DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

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

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

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

Report Sections

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- 4. Section 3 COOLING ASSISTANCE
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Mandatory Grant Application SF-424

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

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

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

* 1.a. Type of Submission: Plan		* 1.b. Frequency: • Annual	Plan/Fu Explan 2. Date	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation: 2. Date Received: 3. Applicant Identifier:		* 1.d. Version: Initial Resubmission Revision Update State Use Only:	
			4a. Uni	que Entity Ide		5. Date Received By State:	
			4b. Fed	leral Award Id	lentifier:	6. State Application Identifier:	
7. APPLICANT INF	FORMATION		J!				
* a. Legal Name: M	ississippi Depart	ment of Human Services					
* b. Address:	•		-11		ir		
* Street 1:	DIVISION C	F COMMUNITY SERVICES	Stre	et 2:			
* City:	JACKSON		Cou	nty:			
* State:	MS		Prov	vince:			
* Country:	United States		* Zij Code:	p / Postal	39202 -		
c. Organizational	Unit:						
Department Nan	ne:		Divi	sion Name:			
d. Name and contact Awards and on the U	t information of U.S. Departmen	person to be contacted on matters in t of Health and Human Services' LII	nvolving HEAP co	this applicatio ntact list webp	n: (person will page)	be listed on Notice of Funding	
* First Name: Tennille			* Last 1 Collin				
Title: Acting Director			Organizational Affiliation:				
* Telephone Number (601) 359-4769	r:		Fax Nu	ax Number			
* Email: tennille.collins@md	lhs.ms.gov						
* 8. TYPE OF APPI A: State Government							
* a. Is the applica	nt a Tribal Con	sortium: O Yes O No					
* b. If yes please a	nttach at least oi	ne the following documentation:					
		Catalog of Federal Dome Assistance Number:	stic	CFDA Title:			
9. CFDA Numbers and	l Titles	93.568	93.568 Low-Income Home Energy A		Assistance Program		
10. DESCRIPTIVE Low-Income Home		PLICANT'S PROJECT: ce Program					
11. AREAS AFFEC State of Mississippi		ING:					
12. CONGRESSION 02	NAL DISTRICT	S OF APPLICANT:					
13. FUNDING PER	IOD:						
a. Start Date: 10/01/2025			b. End Date: 09/30/2026				
* 14. IS SUBMISSIO	ON SUBJECT T	O REVIEW BY STATE UNDER EX	XECUTI	VE ORDER 1	2372 PROCES	SS?	
a. This submission	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? NO
 NO If Yes, explain: 16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree 🗹 ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 17a. Typed or Printed Name and Title of Authorized Certifying Official Tennille Collins 17c. Telephone (area code, number and extension) 17d. Email Address tennille.collins@mdhs.ms.gov 17b. Signature of Authorized Certifying Official 17e. Date Report Submitted (Month, Day, Year) 09/11/2025 sign

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

	Section 1 Program Components					
Pro	gram Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)					
(No	Check which components you will operate under the LIHEAP program. te: You must provide information for each component designated here as requested elsewhere in plan.)	Dates of (Operation			
		Start Date	End Date			
>	Heating assistance	10/01/2025	04/30/2026			
>	Cooling assistance	05/01/2026	09/30/2026			
	Summer crisis assistance					
	Winter crisis assistance					
>	Year-round crisis assistance	10/01/2025	09/30/2026			
>	Weatherization assistance	10/01/2025	09/30/2026			
Pro	vide further explanation for the dates of operation, if necessary					
Esti	mated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16					
	Estimate what amount of available LIHEAP funds will be used for each component that you will operate: total of all percentages must add up to 100%.	Percentage (%)	Prior year totals			
Н	feating assistance	39.00%	0.00%			
С	ooling assistance	36.00%	0.00%			
Summer crisis assistance		0.00%	0.00%			
V	Vinter crisis assistance	0.00%	0.00%			
Y	ear-round crisis assistance	5.00%	0.00%			
V	Veatherization assistance	10.00%	0.00%			
C	arryover to the following federal fiscal year	0.00%	0.00%			
A	dministrative and planning costs	10.00%	0.00%			
S	ervices to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%			
_	sed to develop and implement leveraging activities	0.00%	0.00%			
TOT	AL	100.00%	0.00%			

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.

Alter	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:							
A		Heating assistance		✓		Cooling ass	istance
		Weatherization assistance			Other (specify:)		
Cate	gorical Eligibility, 2605(b	o)(2)(A) - Assurance 2, 2	2605(c)(1)(A), 2605(b)((8A) - Assurance 8			
	o you consider household e left column below? 🔘 Y		if at least one househo	old member receives a	nt least one	of the follow	ving categories of benefits
If yo	u answered "Yes" to que	stion 1.4, you must com	plete the table below a	and answer questions	1.5 and 1.0	6.	
			Heating	Cooling	_	Crisis	Weatherization
TANI	र		C Yes C No	C Yes C No	C Yes		C Yes C No
SSI			O Yes O No	C Yes C No	C Yes	C No	C Yes C No
SNAI	•		O Yes O No	C Yes C No	O Yes	C No	O Yes O No
Mean	s-tested Veterans Programs		C Yes C No	C Yes C No	C Yes	C No	C Yes C No
need appli	la. Provide your definition to receive the benefits or ication process.	just one member, is th	ere a data exchange in	place?) and how cate			
	es, explain:	n nouscholus without a	an eet annual applica	103 100			
11 16	o, explain.						
	low do you ensure there i n determining eligibility a		reatment of categorica	lly eligible household	s from thos	se not receivi	ng other public assistance
	P Nominal Payments						
	Do you allocate LIHEAP						
<u> </u>	u answered "Yes" to que		ovide a response to qu	estions 1.7b, 1.7c, and	l 1.7d.		
	Amount of Nominal Assis	stance: \$0.00					
1./6	Frequency of Assistance Once Per Year						
	Once every five years						
	Other - Describe:						
1.7d	How do you confirm that	the household receiving	g a nominal payment	has an energy cost or	need?		
Dete	rmination of Eligibility -	Countable Income					
1.8. 1	n determining a househo	ld's income eligibility fo	or LIHEAP, do you us	e gross income or net	income?		
>	Gross Income						
	Net Income						
	Other - Describe						
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP							
>	Wages						
>	Self - Employment Inco	me					
>	Contract Income						
	Payments from mortgag	ge or Sales Contracts					
~	Unemployment insurance Unemployment insurance						

