-person                                                                                                                                                |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Mail                                                                                                                                                     |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Email                                                                                                                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Portal application                                                                                                                                       |

|                                     |                                                                |
|-------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>Other, please describe</b><br><br>Drop off at intake sites. |
|-------------------------------------|----------------------------------------------------------------|

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**Hidden for Section 1**

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## Section 2 - HEATING ASSISTANCE

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

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

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

#### Section 2 - Heating Assistance

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

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

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

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

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

Do you require an Assets test? ☐ Yes ☒ No

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

Renters? ☒ Yes ☐ No

If yes, describe:

A renter that does not live in a subsidized building or a Low Income Housing Tax Credit (LIHTC) building, that pays their vendor directly for their heat is eligible for a full HEAP benefit.

Renters Living in subsidized housing? ☒ Yes ☐ No

If yes, describe:

A renter living in a subsidized building or living in a LIHTC building who pays a vendor directly for their heat, or who lives in a subsidized building or a LIHTC building, as described above, with heat included in rent where the monthly rent is more than 30% of the gross HEAP monthly income, may be eligible for a partial HEAP benefit. Those renters living in subsidized housing or in a LIHTC building with heat included in their rent that pay 30% or less of their gross HEAP monthly income towards rent are not eligible for home energy assistance.

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

If yes, describe:

A renter that does not live in a subsidized building or a Low Income Housing Tax Credit (LIHTC) building, whose heat is included in the rent is eligible for a full HEAP benefit.

Do you give priority in eligibility to:

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

If yes, describe:

Individuals with a disability? ☐ Yes ☒ No

If yes, describe:

Young children? ☐ Yes ☒ No

If yes, describe:

Households with high energy burdens? ☐ Yes ☒ No

If yes, describe:

Other? ☐ Yes ☒ No

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                 |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------|-------|
| <b>If yes, describe:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                 |       |
| <b>Explanations of policies for each "yes" checked above:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                 |       |
| <p>The application must establish the following to determine eligibility</p> <ul style="list-style-type: none"> <li>Household members' U.S. Citizenship and/or Qualified Alien status</li> <li>Identity of the Applicant</li> <li>Address verification</li> <li>Occupancy at address during the heating season</li> <li>Household size</li> <li>Income sources or the lack of income for every member of the household 18 years or older</li> <li>Student status for any member of the household 18 years or older</li> <li>Housing costs (e.g., rent, condo fee, mortgage, insurance, taxes)</li> <li>Housing situation (rental, owned, or other)</li> <li>Household energy burden.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                 |       |
| <b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                 |       |
| <b>2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                 |       |
| <p>Subgrantees target their outreach to vulnerable populations including but not limited to the disabled, elderly and those on fixed incomes. The benefit amount is determined in the same manner regardless of the source of income or vulnerable status; the determining factors are family income level and size. Those factors place the household in the Massachusetts HEAP benefit matrix and there may additionally be proration of benefit due to household members' U.S. Citizenship/Qualified Alien Status. The Commonwealth of Massachusetts maintains a mail-in recertification process, by which most households, including vulnerable households, utilize when applying for assistance. An online recertification process is offered as well. Eligibility is often determined before the beginning of the heating season (November 1) for returning applicants.</p> <p>The Commonwealth of Massachusetts uses a mixture of a fixed benefit determined by poverty level, and offers an additional benefit, the High Energy Cost Supplement (HECS), to households that surpass the previous year's heating cost thresholds. This process assures that households with the lowest income and the highest energy costs receive the most benefits.</p> |                                                  |                 |       |
| <b>2.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                 |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Income                                           |                 |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Family (household) size                          |                 |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Home energy cost or need:                        |                 |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fuel type                                        |                 |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Climate/region                                   |                 |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Individual bill                                  |                 |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Dwelling type                                    |                 |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Energy burden (% of income spent on home energy) |                 |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Energy need                                      |                 |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Other - Describe:                                |                 |       |
| <b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                 |       |
| <b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                 |       |
| Minimum Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$200                                            | Maximum Benefit | \$600 |
| <b>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                 |       |
| <b>If yes, describe.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                 |       |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                 |       |

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

#### Section 3 - Cooling Assistance

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

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

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|-----------------------|-----------------------|
| 1   |                |                       | 0.00%                 |

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

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

Do you require an Assets test? ☐ Yes ☐ No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☐ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☐ No

If yes, describe:

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

If yes, describe:

Do you give priority in eligibility to:

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

If yes, describe:

Individuals with a disability? ☐ Yes ☐ No

If yes, describe:

Young children? ☐ Yes ☐ No

If yes, describe:

Households with high energy burdens? ☐ Yes ☐ No

If yes, describe:

Other? ☐ Yes ☐ No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

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

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

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

## Section 4 - CRISIS ASSISTANCE

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

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

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

## Section 4: CRISIS ASSISTANCE

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

#### 4.1 Designate the income eligibility threshold used for the crisis component

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

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

##### Explanation of FastTrack System

The crisis intervention component of Massachusetts' HEAP is a FastTrack system, integrated into the heating assistance program, for prioritizing and expediting services to households experiencing heating emergencies. The purpose of this FastTrack system is to provide swift response to heating emergencies, while steering applicants into the mainstream heating assistance component with full benefits. Emergency applications are given priority at all intake and processing steps.