	Strike Pay
>	Social Security Administration (SSA) benefits
	✓ Including MediCare deduction Excluding MediCare deduction
>	Supplemental Security Income (SSI)
>	Retirement / pension benefits
	General Assistance benefits
	Temporary Assistance for Needy Families (TANF) benefits
	Loans that need to be repaid
	Cash gifts
	Savings account balance
	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
	Jury duty compensation
	Rental income
	Income from employment through Workforce Investment Act (WIA)
	Income from work study programs
>	Alimony
	Child support
	Interest, dividends, or royalties
	Commissions
	Legal settlements
	Insurance payments made directly to the insured
	Insurance payments made specifically for the repayment of a bill, debt, or estimate
>	Veterans Administration (VA) benefits
	Earned income of a child under the age of 18
	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
	Income tax refunds
	Stipends from senior companion programs, such as VISTA
	Funds received by household for the care of a foster child
	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
	Reimbursements (for mileage, gas, lodging, meals, etc.)

	Other	
	<u>. </u>	
	ny of the above questions require further explanation or clarification that could no fields provided, attach a document with said explanation here.	ot be made in
1.10	Do you have an online application process © Yes O No	
	10a If yes, describe the type of online application (Select all boxes that apply)	
	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.	
	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.	
	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.	
	Online application that is also mobile friendly	
~	Other, please describe	
	The State uses an on-line pre-application form from the MDHS Commo Portal (CWP) for applicants that are routed to the agency in their county. For an appointment is scheduled for applicants to come in and complete an in-perapplication via our VROMA 2.0 system.	rom there,
Pleas	se include a link(s) to a statewide application, if available:	
1.10	Can all program components be applied for online? Yes 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 C Yes No	
1.12	Do you or any of your subrecipients require in person appointments in order to apply 💽 Yes 🦰 No	
	s, please provide more information regarding why in-person appointments are required and in what circumstances they equired.	
	Individuals requesting assistance must complete an in-person application to determine eligibility. The application process involves a case management approach. The approach is an interaction between the client and a caseworker. The caseworker obtains vital information about the social and economic conditions of the household to identify needs. It also helps to identify households that are at risk or in crisis, so that a service plan can be developed to assist households to become stable and self-sufficient. Elderly and disabled individuals are not required to participate in case management.	
	And for cases where individuals who are physically disabled and not able to leave their home, the caseworker may conduct home visits, or they can authorize someone to make an application on their behalf.	
1.13	How can applicants submit documentation for verification? Select all that apply:	
>	In-person	
V	Mail	
~	Email	
~	Portal application	
	Other, please describe	

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

MODEL PLAN

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)

	Section 2 - Heating Assistance					
Eligibility, 2605((b)(2) - Assurance 2					
2.1 Designate the	e income eligibility threshold used for the	heating co	omponent:			
Add	Household size		Eligibility Guideline	Eligibility Threshold		
1	All Household Sizes		State Median Income	60.00%		
2.2 Do you have Heating Assistar	additional eligibility requirements for nce?	• Yes	C No			
2.3 Check the ap	propriate boxes below and describe the p	olicies for	each.			
Do you require a	an Assets test?	O Yes	⊙ No			
If yes, describe:	Do you have additional/differing eligibili	ty policies	for:			
Renters?		O Yes	⊙ No			
If yes, describe:						
Renters Li	ving in subsidized housing?	C Yes	⊙ No			
If yes, describe:						
Renters w	ith utilities included in the rent?	C Yes	⊙ No			
If yes, describe:						
Do you give prio	rity in eligibility to:					
Older Adu	dts (60 years or older)?	Yes	○ No			
additional 1. Elderly assistar email, 1 "Signat 2. Subgra- seen in Should provide	puseholds with individuals 60 years and old provisions will be made as follows: and disabled clients should be seen in personce, application should be via phone intervientail, uploading into CWP or delivered to the ure on File" can be written by caseworker intees can send appointment notices to elder! January because new Social Security and S further assistance be needed during the year the required documentation. Subgrantees song applicable fees (past due, transfer, etc.).	on once a y ew. Any cha e office. Fo n place of a ly and/or di SI income	ear. Subsequent request for anges in income can be verified by or subsequent request only actual client signature. sabled clients in December to be letters will have been received. must submit a new application and			
Individual	s with a disability?	• Yes	C _{No}			
Households with an individual with a disability will be prioritized for an appointment and additional provisions will be made as follows: 1. Elderly and disabled clients should be seen in person once a year. Subsequent request for assistance, application should be via phone interview. Any changes in income can be verified by email, mail, uploading into CWP or delivered to the office. For subsequent request only "Signature on File" can be written by caseworker in place of actual client signature. 2. Subgrantees can send appointment notices to elderly and/or disabled clients in December to be seen in January because new Social Security and SSI income letters will have been received. Should further assistance be needed during the year, the client must submit a new application and provide the required documentation. Subgrantees should allocate the full amount of the bill including applicable fees (past due, transfer, etc.).						
Young chi	ldren?	• Yes	C No			
If yes, describe:						
	ouseholds with children 5 years of age and u	ınder will b	pe prioritized for an appointment.			
Household	s with high energy burdens?	⊙ Yes	ONo			

If yes, describe:				
Households with an high end	ergy burden will be prioritized for	r an appointment.		
Other?	C Yes On	No	_	
If yes, describe:				
Explanations of policies for each "yes" c	necked above:			
See Eligibility and Benefit D	Determination Attachment.			
The applicant should provide	e either a copy of their lease; a no	ntarized statement from the land	llord detailing the h	neating/cooling arrangement
with the client; or contract with the households residing in public/subsidenergy cost.	landlord that verifies the heating/	cooling arrangement that the lan	ndlord has with the	e household. Persons/
Determination of Benefits 2605(b)(5) - As	ssurance 5, 2605(c)(1)(B)			
2.4 Describe how you prioritize the provietc.	sion of heating assistance to vu	llnerable populations, e.g., be	enefit amounts, ea	arly application periods,
Recertification for vulnerable	e households (elderly and disable	ed) will be done during the first	month of the progr	ram year.
2.5 Check the variables you use to determ	nine your benefit levels. (Check	all that apply):		
✓ Income				
Family (household) size				
✓ Home energy cost or need:				
✓ Fuel type				
Climate/region				
Individual bill				
Dwelling type				
Energy burden (% of incom	e spent on home energy)			
Energy need				
Other - Describe:				
See the LIHEAP Benefit Ma to the maximum amount. We do no	trix Attachment: The benefit mat t place a minimum on the benefit			lient's bills can be paid up
Benefit Levels, 2605(b)(5) - Assurance 5,	2605(c)(1)(B)			
2.6 Describe estimated benefit levels for the shown in the payment matrix.	he fiscal year for which this pla	nn applies. Please note: the ma	ximum and minim	num benefits must be
Minimum Benefit	\$1	Maximum Ben	nefit	\$1,500
2.7 Do you provide in-kind (e.g., blankets	s, space heaters) and/or other fo	orms of benefits?2 💽 Yes 🤼	No	
If yes, describe.				
Blankets, coats, heating syst Additional energy related materials/ provided depending on need and Sta	,			
If any of the above question the fields provided, attach a	_		tion that cou	ld not be made in