When an applicant notifies the Subgrantee of their emergency, the Subgrantee reviews the application and requests any documentation still required to complete the application. The emergency application is given certification priority. If eligible, the vendor will be authorized to make a delivery or guaranteed a payment in cases of eviction or utility disconnection.

##### Heat-Related Crisis

Subgrantees are required to provide for emergency response within 24 hours or 18 hours of the eligible household's application or request, in accordance with the statute and corresponding procedures outlined in the current fiscal year's Administrative Guidance.

The criteria for designating an emergency are as follows:

- No heat for any reason
- Imminent Loss of heat due to:
  - Less than a 3-day supply of deliverable fuel or a reading of 1/8 of a tank (or less) on a standard 275-gallon oil tank.
  - Receipt of a final utility termination notice for the primary heat source or the secondary heat source necessary to operate the primary heating system.
  - Eviction within 72 hours for a renter whose heat is included in the rent.
- Heating system failure.
- The aftermath of fire or other unforeseen events that may force relocation.

Other circumstances in accordance with the statute, which are deemed to be "household energy related emergencies" and cannot be resolved by other public or private resources of the Subgrantee or its community. This includes payments toward a utility security deposit for an Applicant whose service is provided by a Municipal Utility Company that requires a deposit prior to connection of services.

#### 4.3 What constitutes a life-threatening crisis?

Subgrantees are required to provide for emergency response within 18 hours of the eligible household's application or request for those experiencing a life-threatening crisis, in accordance with the statute and corresponding procedures outlined in the current fiscal year's Administrative Guidance.

A life-threatening crisis is currently having no heat, and it includes

- ran out of deliverable fuel
- utilities disconnected
- the aftermath of a fire or other unforeseen events that may force relocation or
- or heating system failure.

#### Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 24Hours

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

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

|  | Winter Crisis | Summer Crisis | Year-Round Crisis |
|--|---------------|---------------|-------------------|
|  |               |               |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                      |                                     |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4.6 Do you have additional eligibility requirements for Crisis Assistance?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 Check the appropriate boxes below to indicate type(s) of assistance provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      |                                     |                          |                          |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                      |                                     |                          |                          |
| Do you require an Assets test?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you give priority in eligibility to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                     |                          |                          |
| Older Adults (60 years or older)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Individuals with a disability?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Young Children?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Households with high energy burdens?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| In Order to receive crisis assistance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                     |                          |                          |
| Must the household have received a shut-off notice or have a near empty tank?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have been shut off or have an empty tank?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have exhausted their regular heating benefit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Must renters with heating costs included in their rent have received an eviction notice?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must heating/cooling be medically necessary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have non-working heating or cooling equipment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have additional/differing eligibility policies for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |                                     |                          |                          |
| Renters?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters living in subsidized housing?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters with utilities included in the rent?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanations of policies for each "yes" checked above:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                     |                          |                          |
| See 4.2 above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                     |                          |                          |
| <b>Determination of Benefits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      |                                     |                          |                          |
| 4.8 How do you handle crisis situations?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                     |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Separate component                                                                                                                                   |                                     |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames. |                                     |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other - Describe:                                                                                                                                    |                                     |                          |                          |
| 4.9 If you have a separate component, how do you determine crisis assistance benefits?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                     |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount to resolve the crisis. \$0                                                                                                                    |                                     |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other - Describe:                                                                                                                                    |                                     |                          |                          |
| <b>Crisis Requirements, 2604(c)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                      |                                     |                          |                          |
| 4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                     |                          |                          |
| <input checked="" type="radio"/> Yes <input type="radio"/> No   Explain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                     |                          |                          |
| <p>This is accomplished through the volunteer agency and Subgrantee network, which includes but is not limited to, local Councils on Aging, local Veteran Agents, and various nonprofit partners.</p> <p>If a household is homebound or remotely located, Subgrantee staff are authorized to travel to such a household.</p> <p>Additionally, the Applicants may designate a proxy to complete the application process on their behalf.</p> <p>Further, households experiencing emergencies may apply through the HEAP application portal or telephonically with their Subgrantee.</p> |                                                                                                                                                      |                                     |                          |                          |
| 4.11 Do you provide individuals who are individuals with a disability the means to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                      |                                     |                          |                          |
| Submit applications for crisis benefits without leaving their homes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                     |                          |                          |
| <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                      |                                     |                          |                          |
| If No, explain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                      |                                     |                          |                          |

| <b>Travel to the sites at which applications for crisis assistance are accepted?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |
| If No, explain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |
| If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |
| <b>Benefit Levels, 2605(c)(1)(B)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |
| <b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |
| Winter Crisis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$600.00                 | maximum benefit          |                          |
| Summer Crisis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$0.00                   | maximum benefit          |                          |
| Year-round Crisis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$0.00                   | maximum benefit          |                          |
| <b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                          |                          |
| <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |                          |
| <b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |
| <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |
| If you answered "Yes" to question 4.14, you must complete question 4.15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          |
| <b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Winter<br>Crisis         | Summer<br>Crisis         | Year-round Crisis        |
| Heating system repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating system replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood stove purchase                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar panel(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility poles / gas line hook-ups                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |
| <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |
| If you responded "Yes" to question 4.16, you must respond to question 4.17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |
| <b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |
| <p>From November 15 to March 15, Massachusetts law prevents gas and electric companies from shutting off a customer's home energy sources because of their inability to pay for it and who also has proven a financial hardship. Also, service that is needed to run a customer's residential heating system cannot be shut off during this period. Charges continue to be applied during this period and the customer still owes the utility company for the provided service. The moratorium does not apply to debt accrued before November 15. In addition to the winter moratorium, Massachusetts provides some additional protections from utility shutoffs for those who qualify.</p> |                          |                          |                          |
| <b>4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |
| If yes, describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |                          |

## 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

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

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

5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract.

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

#### WEATHERIZATION - Types of Rules

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

☐ Entirely under LIHEAP (not DOE) rules

☐ Entirely under DOE WAP (not LIHEAP) rules

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

☐ Income Threshold

☐ Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days

☒ Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).

☒ Other - Describe:  
Heating systems not subject to DOE Installation Standards/Standard Work Specifications.

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

☐ Income Threshold

☐ Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

☐ Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR ) standards.

☐ Other - Describe:

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

5.6 Do you require an assets test? ☐ Yes ☒ No

5.7 Do you have additional/differing eligibility policies for :

|                                              |                                                               |
|----------------------------------------------|---------------------------------------------------------------|
| Renters                                      | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Renters living in subsidized housing?        | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Renters with utilities included in the rent? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

5.8 Do you give priority in eligibility to:

|                                |                                                               |
|--------------------------------|---------------------------------------------------------------|
| Older Adults?                  | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Individuals with a disability? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Young Children?                | <input type="radio"/> Yes <input checked="" type="radio"/> No |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| House holds with high energy burdens?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Other? No heat emergencies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Priority for no-heat emergencies is designated for the "heating season" between October 1 through April 30. Priority is always based on the need for service.</p> <p>Tenant/Landlord (Property Owner) Agreements (T/L Agreements) Attachment A, "HEARTWAP Costs, Activities &amp; Requirements," outlines Commonwealth of Massachusetts' regulations regarding when a Tenant/Landlord Agreement is required. When an Agreement is required, it must be completed in its entirety, including authorized signatures and dates.</p> <p>If a property owner refuses to sign a Tenant/Landlord Agreement (Appendix C) when it is required for heating system activities, then the tenant cannot receive HEARTWAP assistance. If an unsafe or inoperable condition exists, the Subgrantee's recourse is to inform the local Board of Health with jurisdiction over the city/town where the residence is located.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Benefit Levels</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5.9a If yes, what is the maximum? \$18,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5.10 Do you use an Average Cost per Unit (ACPU). <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5.10a If so, what is the ACPU amount? \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Weatherization needs assessments/audits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Energy related roof repair                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Caulking and insulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Major appliance repairs                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> Storm windows                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Major appliance replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> Furnace/heating system modifications/repairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Windows/sliding glass doors                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> Furnace replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Doors                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Cooling system modifications/repairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Water Heater                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Water conservation measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Cooling system replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Roof top solar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Community solar projects                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Compact florescent light bulbs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> <b>Other - Describe:</b><br>Fuel tank replacement, fuel line replacement, chimney liner, and asbestos abatement when related to heating system replacement. Heat pump installations/conversions may occur in certain circumstances to aid the Commonwealth's goals for electrification efforts. Large free standing electric domestic hot water heaters may be replaced with a tankless coil under certain conditions with Commonwealth of Massachusetts approval. |
| <p><b>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.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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

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

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

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

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

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

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

The Commonwealth of Massachusetts and its Subgrantees maintain working relationships with other state agencies including the SNAP office. Massachusetts will continue to partner with both state and outside resources to promote the HEAP program and explore new partnerships and methods of outreach. The MA Registry of Motor Vehicles will have a LIHEAP advertisement run on its waiting rooms monitors. Massachusetts will continue to work with its digital consultant to establish individual Subgrantee social media marketing plans to better promote the program through targets advertisements on various social media applications. To appeal to more households, Massachusetts refers to the program as Home Energy Assistance Program (HEAP) in outreach and correspondence materials in an effort to appeal to a broader audience

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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)** LIHEAP, Heating System Repair and Replacement and WAP



**Intake referrals to/from other programs (indicate programs included)** The Subgrantees develop plans for local coordination in their service territories both internally as well as external partnerships with other community and human service organizations including WAP, WIC, and utility funded programs.



**One - stop intake centers**



**Other - Describe:**

Data exchange with DTA coordinates HEAP with H-EAT and SNAP.

The Commonwealth of Massachusetts is committed to exploring community solar opportunities with its state and local partners.

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

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

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

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

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

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

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

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

| 8.5 LIHEAP Component Administration.                             | Heating     | Cooling | Crisis      | Weatherization       |
|------------------------------------------------------------------|-------------|---------|-------------|----------------------|
| 8.5a Who determines client eligibility?                          | Non-profits |         | Non-profits | Non-profits          |
| 8.5b Who processes benefit payments to gas and electric vendors? | Non-profits |         | Non-profits |                      |
| 8.5c who processes benefit payments to bulk fuel vendors?        | Non-profits |         | Non-profits |                      |
| 8.5d Who performs installation of weatherization measures?       |             |         |             | Non-profits<br>Other |

**Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone**

**number, county(s) served, Congressional District, and UEI number.**

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

8.6 What is your process for selecting local administering agencies?

Massachusetts reserves the right to select a Subgrantee in any service area via an appropriate process such as a Notice of Funding Availability (NOFA) or by designation of the Secretary.