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Section 3 - COOLING ASSISTANCE

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

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

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 Th	e income eligibility threshold used for th	e Cooling o	component:	
Add	Household size		Eligibility Guideline	Eligibility Threshold
1	All Household Sizes		State Median Income	60.00%
3.2 Do you have a Cooling assistant	additional eligibility requirements for ce?	• Yes	C _{No}	
3.3 Check the ap	propriate boxes below and describe the p	oolicies for	each.	
Do you require a	n Assets test?	C Yes	⊙ No	
If yes, describe:				
Do you have add	itional/differing eligibility policies for:			
Renters?		C Yes	⊙ No	
If yes, describe:				
Renters Li	ving in subsidized housing?	C Yes	⊙ No	
If yes, describe:				
Renters wi	th utilities included in the rent?	C Yes	⊙ No	
If yes, describe:				
Do you give prio	rity in eligibility to:			
Older Adu	lts (60 years or older)?	• Yes	C _{No}	
If yes, describe: Households with	individuals 60 years and older will be prior	itized for ar	n appointment and additional provisions will be r	nade as follows:
intervie <u>"Signati</u> 2. Subgrar SSI inco	w. Any changes in income can be verified bure on File" can be written by caseworker intees can send appointment notices to elder ome letters will have been received. Should	oy email, m n place of a ly and/or di further ass	ear. For additional requests for assistance, applic ail, uploading into CWP or delivered to the office ctual client signature. sabled clients in December to be seen in January istance be needed during the year, the client mus ate the full amount of the bill including applicable.	be. For subsequent requests only, because new Social Security and st submit a new application and
Individuals	s with a disability?	Yes	C _{No}	
If yes, describe:				
Households with an individual with a disability will be prioritized for an appointment and additional provisions will be made as follows: 1. Elderly and disabled clients should be seen in person once a year. For additional requests for assistance, application should be via phone interview. Any changes in income can be verified by email, mail, uploading into CWP or delivered to the office. For subsequent requests only. "Signature on File" can be written by caseworker in place of actual client signature. 2. Subgrantees can send appointment notices to elderly and/or disabled clients in December to be seen in January because new Social Security and SSI income letters will have been received. Should further assistance be needed during the year, the client must submit a new application and provide the required documentation. Subgrantees should allocate the full amount of the bill including applicable fees (past due, transfer, etc.).				
Young chil	dren?	• Yes	C No	
If yes, describe:	useholds with children under the age of 5 v	vill be prior	ritized for an appointment.	
Household	s with high energy burdens?	• Yes	C _{No}	
If yes, describe:	useholds with high energy burdens will be	prioritized	for an appointment.	
Other?		C Yes	€ No	
If yes, describe:		-		

Explanations of policies for each "yes" checked above: See Eligibility and Benefit Determination Attachment. (see in Section 2 - HEATING ASSITANCE) The applicant should provide either a copy of their lease; a notarized statement from the landlord detailing the heating/cooling arrangement with the client; or contract with the landlord that verifies the heating/cooling arrangement that the landlord has with the household. Person/ household residing in public/subsidized housing dwelling unless their rent/mortgage includes utilities and they are not being billed separately for 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, Recertification for vulnerable households (elderly, disabled, and families with small children) will be done during the first month of the program year. 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): **✓** Income ✓ Family (household) size ✓ Home energy cost or need: ✓ Fuel type Climate/region Individual bill Dwelling type Energy burden (% of income spent on home energy) Energy need ~ Other - Describe: See the LIHEAP Benefit Matrix Attachment: The benefit matrix has maximum amounts. The amounts of the client's bills can be paid up to the maximum amount. We do not place a minimum on the benefit matrix because the amount of the bill is paid. 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. Please note: the maximum and minimum benefits must be shown in the payment matrix. **Minimum Benefit Maximum Benefit** \$1,500 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? • Yes No If yes, describe. Fans, air conditioners, cooling systems repair or replacement may be provided during the summer. Additional energy related materials/ services (such as home meter bases, utility poles/gas line hook-ups/repairs, energy kits/incentives) may be provided depending on need and State Office approval. If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 4 - CRISIS ASSISTANCE

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 4: CRISIS ASSISTANCE

Eligibility - 2604(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.

Mississippi offers a year-round crisis assistance component of LIHEAP, entitled the **Energy Crisis Intervention Program (ECIP)**, provides assistance to low-income households who have encountered a crisis situation within the last 30 days. **Agencies should utilize partnerships to alleviate crisis until client's eligibility is determined.**

Life Threatening Crisis (LTE) – Eligible households with a life-threatening energy crisis must have the crisis relieved within **18 hours** of an approved application. Resolution of a life-threatening crisis may include, but is not limited to: arranging for an immediate supply of fuel, securing a payment arrangement with the energy vendor, pledging the amount of the bill to prevent shutoff, or to restore service, purchase of heating/cooling equipment, etc. The following are considered life threatening.

- · Disaster (fire, gas, leak, etc.)
- Person(s) on life support or medical devices that require electricity. In the event an applicant is at risk of disconnection of a utility that is a necessity for any medical equipment or devices needed to sustain life, the applicant should be treated as a Life-Threatening Crisis case and should be interviewed the same day and approved within 18 hours of the applicant's initial application. Supporting documents should be provided at the time of interview and scanned into Virtual ROMA and placed in the applicant's file.
- Domestic violence, and/or
- · The abuse/neglect of elderly, disabled, or child

Non-Life-Threatening Crisis (NON-LTE) – Eligible households with a non-life-threatening energy crisis must have the crisis relieved within **48 hours** of an approved application. Resolution of a non-life-threatening crisis may include, but is not limited to: arranging for an immediate supply of fuel, securing a payment arrangement with the energy vendor, pledging the amount of the bill to prevent shutoff, or to restore service, purchase of heating/cooling equipment, etc. The following are considered non-life threatening.