8.7 How many local administering agencies do you use? 20

8.8 Have you changed any local administering agencies in the last year?

- ☐ Yes  
☒ No

8.9 If so, why?

☐

Agency was in noncompliance with Grant recipient requirements for LIHEAP -

☐

Agency is under criminal investigation

☐

Added agency

☐

Agency closed

☐

Other - describe

8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? ☐ Yes  
☒ No

8.10a If yes, please explain.

8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. ☐ Yes ☒ No

8.10c If yes, please explain.

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

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

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

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

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

##### 9.1 Do you make payments directly to home energy suppliers?

Heating ☒ Yes ☐ No

Cooling ☐ Yes ☐ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☒ Yes ☐ No

If yes, Describe.

Heat in Rent applicants receive a check directly from Subgrantees, provided that their tenancy is verified by the landlord or management company.

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

Applicants are notified through a Notice of Eligibility Determination. Program guidelines require the Notice to be sent within 45 days of application completion. H-EAT households are notified of their qualification on a rolling basis through notices sent by DTA that are issued after a bi-weekly data match.

##### 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?

The Vendor Agreement details how the vendor must treat the HEAP customers. This includes proper costs and payments requirements. Further, the HEAP Program Directors' Guidance instructs Subgrantees regarding the methods to be used to ensure the vendor is following the business practices/procedures indicated in the Vendor Agreement. Additionally, a review of payments and charges are a part of the monitoring conducted by the Commonwealth of Massachusetts.

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

All participating vendors must agree in the Vendor Agreement not to discriminate against the certified HEAP customer in prices or services and to make deliveries/supply services in accordance with normal business practice.

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

☐ Yes ☒ No

If so, describe the measures unregulated vendors may take.

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

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

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

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

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

Subgrantee HEAP awards are contracted for the duration of the federal fiscal year, 10/1 to 9/30. Cash requests are submitted monthly by Subgrantees for their next month's projected expenditures. The Commonwealth HEAP contract explains the invoice process. The Subgrantee shall submit requests for funds using the online invoice HEAP Cash Request Form through the Commonwealth of Massachusetts Community Software Group (CSG) system by the 5th working day of each month for the Contractor's cash needs for the upcoming month. The Massachusetts Management Accounting and Reporting System (MMARS) and CSG Grant Management Software system are used to track the receipt of HEAP funding and payments to Subgrantees. Actual incurred monthly program expenditures are entered into the CSG system by Subgrantees via the HEAP Program Expenditure Report and this report is used to reconcile cash receipts with actual program expenditures.

Subgrantees that receive weatherization funding are awarded separate contracts for the Heating Emergency Assistance Retrofit Task Weatherization Assistance Program (HEARTWAP). HEARTWAP contracts are contracted for the duration of the federal fiscal year 10/1 to 9/30. Cash requests are submitted monthly by Subgrantees for reimbursement of their booked expenditures. The MMARS and CSG System are used to track the receipt of HEARTWAP funding and payments to Subgrantees. Actual incurred monthly expenditures are entered into the CSG system by Subgrantees via the HEARTWAP monthly system report and this report is used to reconcile cash receipts with actual program expenditures.

If a vendor refund is received by a Subgrantee, these funds are returned to the state. Subgrantees specify the HEAP program year the funds originate from and these returns are tracked on an excel spreadsheet by state fiscal staff and are returned to the program to include in the next allocation of funding. The funds are returned to the correct federal program year line in MMARS. If HEAP funds are not spent within the allowable 2-year period, those unspent funds are returned to the Federal Government.

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

###### Obligation

Obligate funds in a contract with the LAA per earmark/allocation spreadsheet per start and end date of award letter. Funds are allocated per earmark/allocation spreadsheet and documented in the budget, spending authority, and award letter.

###### Expenditures

Follow Commonwealth of MA Office of the Comptroller Expenditure Classification Handbook definitions and use MA object codes to classify expenses per Handbook.

###### Expenditure timeframe

Follow dates on federal award letter.

###### Administrative costs

All direct and indirect costs including those of sub-recipients and contractors necessary to effectively manage the program.

##### Audit Process

##### 10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?

☒ Yes ☐ No

##### 10.2a - if yes, describe your auditor selection process.

The Single Audit is conducted by the Massachusetts Office of the Comptroller (CTR). CTR does an open procurement for an outside accounting firm to conduct the Single Audit. For FY2024 single audit was conducted by CliftonLarsonAllen (CLA).

**10.3. Describe any audit findings of the grant recipient (i.e. State/Tribe/Territory) rising to the level of material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year.**

No Findings ☐

| Finding | Type      | Brief Summary                                                                                                                                                                                                                                        | Resolved? | Action Taken             |
|---------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| 1       | reporting | Establish procedures and internal controls to ensure that all required subawards are reported timely and accurately to Federal Subaward Reporting System (FSRS) no later than the end of the month following the month of issuance of each subaward. | Yes       | procedure/policy changes |
| 2       | reporting | Review and enhance its procedures and internal controls to ensure that special reports are submitted timely and accurately, and that the information reported agrees to supporting documentation.                                                    | Yes       | procedure/policy changes |
| 3       | other     | Contracting-Review and enhance internal controls and procedures to ensure that required information is included in its subawards.                                                                                                                    | Yes       | procedure/policy changes |

#### 10.4. Audits of Local Administering Agencies

**What types of annual audit requirements do you have in place for local administering agencies/district offices?**  
Select all that apply.

- ☒ Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
- ☐ Local agencies/district offices are required to have an annual audit (other than A-133)
- ☒ Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.
- ☒ Grant recipient conducts fiscal and program monitoring of local agencies/district offices
- ☐ Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133

#### Compliance Monitoring

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

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

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

#### Local Administering Agencies/District Offices:

- ☒ On - site evaluation
- ☒ Annual program review
- ☒ Monitoring through central database
- ☒ Desk reviews
- ☒ Client File Testing/Sampling
- ☒ Other program review mechanisms are in place. Describe:

The Commonwealth of Massachusetts shall continue to review/modify program monitoring procedures to ensure compliance with all state and federal laws, regulations, and Massachusetts HEAP Administrative Guidances and operating procedures.

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



Annually, Massachusetts evaluates each Subgrantee's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward to determine the appropriate type of monitoring. Unless a Subgrantee has been determined to be a "High Risk", in general, the alternating schedule outlined below applies. It divides the monitoring of the Subgrantees between onsite visits and remote assessments. Each type of assessment has its own protocol and monitoring tool.

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

**Site Visits:**

Subgrantees that were programmatically assessed remotely in the last fiscal year will be monitored on site this upcoming fiscal year. For those Subgrantees that were deemed "High Risk" or have a new Program Director, an onsite assessment will be conducted regardless of the type of prior year's assessment. Fiscally, Subgrantees that are determined "High Risk" during the risk assessment evaluation or have had two or more funding cycles pass since they were last monitored will be selected for an onsite monitoring visit.

**Desk Reviews:**

Subgrantees that are determined "Low Risk" during the risk assessment evaluation will not be selected for an onsite monitoring visit. "Low Risk" Subgrantees will be monitored remotely with performance assessed via review of client databases.

**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.**

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

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 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)

11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.  
*Note: Tribes do not need to hold a public hearing but must ensure participation through other means.*

- ☐ Tribal Council meeting(s)
- ☒ Public Hearing(s)
- ☒ Draft Plan posted to website and available for comment
- ☒ Hard copy of plan is available for public view and comment
- ☒ Comments from applicants are recorded
- ☒ Request for comments on draft Plan is advertised
- ☒ Stakeholder consultation meeting(s)
- ☐ Comments are solicited during outreach activities
- ☒ Other - Describe:

Throughout the year, Massachusetts solicits and considers the comments and participation of the public and community stakeholders through a variety of methods including but not limited to the quarterly meetings of the EOHLC HEAP Advisory Group, monthly meetings of the Massachusetts Energy Directors' Association (MEDA), quarterly meetings of the Arrearage Management Program (AMP) Best Practices group, the annual HEAP training conference and regular program monitoring.

Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only

11.2 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?

|   | Date       | Event Description                                         |
|---|------------|-----------------------------------------------------------|
| 1 | 06/09/2025 | EOHLC HEAP Advisory Group Meeting and Preliminary Hearing |
| 2 | 07/08/2025 | Public Hearing                                            |

11.3. How many parties commented on your plan at the hearing(s)? 2

11.4 Summarize the comments you received at the hearing(s).

The following common themes emerged at the public hearing: 1) appreciation for the application and processing efficiencies that were a result of data verification with SNAP state partner; 2) request to loosen application processing timeframes; 3) increase total weatherization allocation to the maximum 15%; and 4) appreciates open communication and collaboration between Massachusetts and local agencies and stakeholders and partners.

11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?

As a result of the public input, the proposed percentage for weatherization assistance was increased from planned 10% to the maximum 15%.

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

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

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

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

## Section 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? 37

12.2 How many of those fair hearings resulted in the initial decision being reversed? 1

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

None

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

The appeals process requires an applicant initially to appeal to the Subgrantee and offers the opportunity to appeal to the state of Massachusetts if the applicant is not satisfied with the decision issued by the Subgrantee. Appeals must be made to the LAA within 20 working days of the date of any notice of eligibility or ineligibility. Applicants can also generally request an appeal, on a form provided by the Subgrantee, if they have not been notified of their application status within forty-five (45) days of the date of application.

Within 20 working days of receiving an appeal, the Subgrantee must generally:

1. Schedule a hearing if a hearing has been requested by the applicant or has been deemed necessary by the Subgrantee and send a notice to the applicant establishing the date, time and location of the hearing.
2. In all other cases, review and reconsider the applicant's application, including the possibility of obtaining additional income or other documentation.

In all cases, a decision is reached on the case and applicants are notified of the final decision in writing, along with notice of the applicant's right to and procedures for appeal to the state of Massachusetts.

Local appeals are accepted from November 1 through the fourth Friday in June.

#### State Level Fair Hearing (Appeal) Process

Appeals of a Subgrantee decision to the State are accepted from November 1 through the fourth Friday in August.

Applicants must appeal in writing to the State within 20 working days of the date of the final Subgrantee decision that includes the notice of appeal rights. All applicant files and information pertinent to the appeal will be reviewed, and the applicant and the Subgrantee will be notified of the decision in writing within 20 working days of receipt of the complete applicant file.

12.5 When and how are applicants informed of these rights?

Massachusetts requires all Applicants to be notified of their right to appeal specific Subgrantee decisions in the heating assistance/crisis assistance and energy conservation programs. Written notification of these rights must be given:

1. When the Applicant first applies for assistance;
2. When a Subgrantee provides an Applicant with a notice of either eligibility or ineligibility;
3. When a Subgrantee issues a final decision of denial on an appeal.