- Unexpected expense such as death of an immediate family member, funeral expenses, high medical expenses, etc;
- Income loss within the last thirty (30) days (of the date the subgrantee was contacted) due to layoff or termination of benefits;
- Services are disconnected or threatened to be turned off;
- Theft;
- Displacement of a minor child (under the age of 18) due to the client's inability to pay utilities, rent, etc.; and/or
- Other documented emergencies within the last thirty (30) days, as deemed acceptable by the subgrantee.

See Crisis Assistance Attachment

4.3 What constitutes a life-threatening crisis?

See Crisis Assistance Attachment. For declared natural disasters, the State will use LIHEAP funds to provide emergency housing for eligible households for up to five days to remove the household from the emergency situation. Households will be referred to other programs such as CSBG and state/local resources to provide other emergency needs to include housing/food/clothing if the home is inhabitable.

Crisis Requirement, 2604(c)

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

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

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

		Year-Round Crisis
4.6 Do you have additional eligibility requirements for Crisis Assistance?		

				~		
4.7 Check the ap	propriate boxes below to indicate type(s) of assistance provided					
Do you require a	nn Assets test?					
Do you give prio	rity in eligibility to:	**	*			
Older Adu	lts (60 years or older)?			~		
Individual	s with a disability?			~		
Young Chi	ildren?			~		
Household	s with high energy burdens?			V		
Other (Spe	ecify):					
In Order to rece	ive crisis assistance:					
Must the h	ousehold have received a shut-off notice or have a near empty tank?			~		
Must the h	ousehold have been shut off or have an empty tank?			~		
Must the h	ousehold have exhausted their regular heating benefit?					
Must rente	ers with heating costs included in their rent have received an eviction notice?			~		
Must heati	ing/cooling be medically necessary?			V		
Must the h	ousehold have non-working heating or cooling equipment?			~		
Other (Spe	ecify): See Crisis Assistance Policy			✓		
	litional/differing eligibility policies for:			1		
Renters?						
	ring in subsidized housing?					
	th utilities included in the rent?					
Explanations of	policies for each "yes" checked above:					
Determination o	f Ronofite					
	handle crisis situations?					
✓	Separate component					
V	Benefit Fast Track, no separate amount of crisis funds is issued. Rather ber response time frames.	nefits are issue	d to crisis custo	omers within crisis		
	Other - Describe:					
4.9 If you have a	separate component, how do you determine crisis assistance benefits?					
>	Amount to resolve the crisis. \$0					
	Other - Describe:					
Crisis Bossinom	onts 26M(s)					
Crisis Requirem 4.10 Do you acce	ents, 2004(C) ept applications for energy crisis assistance at sites that are geographically accessi	ble to all house	holds in the ar	ea to be served?		
• Yes ON			,			
4.11 Do you provide individuals who are individuals with a disability the means to:						
Submit applications for crisis benefits without leaving their homes?						
€ Yes C No						
	If No, explain.					
• Yes ON	sites at which applications for crisis assistance are accepted?					
If No, explain.	-					
	"No" to both options in question 4.11, please explain alternative means of intake	to those who a	re homebound	or physically		

Benefit Levels, 2605(c)(1)(B)					
4.12 Indicate the maximum benefit for each	h type of crisis assis	tance offere	d.		
Winter Crisis \$0.00 maximum	benefit				
Summer Crisis \$0.00 maximum l	benefit				
Year-round Crisis \$1,500.00 maxim	um benefit				
4.13 Do you provide in-kind (e.g. blankets,	space heaters, fans)) and/or oth	er forms of benefits?		
⊙ Yes ○ No If yes, Describe					
	d. Additional energy	related mater	rials/services (such as	ater tanks, fans, air conditioners, cooling systems home meter bases, utility poles/gas line hook-ups/ l.	
4.14 Do you provide for equipment repair of	or replacement usin	ıg crisis fund	ls?		
⊙ Yes C No					
If you answered "Yes" to question 4.14, yo	u must complete qu	estion 4.15.			
4.15 Check appropriate boxes below to ind	licate type(s) of assis	stance provi	ded.		
**	Winter	Summer	Year-round Crisis		
	Crisis	Crisis	100111111111111111111111111111111111111		
Heating system repair			>		
Heating system replacement			>		
Cooling system repair			V		
Cooling system replacement			V		
Wood stove purchase			V		
Pellet stove purchase					
Solar panel(s)					
Utility poles / gas line hook-ups			V		
Other (Specify):					
4.16 Do any of the utility vendors you work	k with enforce a mor	ratorium on	shut offs?		
• Yes O No					
If you responded "Yes" to question 4.16, yo	ou must respond to	question 4.1	 17.		
	•	•		lients during or after the moratorium period.	
If as of 8:00 a.m., on the day of a scheduled non-pay disconnect, an excessive heat warning or a freeze warning has been issued by the National Weather Service for the county of the scheduled disconnect, such disconnect are suspended.					
4.18 If you experience a natural disaster, do No	o you intend to utili	ze LIHEAP	crisis funds to addre	ss disaster related crisis situations? • Yes	
If yes, describe					
eligible households for up to five days	s to remove the house	ehold from th	ne emergency situation	HEAP funds to provide emergency housing for I. Households will be referred to other programs /food/clothing if the home is inhabitable.	
If any of the above questions	require furth	er expla	nation or clari	ification that could not be made in	

Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

Section	on 5: WEATH	IERIZATION ASSISTAN	CE			
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assu	rance 2					
5.1 Designate the income eligibility thresho	old used for the Weath	nerization component				
Add Househ	old Size	Eligibility Guideline	Eligibility Threshold			
1 All Household Sizes		HHS Poverty Guidelines	200.00%			
5.2 Do you enter into an interagency agree No	ment to have another	government agency administer a WEATH	HERIZATION component? C Yes 6			
5.3 If yes, name the agency and attach a co	py of the Internal Agr	reement 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 Ll	HEAP weatherization	n? (Check only one.)				
Entirely under LIHEAP (not DOE)	rules					
Entirely under DOE WAP (not LIH)	EAP) rules					
Mostly under LIHEAP rules with the	e following DOE WAF	P rule(s) where LIHEAP and WAP rules d	liffer (Check all that apply):			
Income Threshold			(Carrier of the Carr			
•						
Weatherization of entire multi- eligible units or will become eligible within		ture is permitted if at least 66% of units (5	0% in 2- & 4-unit buildings) are			
✓ Weatherize shelters temporari care facilities).	ly housing primarily lo	ow income persons (excluding nursing ho	mes, prisons, and similar institutional			
Other - Describe:						
Mostly under DOE WAP rules, with	the following LIHEA	P rule(s) where LIHEAP and WAP rules	differ (Check all that apply.)			
Income Threshold						
Weatherization not subject to 1	DOE WAP maximum	statewide average cost per dwelling unit.				
· ·	- Health and Accordance to 202 Hill manning out of the Conference and					
Other - Describe:						
Eligibility, 2605(b)(5) - Assurance 5						
5.6 Do you require an assets test?	C Yes O No					
5.7 Do you have additional/differing eligibi	ility policies for :					
Renters	C Yes O No					
Renters living in subsidized housing?	C Yes ⊙ No					
Renters with utilities included in the rent?	€ Yes C No					
5.8 Do you give priority in eligibility to:						
Older Adults?	⊙ Yes ○ No					
Individuals with a disability?	⊙ Yes ○ No					
Young Children?	• Yes O No					
House holds with high energy burdens?	⊙ Yes O No					

Other?	C Yes ⊙ No
If you selected "Yes" for an below.	y of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field
Renter eligibil	ity:
and the subgrantee age weatherization project landlords who provide assistance or a combin exceptions apply) beg owner cannot evict the	s to be weatherized for a client who is not the owner of the dwelling, an agreement must be entered into between the landlor ency, which outlines the owner's responsibilities. The agreement must be signed before work can begin on the ency, which outlines the owner's responsibilities. The agreement must be signed before work can begin on the ency, which outlines the owner's responsibilities. The agreement must be signed before work can begin on the ency, will be given to exassistance in the weatherization of their property. This assistance may be given through donated materials, monetary ention of the two. A condition of the agreement includes the agreement not to raise the tenant's rent for two (2) years (some inning on the date of the weatherization projection completion (that is the approved post inspection date). Additionally, the tenant without cause during that period. Should the owner chose to violate the agreement, he or she may be billed for the of the weatherization project. (See Renters Eligibility for Weatherization attachment)
Priority is	n eligibility:
client eligibili requesting LII determination the interaction social and eco Weatherization Subgrantees to Furthermore, agency which R.I.V.E, which	WX works in conjunction with DOE WX and DOE BIL WX; therefore, the ty is in accordance with 440.16 (a), which requires each applicant household HEAP WX Assistance must complete the application process for eligibility. All applications taken must be taken in the Virtual ROMA system. During a process the caseworker/case manager must obtain vital information about momic conditions of the entire household. Virtual ROMA has a dedicated in Portal (T.H.R.I.V.E.) with functionality within the system to allow WX to process referrals and set appointments for weatherization services. T.H.R.I.V.E. automatically puts the eligible client on a wait list for each is prioritized by the automated DOE WX selection tool programmed in T.H. h prioritizes the elderly, disabled, households with children, high energy seholds with high energy burdens for WX services.

Benefit Levels					
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? © Yes O No					
5.9a If yes, what is the maximum? \$12,000					
5.10 Do you use an Average Cost per Unit (ACPU). C Yes O No					
5.10a If so, what is the ACPU amount? \$0					
Types of Assistance, 2605(c)(1), (B) & (D)					
5.11 What LIHEAP weatherization measures do you provide? (Check a	ll categories that apply.)				
Weatherization needs assessments/audits	Energy related roof repair				
Caulking and insulation	Major appliance repairs				
Storm windows	Major appliance replacement				
Furnace/heating system modifications/repairs	Windows/sliding glass doors				
Furnace replacement	V Doors				
Cooling system modifications/repairs	Water Heater				
Water conservation measures	Cooling system replacement				
Roof top solar	Community solar projects				
Compact florescent light bulbs	Other - Describe: Power Strips, LEDS); Electrical Repairs; Insulation				

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

If any of the above questions require further explanation or clarification that could not be made in

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

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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, CSBG and Weatherization Intake referrals to/from other programs (indicate programs included) One - stop intake centers Other - Describe:

Coordination of LIHEAP Activities Attachment

The State has one application for three programs – LIHEAP, CSBG, and Weatherization. Therefore, an applicant may apply for all programs during the intake process. If the weatherization agency is different from the LIHEAP agency, the LIHEAP agency refers to the weatherization agency to complete the assessment for this program. Local agencies offer all programs administered by that agency, especially to the vulnerable populations of elderly, disabled, families with children, and veterans. Local agencies refer applicants to other local offices such as SNAP and TANF if applicants are not currently receiving these services.

Also, the department has the Common Web Portal (CWP). Households can apply for LIHEAP when they apply for SNAP and Medicaid through the CWP.

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	Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state Grant recipients and the Commonwealth of Puerto Rico)				
8.1 Ho	w would you categorize the primary responsibility of your State agency?				
	Administration Agency				
	Commerce Agency				
	Community Services Agency				
	Energy/Environment Agency				
	Housing Agency				
>	State Department of Welfare (administers TANF, SNAP, and/or Medicaid)				
	Economic Development Agency				
	Other - Describe:				
	e current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and amber. Used for Near hotline and OCS Service Provider Tool and clearinghouse.				
Altern	ate Outreach and Intake, 2605(b)(15) - Assurance 15				
If you 3, and	selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" in question 8.1, you must complete questions 8.2, 8. 8.4, as applicable.				
8.2 Ho	w do you provide alternate outreach and intake for heating assistance?				
The State Agency also administers the State Welfare Program; however, different divisions administer the LIHEAP and Welfare Programs. The Division of Community Services partners with the Division of Economic Assistance, Division of Child Support, and other divisions within the agency to ensure that low-income elderly, disabled families have access to all eligible services. All eighty-two counties across the state are serviced by qualified Case Manager/Caseworkers that provide outreach and intake services. The typical hours of operation for eligible entities are Monday-Friday from 7:30 am – 6:00 pm.					
8.3 Ho	w do you provide alternate outreach and intake for cooling assistance?>				
The State Agency also administers the State Welfare Program; however, different divisions administer the LIHEAP and Welfare Programs. The Division of Community Services partners with the Division of Economic Assistance, Division of Child Support, and other divisions within the agency to ensure that low-income elderly, disabled families have access to all eligible services. All eighty-two counties across the state are serviced by qualified Case Manager/Caseworkers that provide outreach and intake services. The typical hours of operation for eligible entities are Monday-Friday from 7:30 am – 6:00 pm.					
8.4 How do you provide alternate outreach and intake for crisis assistance?					
	The State Agency also administers the State Welfare Program; however, different divisions administer the LIHEAP and Welfare				

The State Agency also administers the State Welfare Program; however, different divisions administer the LIHEAP and Welfare Programs. The Division of Community Services partners with the Division of Economic Assistance, Division of Child Support, and other divisions within the agency to ensure that low-income elderly, disabled families have access to all eligible services. All eighty-two counties across

the state are serviced by qualified Case Manager/Caseworkers that provide outreach and intake services. The typical hours of operation for eligible entities are Monday-Friday from 7:30 am - 6:00 pm. 8.5 LIHEAP Component Administration. Crisis Weatherization Heating Cooling 8.5a Who determines client eligibility? Community Action Community Action Community Action Community Action Agencies Agencies Agencies Agencies 8.5b Who processes benefit payments to gas and Community Action Community Action Community Action electric vendors? Agencies Agencies Agencies 8.5c who processes benefit payments to bulk fuel Community Action Community Action Community Action vendors Agencies Agencies Agencies 8.5d Who performs installation of weatherization Community Action measures? Agencies 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? We have chosen agencies based on prior experience administering similar programs such as CSBG. The State sends the Notice of Funding Availability (NOFA) to local agencies to respond and submit a subgrant proposal for review. The subgrant is reviewed by the Division of Community Services and Division of Procurement Services and division counsel to ensure all fiscal and programmatic requirements are met. The subgrant is sent to the Executive Director's office for signature after division reviews have been completed and approved. 8.7 How many local administering agencies do you use? 17 8.8 Have you changed any local administering agencies in the last year? C 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. C Yes O 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.

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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 O No Cooling **⊙** Yes **○** No Crisis O Yes O No Are there exceptions? If yes, Describe. 9.2 How do you notify the client of the amount of assistance paid? Agencies must provide written notification to clients regarding the status of their application within 72 hours of approval for services. The notification letter must be scanned into Virtual ROMA and a copy placed into client's file. In the case of an emergency, this notification should occur within 24 hours of application for services. The person who approves the application in Virtual ROMA should generate the letter. If a client's application is denied, the agency must provide written explanation with the reason for the denial. The Fair Hearing Process must be included in the letter sent to the client. The person who denies the application in Virtual ROMA should generate the letter. 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? Vendor Agreements the CAA has with the energy supplier provides this assurance. 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance? We have specific language outlined in our vedor agreement. 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? 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.

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

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

See Fiscal, Accounting and Tracking Requirements attachment.

10.1a Provide your definitions of the following:

Obligation

Amounts which a subgrantee may be legally required to pay out of its resources including encumbrances, as well as, accounts payable and accrued liabilities.

Expenditures

Exchange of an asset or incurrence of a liability for an asset, goods received, or services rendered after a voucher for goods and/or services is approved.

Expenditure timeframe

A specified period of time authorized in a plan/budget to render services, acquire asset or goods received.

Administrative costs

Any expenditure for governmental functions normally associated with administration of a public assistance program. The cost must be included in determining administrative costs subject to the statutory limitation on administrative costs, regardless of whether the expenditure is incurred by the State, a subrecipient, a grantee, or a contractor of the State.

Audit Process

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133? $\colonyresisting Yes$ $\colonyresisting No$

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

The State (MDHS) is required to have an audit conducted annually by the Mississippi Office of the State Auditor.

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	Strengthen controls to ensure compliance with Federal Funding Accountability and Transparency Act (FFATA) requirements.	In Progress	procedure/policy changes	
2	reporting	Strengthen controls over on-site DHS monitoring.	In Progress	procedure/policy changes	
3	reporting	Strengthen controls over sub- recipient monitoring to ensure compliance with Uniform Guidance Auditing requirements.	In Progress	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:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
See MDHS Division of Monitoring and DCS (T&TA) attachment
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.
Site Visits:
All are monitored
Desk Reviews:
Monthly finacnial and program reports are reviewed
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? None
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.

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	MODEL PLAN			
Section 11: Timely and Meanin	ngful Public Participation, 2	605(b)(12), 2605(C)(2)		
11.1 How did you obtain input from the public in the devo Note: Tribes do not need to hold a public hearing but must		at apply.		
Tribal Council meeting(s)				
Public Hearing(s)				
✓ Draft Plan posted to website and available for co	omment			
Hard copy of plan is available for public view a	nd comment			
Comments from applicants are recorded				
Request for comments on draft Plan is advertise	d			
Stakeholder consultation meeting(s)				
Comments are solicited during outreach activiti	es			
Other - Describe:				
Public Hearings, 2605(a)(2) - For States and the Common	wealth of Puerto Rico Only			
11.2 List the date and location(s) that you held public hea	ring(s) on the proposed use and distribution	of your LIHEAP funds?		
	Date	Event Description		
1	07/22/2025	Mississippi Department of Human Services, Training Room 811, 200 South Lamar St., Jackson, MS 39201		
11.3. How many parties commented on your plan at the h	earing(s)? 1			
11.4 Summarize the comments you received at the hearing	g(s).			
See attachement				
11.5 What changes did you make to your LIHEAP plan as	s a result of public participation and solicita	tion of input?		
None				
If any of the above questions require fu	rther explanation or clarificat	ion that could not be made in		

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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? None
- 12.2 How many of those fair hearings resulted in the initial decision being reversed? None
- 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.

An applicant or recipient has the right to request a Hearing or Appeal if they are dissatisfied with the denial, delay, cancellation, or any adverse decision related to your application for services.

Types of Hearings

Appeal (Agency Level)

- 1. Basis for an Appeal
- Incorrect bill submitted
- · Information provided is insufficient to determine eligibility
- · Requested additional information not returned within ten (10) calendar days
- Non-compliance with CSBG Case Management Plan
- · Threatening behavior toward staff
 - Your claim for assistance was not acted upon with reasonable promptness

If a client submits a Fair Hearing request for any of the above-mentioned reasons their request will be automatically denied.

The client must submit a request for an appeal within thirty (30) calendar days of the denial or adverse action.