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

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

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

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

## Section 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?**

In accordance with LIHEAP regulations and pending the availability of funds, Subgrantees provide such services as: needs assessment, budget counseling, energy education/awareness and vendor relations as part of the ongoing servicing of eligible households. These services, under Assurance 16 of the HEAP statute, are directed toward households that may be in financial/energy crisis requiring individual attention beyond the standard course of action.

The Commonwealth of Massachusetts encourages working with utilities on issues impacting users, particularly elders, expanding education, awareness efforts, and referrals. Massachusetts monitors the Assurance 16 activities conducted by Subgrantees through annual contracting and monitoring process to ensure compliance with funding requirements.

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

The amounts set aside to fund these activities are predetermined by Massachusetts so that it does not exceed the 5% threshold.

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

Subgrantee staff work with deliverable and utility vendors to prevent emergency situations like running out of fuel and termination of service. Further they work to enroll applicants into arrearage management programs (AMPs) and assist to arrive at affordable monthly budget payments. Enrollment in AMP leverages millions of dollars for LIHEAP clients. For those that engage in budget management activities, households track their monthly income and engage in activities that improve their understanding of their household expenses and methods of decreasing those expenses when possible.

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

The amount of direct benefits expended from the previous fiscal year was \$128,866,068 (through April 30, 2025).

**13.5 How many households received these services?** 152,472 as of 6/23/25

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

## Section 14 - Leveraging Incentive Program ,2607A

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

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### 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?**

☒ Yes ☐ No

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

In the years OCS offers the Leveraging Incentive Program under the LIHEAP, Massachusetts requests supporting documentation of non-federal leveraged resources (local, public, and private funds) within a reasonable timeframe from Subgrantees, utility companies, and resource providers such as United Way, Salvation Army, etc.

Once received, each Leveraging Resource Form would be vetted through a state review process and a statewide Leveraging Resource Report prepared for the Secretary's signature and submitted to the Office of Community Services, U.S. Department of Health and Human Services for the purpose of receiving the Leveraging Incentive Grant.

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

| Resource | What is the type of resource or benefit ? | What is the source(s) of the resource ?                                                                                                                  | How will the resource be integrated and coordinated with LIHEAP?                                                                                                                                                                                                                                                                                                                                                            |
|----------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1        | Margin Over Rack (MOR)                    | MA Heating Oil at discounted or below market prices.                                                                                                     | The MOR pricing method is used by Local Adminstrating Agencies to purchase #2 fuel oil from local dealers on behalf of their clients. Participating dealers are paid for deliveries based on margin of 75 cents per gallon over a daily average rack price, based on the Oil Price Information Service (OPIS). Dealers either receive the MOR price or their current posted price for the delivery date, whichever is less. |
| 2        | Utility Discount Rates                    | Investor-Owned Utility Companies                                                                                                                         | All income eligible LIHEAP applicants automatically qualify for discounts on their utility bills. These discounts can save up to 42% on each bill.                                                                                                                                                                                                                                                                          |
| 3        | Combined Fuel Funds                       | Subgrantees                                                                                                                                              | LAAs use their combined fuel funds to assist certain HEAP eligible and over-income households. HEAP eligible households can receive additional benefits to pay for home heating costs through locally established fuel funds.                                                                                                                                                                                               |
| 4        | Weatherization Support                    | In-kind contributions and funding from utility companies, and property owners.                                                                           | Certain HEAP eligible households can also receive utility funded weatherization support.                                                                                                                                                                                                                                                                                                                                    |
| 5        | Supplemental State Allocation             | From time to time, the Massachusetts State Legislature has allocated supplemental funds to provide home energy assistance to income eligible households. | Federal HEAP funds can be augmented using state appropriated funds.                                                                                                                                                                                                                                                                                                                                                         |

**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 15 - Training

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

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

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

## Section 15: Training

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

**a. Grant recipient Staff:**

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

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☐ Other, describe:

**b. Local Agencies:**

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

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ On-site training

How often?

☒ Annually

☐ Biannually

☐ As needed

☒ **Other, describe:** Subgrantees receive information through Informational Memorandums and emailed listserve messages from the state of Massachusetts throughout the program year.

☒ 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

|                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Other, describe:                                                                                                                                      |  |
| 15.2 Does your training program address fraud reporting and prevention?                                                                                                        |  |
| <input checked="" type="radio"/> Yes                                                                                                                                           |  |
| <input type="radio"/> No                                                                                                                                                       |  |
| <b>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.</b> |  |

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

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

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

#### 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.**

Massachusetts currently collects the required LIHEAP performance measures.

The state of Massachusetts reviews the performance data provided by the Subgrantees and vendors which further informs program decisions and/or policies. For instance, Massachusetts reviews the energy burden before and after receiving HEAP to ensure that there is an acceptable difference in change for each of the energy types and that overall the energy burden remains below 4% after receiving HEAP benefit.

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



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

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

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

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

### 17.1 Fraud Reporting Mechanisms

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

☐

Online Fraud Reporting

☒

Dedicated Fraud Reporting Hotline

☒

Report directly to local agency/district office or Grant recipient office

☒

Report to State Inspector General or Attorney General

☒

Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse

☒

Other - Describe:

There is also a state Whistleblower provision in place.

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

☒

Printed outreach materials

☒

Posted in local administering agencies offices.