The request must be submitted on https://virtualroma.mdhs.ms.gov/ and include all of the following:

Name of Community Service Agency

Full Name and Address

Date of Denial or Adverse Action Notice

Stated Reason(s) for Denial or Action

Reason(s) for Appeal Request

The client's request will be submitted to the Executive Director and Board Chair. The Executive Director and Board Chair will have 15 calendar days to contact the client to schedule an appeal. After scheduling and hearing the grievance, the Executive Director and Board Chair will then have 15 calendar days to make a final determination in regard to the appeal.

Fair Hearing (MDHS Level)

- 1. Basis for a Fair Hearing
- If the client was denied at the agency level and has met all the criteria for a complete application, but still feels they are eligible for services for the following reasons:
 - · Disagreement with the denial itself
 - Incorrect information or assessment
 - · Procedural error
 - Discrimination
 - Failure to make a timely decision
 - · Changes in circumstances
 - Other ______

The client can request a fair hearing by submitting the required form in several different ways:

 Complete a MDHS Programmatic Appeal Request form (https://www.mdhs.ms.gov/wp-content/uploads/2023/12/MDHS-OIG-200-Programmatic-Appeal-Request-Form.pdf). Submit the MDHS Programmatic Appeal Request form through any of the following: Email: admin.hearings@mdhs.ms.gov

Fax: 601-359-5047

Mail: Mississippi Department of Human Services

Office of the Inspector General

Administrative Hearings

P.O. Box 352

Jackson, MS 39201

Phone: 601-359-4921.

After a client requests a fair hearing, they will receive a notice letting them know a date and time for their fair hearing. Usually, fair hearings are conducted over the phone.

During the hearing, the client will be given the opportunity to present their position fully and explain why they believe that the decision made by Agency was wrong. The client may bring any evidence that they believe supports their position. MDHS may also present information about why the agency believes the decision was correct.

After hearing from both sides, the hearing officer will make a decision about whether the agency's decision was wrong and should be changed or the agency's decision was correct and should not be changed.

See Fair Hearing Policy Attachement

12.5 When and how are applicants informed of these rights?

Clients are informed of the Fair Hearing Process during intake process at the CAA. Upon intake and denial of services, a copy of the Fair Hearing Process is given or will be mailed with the denial letter to the applicant. The process for fair hearings is clearly posted in county offices.

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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? N/A 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities? N/A 13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year. N/A 13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year. N/A

Section 14 - Leveraging Incentive Program ,2607A

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Section 14:Leveraging Incentive Program, 2607(A)

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

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

The State shall participate in the LIHEAP Leveraging Program. The State and local subgrantees will solicit non-federal dollars in order to qualify to compete for leveraging incentive funds. Several organizations, individuals, etc. will be contacted to make cash and in-kind contributions, such as discounts, arrearage forgiveness, fuel funds, credit, volunteer, WX materials, waivers: disconnections, deposits, and reconnect fees, etc. * Leveraged resources/benefits that are counted under criterion (iii) in 45 CFR 96.87(d)(2) must be identified and described in the grantees LIHEAP plan and distributed as indicated in the plan. In addition, leveraging resources/benefits that are counted under criterion (ii) must be carried out under one or more components of the grantee's regular LIHEAP program.

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Cash and in-kind contributions, such as discounts, arrearage forgiveness, fuel funds, credit, volunteer, WX materials, waivers: disconnections, deposits, and reconnect fees, etc.	Several organizations, individuals	The State coordinates leveraging with the LIHEAP program to provide consumer education with our clients to encourage them to conserve energy and the disadvantages of getting services interrupted. Leveraging resources also provide additional services to more clients in LIHEAP. Coordination also compliments our budget program in LIHEAP to allow clients to better manage resources.
2	Private sources	Entergy Helping Hands	Partnerships donated funds to pay energy bills

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

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Section 15: Training							
15.1 Describe the training you provide for each of the following groups:							
a. Grant recipient Staff:							
Formal training provided virtually, on-site, and/or formal training conference							
How often?							
Annually							
Biannually							
✓ As needed							
Other, describe:							
Employees are provided with policy manual							
Other, describe:							
b. Local Agencies:							
Formal training provided virtually, on-site, and/or formal training conference							
How often?							
Annually							
Biannually							
As needed							
Other, describe:							
✓ On-site training							
How often?							
Annually							
Biannually							
✓ As needed							
Other, describe:							
Employees are provided with policy manual							
Other, describe:							
c. Vendors							
Formal training conference							
How often?							
Annually							
Biannually							
As needed							
Other, describe:							
Policies communicated through vendor agreements							
Policies are outlined in a vendor manual							
Other, describe:							

15.2 Does your training program address fraud reporting and prevention?	
© Yes	
C No	

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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.

The State of Mississippi has updated its centralized client tracking system, known as Virtual ROMA 2 (VR2), to capture, analyze, and submit information regarding energy burden targeting and the restoration/prevention of home energy service losses. The State continues to submit the LIHEAP Performance Measures Report and is collaborating with APPRISE to analyze this report, utilizing the data to enhance the LIHEAP Program. As part of our ongoing Vendor Agreement, we have updated the performance language, and the performance-related fields in the VR system now allow for the collection and reporting of the energy information needed to generate performance data reports and to identify high-energy users. In the current fiscal year, we plan to continue our efforts to effectively target clients with high energy burdens. We will maintain our partnerships with top vendors to obtain performance information on an annual basis.

Several specific enhancements have been made for LIHEAP, including:

- · Refund checks are updated at the agency's level to ensure proper alignment with the Benefit Matrix and the resumption of client services.
- The Housing Information Screen has been updated to indicate when the main heating fuel was last updated.
- · The Housing Information Screen now identifies the type of housing, whether it is Heir Property or Owned.
- Equipment has been separated by Purchase and Installation to improve the reporting of households served in county Equipment Domain Reports.
- · DCS can add and update Poverty Guidelines without needing assistance from the Management Information System (MIS).
- A Raw Data Download feature enables the creation of dashboards, tables, and other data manipulations.
- · Vendor Reissue and Vendor Refund Reports have been implemented.
- · The system can now capture services requested by existing clients.
- A Grants Management component has been added to help monitor and send alerts for better budget tracking for DCS.
 - Emergency questions have been included to track the type of emergency and the use of the grant.
- CWP Updates:
 - Clients with full accounts can now upload documents from the Request for Additional Information Form.
 - The system can identify the type of assistance for all DCS programs.
- Planned System Enhancements for 2026 include:
 - An Energy Burden Indicator on the Household Profile.
 - Timeliness Reports (for aged appointments).
 - Agency Timeliness Report (outlining the lifecycle of an application).
 - An enhanced Grant Management component to help monitor and alert for budget attainment, including spending tracking at the agency level.
 - Implementation of text message alerts for service notifications.

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

	Section 17: Program Integrity, 2605(b)(10)									
17.1	17.1 Fraud Reporting Mechanisms									
a. D	escribe all mechanisms availab	ole to	the public for repo	orting cases of	f susp	oected waste, frau	ıd, and abuse. S	elect	all that apply.	
	Online Fraud Reportin	g								
	✓ Dedicated Fraud Repor	rting	Hotline							
	Report directly to local	ager	acy/district office o	r Grant recip	ient (office				
	Report to State Inspect	or G	eneral or Attorney	General						
	✓ Forms and procedures	in pl	ace for local agenc	ies/district off	ices a	and vendors to re	port fraud, was	te, aı	nd abuse	
	Other - Describe:									
b. D	escribe strategies in place for a	advei	rtising the above-re	eferenced reso	urce	s. Select all that a	pply			
	Printed outreach mater	rials								
	Posted in local adminis	terin	g agencies offices.							
	Addressed on LIHEAP	app	lication							
	✓ Website									
	Other - Describe:									
17.2	. Identification Documentation	ı Reg	quirements							
	ndicate which of the following f	form	s of identification a	re required o	r req	uested to be colle	cted from LIHI	EAP	applicants or the	eir household
	Collected from Whom?									
Тур	e of Identification Collected									
			Applicant O	nly		All Adults in Household Required			All Household Required	Members
ı	ial Security Card is tocopied and retained	>			~	Kequireu		>	Required	
Pno	ocopicu ana retamen	Н	Requested			Doggested			Doguested	
			Keyuesicu			Requested			Requested	
G	No. 14 N. orbon OWide and		Required			Required			Required	
	Social Security Number (Without actual Card)				~	<u> </u>		>		
			Requested			Requested		Requested		
Government-issued identification		Required		Required		Required				
card										
Tribal ID, passport, etc.)			Requested		Requested			Requested		
	Other		Applicant Only Required	Applicant Or Requested		All Adults in Household Required	All Adults in Household Requested		All Household Members Required	All Household Members Requested
								T		

17.3. Citizenship/Legal Residency Verification						
What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.						
Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen						
Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.						
Non-Citizens must provide documentation of immigration status						
Citizens must provide a copy of their birth certificate, naturalization papers, or passport						
Non-Citizens are verified through the SAVE system						
Tribal members are verified through Tribal enrollment records/Tribal ID card						
Other - Describe:						
17.4. Income Verification						
What methods does your agency utilize to verify household income? Select all that apply.						
Require documentation of income for all adult household members						
Pay stubs						
Social Security award letters						
Bank statements						
Tax statements						
Zero-income statements						
Unemployment Insurance letters						
Other - Describe:						
Computer data matches:						
Income information matched against state computer system (e.g., SNAP, TANF)						
Proof of unemployment benefits verified with state Department of Labor						
Social Security income verified with SSA						
Utilize state directory of new hires						
Other - Describe:						
b. Describe any exceptions to the above policies.						
17.5 Identification Verification						
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply						
Verify SSNs with Social Security Administration						
Match SSNs with death records from Social Security Administration or state agency						
Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)						
Match with state Department of Labor system						
Match with state and/or federal corrections system						
Match with state child support system						
Verification using private software (e.g., The Work Number)						
In-person certification by staff (for tribal Grant recipients only)						
Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)						
Other - Describe:						
In person verification						
17.6. Protection of Privacy and Confidentiality						

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

Vendors are checked against an approved vendors list
Centralized computer system/database is used to track payments to all vendors
Clients are relied on for reports of non-delivery or partial delivery
Two-party checks are issued naming client and vendor
Direct payment to households are made in limited cases only
Vendors are only paid once they provide a delivery receipt signed by the client
Conduct monitoring of bulk fuel vendors
Bulk fuel vendors are required to submit reports to the grant recipient.
V endor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
17.10. Investigations and Prosecutions
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.
Refer to state Inspector General
Refer to local prosecutor or state Attorney General
Refer to US DHHS Inspector General (including referral to OIG hotline)
✓ Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
Grant recipient attempts collection of improper payments. If so, describe the recoupment process
See Waste, Fraud and Abuse Policy
Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 year (1st offense), 2 years (2nd offense), Indefinitely (3rd offense)
Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
✓ Vendors found to have committed fraud may no longer participate in LIHEAP
Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.BrBbr.
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
- 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grant recipients Other Than Individuals)
The Grant recipient certifies that it will or will continue to provide a drug-free workplace by:,

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

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

- (f)Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The Grant recipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

200 South Lamar St. * Address Line 1		
Address Line 2		
Address Line 3		
Jackson * City	MS * State	39201 * Zip Code

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

Alternate II. (Grant recipients Who Are Individuals)

- (a) The Grant recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

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

- (A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);
 - (B) intervene in energy crisis situations;
- (C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and
- (D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;
- (2) make payments under this title only with respect to--
 - (A) households in which one or more individuals are receiving--
 - (i)assistance under the State program funded under part A of title IV of the Social Security Act;
 - (ii) supplemental security income payments under title XVI of the Social Security Act;
 - (iii) food stamps under the Food Stamp Act of 1977; or
 - (iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or
 - (B) households with incomes which do not exceed the greater of -
 - (i) an amount equal to 150 percent of the poverty level for such State; or
 - (ii) an amount equal to 60 percent of the State median income;

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

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

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

- (5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;
- (6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -
 - (A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and
 - (B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;
- (7) if the State chooses to pay home energy suppliers directly, establish procedures to --
 - (A) notify each participating household of the amount of assistance paid on its behalf:
 - (B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;
 - (C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and
 - (D) ensure that the provision of vendor payments remains at the option of the State in consultation with local Grant recipients and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

- (A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and
- (B) the State will treat owners and renters equitably under the program assisted under this title;

(9) provide that--

- (A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and
- (B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));
- (10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");
- (11) permit and cooperate with Federal investigations undertaken in accordance with section 2608:
- (12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);
- (13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and
- (14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.
- (15) * beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.
- * This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.
- (16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and

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

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

Plan Attachments

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