☐

Addressed on LIHEAP application

☒

Website

☐

Other - Describe:

At the annual HEAP training, a presentation is made either the Office of the Comptroller of the Commonwealth or the Massachusetts Office of the Inspector General, or other appropriate staff and training materials are provided to the Subgrantees annually.

### 17.2. Identification Documentation Requirements

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

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

|                                                                                                                                                                                                                                                                                                                                                                               | Other | Applicant Only<br>Required | Applicant Only<br>Requested | All Adults in<br>Household<br>Required | All Adults in<br>Household<br>Requested | All Household<br>Members<br>Required | All Household<br>Members<br>Requested |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|-----------------------------|----------------------------------------|-----------------------------------------|--------------------------------------|---------------------------------------|
| 1                                                                                                                                                                                                                                                                                                                                                                             |       | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>               | <input type="checkbox"/>                | <input type="checkbox"/>             | <input type="checkbox"/>              |
| <b>17.3. Citizenship/Legal Residency Verification</b>                                                                                                                                                                                                                                                                                                                         |       |                            |                             |                                        |                                         |                                      |                                       |
| What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.                                                                                                                                                                                                       |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen                                                                                                                                                                                                                                                                  |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.                                                                                                                                                                                                        |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Non-Citizens must provide documentation of immigration status                                                                                                                                                                                                                                                                             |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport                                                                                                                                                                                                                                               |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Non-Citizens are verified through the SAVE system                                                                                                                                                                                                                                                                                                    |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card                                                                                                                                                                                                                                                                         |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Other - Describe:<br><br>Applicants sign an attestation verifying their understanding that only United States Citizens or Qualified Aliens are eligible to receive federal energy assistance benefits and certifying under the penalties of perjury that all information they submit is true and complete to the best of their knowledge. |       |                            |                             |                                        |                                         |                                      |                                       |
| <b>17.4. Income Verification</b>                                                                                                                                                                                                                                                                                                                                              |       |                            |                             |                                        |                                         |                                      |                                       |
| What methods does your agency utilize to verify household income? Select all that apply.                                                                                                                                                                                                                                                                                      |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Require documentation of income for all adult household members                                                                                                                                                                                                                                                                           |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Pay stubs                                                                                                                                                                                                                                                                                                                                 |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Social Security award letters                                                                                                                                                                                                                                                                                                             |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Bank statements                                                                                                                                                                                                                                                                                                                           |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Tax statements                                                                                                                                                                                                                                                                                                                            |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Zero-income statements                                                                                                                                                                                                                                                                                                                    |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Unemployment Insurance letters                                                                                                                                                                                                                                                                                                            |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Other - Describe:                                                                                                                                                                                                                                                                                                                                    |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Computer data matches:                                                                                                                                                                                                                                                                                                                    |       |                            |                             |                                        |                                         |                                      |                                       |
| <input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)                                                                                                                                                                                                                                                               |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor                                                                                                                                                                                                                                                                               |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Social Security income verified with SSA                                                                                                                                                                                                                                                                                                             |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Utilize state directory of new hires                                                                                                                                                                                                                                                                                                                 |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Other - Describe:                                                                                                                                                                                                                                                                                                                                    |       |                            |                             |                                        |                                         |                                      |                                       |
| b. Describe any exceptions to the above policies.                                                                                                                                                                                                                                                                                                                             |       |                            |                             |                                        |                                         |                                      |                                       |
| <b>17.5 Identification Verification</b>                                                                                                                                                                                                                                                                                                                                       |       |                            |                             |                                        |                                         |                                      |                                       |
| Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply                                                                                                                                                                                                                         |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Verify SSNs with Social Security Administration                                                                                                                                                                                                                                                                                                      |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency                                                                                                                                                                                                                                                                    |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)                                                                                                                                                                                                                                                                          |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Match with state Department of Labor system                                                                                                                                                                                                                                                                                                          |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Match with state and/or federal corrections system                                                                                                                                                                                                                                                                                                   |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Match with state child support system                                                                                                                                                                                                                                                                                                                |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> Verification using private software (e.g., The Work Number)                                                                                                                                                                                                                                                                                          |       |                            |                             |                                        |                                         |                                      |                                       |
| <input type="checkbox"/> In-person certification by staff (for tribal Grant recipients only)                                                                                                                                                                                                                                                                                  |       |                            |                             |                                        |                                         |                                      |                                       |

|                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)                                                                                                                                    |
| <input checked="" type="checkbox"/> Other - Describe:<br>Certification by Subgrantee staff.                                                                                                                                                                          |
| <b>17.6. Protection of Privacy and Confidentiality</b>                                                                                                                                                                                                               |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.                                                                                                                      |
| <input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent                                                                                                                                                       |
| <input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards                                                                                                                                                      |
| <input checked="" type="checkbox"/> Employee training on confidentiality for:                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> Grant recipient employees                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> Local agencies/district offices                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> Employees must sign confidentiality agreement                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Grant recipient employees                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> Local agencies/district offices                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> Physical files are stored in a secure location                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> Electronic files are protected in a secure location.                                                                                                                                                                             |
| <input type="checkbox"/> Other - Describe:                                                                                                                                                                                                                           |
| <b>17.7. Verifying the Authenticity</b>                                                                                                                                                                                                                              |
| What policies are in place for verifying vendor authenticity? Select all that apply.                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> All vendors must register with the State/Tribe.                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form                                                                                                                                                                              |
| <input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household                                                                                                                                                              |
| <input type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors                                                                                                                                               |
| <input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above:<br>As part of the contracting process, the vendor is required to provide the Subgrantee with an acceptable vendor certification document to authenticate the vendor. |
| <b>17.8. Benefits Policy - Gas and Electric Utilities</b>                                                                                                                                                                                                            |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.                                                                                                          |
| <input checked="" type="checkbox"/> Applicants required to submit proof of physical residency                                                                                                                                                                        |
| <input checked="" type="checkbox"/> Applicants must submit current utility bill                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Data exchange with utilities that verifies:                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Account ownership                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> Consumption                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Balances                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> Payment history                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> Account is properly credited with benefit                                                                                                                                                                                        |
| <input type="checkbox"/> Other - Describe:                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities                                                                                                                                                            |
| <input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level                                                                                                                                                                |
| <input checked="" type="checkbox"/> Separation of duties between intake and payment approval                                                                                                                                                                         |
| <input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments                                                                                                                                                |
| <input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy                                                                                                                                                      |
| <input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities                                                                                                                     |
| <input checked="" type="checkbox"/> Direct payment to households are made in limited cases only                                                                                                                                                                      |

|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Procedures are in place to require prompt refunds from utilities in cases of account closure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Vendor agreements specify requirements selected above, and provide enforcement mechanism                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>                                                                                                                                                                                  | Other - Describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>17.9. Benefits Policy - Bulk Fuel Vendors</b>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Vendors are checked against an approved vendors list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Centralized computer system/database is used to track payments to all vendors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Clients are relied on for reports of non-delivery or partial delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                                                                                                                                                  | Two-party checks are issued naming client and vendor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Direct payment to households are made in limited cases only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                  | Vendors are only paid once they provide a delivery receipt signed by the client                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/>                                                                                                                                                                                  | Conduct monitoring of bulk fuel vendors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Bulk fuel vendors are required to submit reports to the grant recipient.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Vendor agreements specify requirements selected above, and provide enforcement mechanism                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Other - Describe:<br><br>Printed delivery slips or computer printouts from the vendors are required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>17.10. Investigations and Prosecutions</b>                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/>                                                                                                                                                                                  | Refer to state Inspector General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/>                                                                                                                                                                                  | Refer to local prosecutor or state Attorney General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/>                                                                                                                                                                                  | Refer to US DHHS Inspector General (including referral to OIG hotline)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Grant recipient attempts collection of improper payments. If so, describe the recoupment process<br><br>Subgrantees are instructed to recoup the value of the assistance rendered to ineligible applicants, when applicable. As stated on the back of the HEAP application, Applicants are fully liable for repayment in these situations. Subgrantees are encouraged to use the applicable recoupment notice template provided by the state of Massachusetts. The notice advises Applicants of their responsibility to make restitution. Subgrantees are advised to reduce the Applicant's benefit level in the subsequent program year or pursue collection/legal action. |
| <input type="checkbox"/>                                                                                                                                                                                  | Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/>                                                                                                                                                                                  | Vendors found to have committed fraud may no longer participate in LIHEAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input checked="" type="checkbox"/>                                                                                                                                                                       | Other - Describe:<br><br>An Applicant with "stop pay" or recoupment situation can apply for HEAP, however, no payments can be issued until either the Applicant submits information that clarifies or corrects their application or repays the benefit amount that was inappropriately received.                                                                                                                                                                                                                                                                                                                                                                            |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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

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

**Instructions for Certification**

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

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

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

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or

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

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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

##### **Instructions for Certification**

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later

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

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

**(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.**

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



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

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

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

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

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

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

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

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

#### **Certification Regarding Drug-Free Workplace Requirements**

##### **Alternate I. (Grant recipients Other Than Individuals)**

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

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

central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The Grant recipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

**Place of Performance ( *That this must be physical address. No PO Boxes allowed.*)**

100 Cambridge Street  
**\* Address Line 1**

Suite 300  
**Address Line 2**

**Address Line 3**

|                                |                             |                                   |
|--------------------------------|-----------------------------|-----------------------------------|
| Boston<br><b>* <u>City</u></b> | MA<br><b>* <u>State</u></b> | 02114<br><b>* <u>Zip Code</u></b> |
|--------------------------------|-----------------------------|-----------------------------------|

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

**Alternate II. (Grant recipients Who Are Individuals)**

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

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

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

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

## Section 20: Certification Regarding Lobbying

### Section 20: Certification Regarding Lobbying

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

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

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

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

#### Statement for Loan Guarantees and Loan Insurance

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

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

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

## Assurances

### Assurances

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

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

**(B) intervene in energy crisis situations;**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

**(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper 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                                                                                          |
| <ul style="list-style-type: none"><li>• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</li></ul> |
| <ul style="list-style-type: none"><li>• Heating component benefit matrix, if applicable</li></ul>                                                     |
| <ul style="list-style-type: none"><li>• Cooling component benefit matrix, if applicable</li></ul>                                                     |
| <ul style="list-style-type: none"><li>• Minutes, notes, or transcripts of public hearing(s).</li></ul>                                                |
| <ul style="list-style-type: none"><li>• Policy Manual.</li></ul>                                                                                      |
| <ul style="list-style-type: none"><li>• Subrecipient Contract.</li></ul>                                                                              |
| <ul style="list-style-type: none"><li>• Model Plan Participation Notes for Tribes.</li></ul>                                                          |