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

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

Grantee Name: STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SE

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

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

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

## Report Sections

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

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

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

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

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

		* 1.b. Frequency:  • Annual	* 1.c. Consolidated App Plan/Funding Request? Explanation: 2. Date Received:		rt?	* 1.d. Version:  Initial Resubmission Revision Update  State Use Only:	
				cant Identifie			
			DKT3L	que Entity Ide LBWFVL3		5. Date Received By State:	
			4b. Fed	eral Award Id	entifier:	6. State Application Identifier:	
7. APPLICANT INFO	ORMATION						
* a. Legal Name: No	rth Carolina						
* b. Address:	<u> </u>		W	1			
* Street 1:	ATTENTION	N: CONTROLLER	Stree	et 2:	2019 MAIL :	SERVICE CENTER	
* City:	RALEIGH		Cour	nty:	NC		
* State:	NC		Prov	ince:			
* Country:	United States		* Zip Code:	o / Postal	27699 -		
c. Organizational	Unit:						
Department Name Department of Health		ervices	III .	<b>Division Name:</b> Division of Social Services			
d. Name and contact Awards and on the U	information of .S. Department	person to be contacted on matters in t of Health and Human Services' LII	nvolving t HEAP co	his application ntact list webp	n: (person will page)	be listed on Notice of Funding	
* First Name: Jasmyne			* Last N Simmo				
Title: Organizational Affiliation: Energy Program Consultant DHHS-DSS							
* <b>Telephone Number</b> 919-527-6324	:		Fax Nu	mber			
* Email: jasmyne.simmons@c	lhhs.nc.gov						
* 8. TYPE OF APPL A: State Government	ICANT:						
* a. Is the applican	t a Tribal Con	sortium: O Yes O No					
* b. If yes please at	ttach at least or	ne the following documentation:					
		Catalog of Federal Dome Assistance Number:	stic		С	FDA Title:	
9. CFDA Numbers and	Titles	93.568		Low-Income I	Home Energy A	Assistance Program	
10. DESCRIPTIVE T	TITLE OF API	PLICANT'S PROJECT:					
11. AREAS AFFECT n/a	TED BY FUND	ING:					
12. CONGRESSION.	AL DISTRICT	S OF APPLICANT:					
13. FUNDING PERI	OD:						
<b>a. Start Date:</b> 10/01/2025			<b>b. End</b> 1 09/30/20				
* 14. IS SUBMISSIO	N SUBJECT T	O REVIEW BY STATE UNDER EX	XECUTI	VE ORDER 1	2372 PROCES	SS?	
a. This submission	was made avai	lable to the State under Executive O	rder 123'	72			

Process for review on:08/28/2025 b. Program is subject to E.O. 12372 but has not been selected by State for review. c. Program is not covered by E.O. 12372. \*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? NO
 NO If Yes, explain: 16. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) \*\*I Agree 🗹 \*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 17a. Typed or Printed Name and Title of Authorized Certifying Official 17c. Telephone (area code, number and extension) Allison Smith 17d. Email Address allison.smith@dhhs.nc.gov 17b. Signature of Authorized Certifying Official 17e. Date Report Submitted (Month, Day, Year) 09/30/2025 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.

coll	ection of information unless it displays a currently valid OMB control number.				
	Section 1 Program Componer	nts			
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 (	Dates of Operation		
		Start Date	End Date		
>	Heating assistance	12/01/2025	03/31/2026		
	Cooling assistance				
	Summer crisis assistance				
	Winter crisis assistance				
>	Year-round crisis assistance	07/01/2025	06/30/2026		
>	Weatherization assistance	07/01/2025	06/30/2026		
Pro	vide further explanation for the dates of operation, if necessary	-			
	North Carolina's Energy programs run on a State Fiscal Year: July- June each year. Our crisi assistance for heating and cooling. The heating program is available during December- March.	s program is year round	and provides		
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	leating assistance	40.00%	40.00%		
C	ooling assistance	0.00%	0.00%		
S	ummer crisis assistance	0.00%	0.00%		
V	Vinter crisis assistance	0.00%	0.00%		
Y	ear-round crisis assistance	36.00%	36.00%		
V	Veatherization assistance	14.00%	14.00%		
C	arryover to the following federal fiscal year	0.00%	0.00%		
A	dministrative and planning costs	10.00%	10.00%		
S	ervices to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%		
τ	sed to develop and implement leveraging activities	0.00%	0.00%		
TOT	TAL .	100.00%	100.00%		

planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative costs in excess of these limits must be paid from non-federal sources.							
Alternate Use of Crisis Assistance Funds, 2605(c)	(1)(C)						
1.3 The funds reserved for winter crisis assistance	that have not been exp	ended by March 15 wi	ll be reprogrammed t	o:			
Heating assistance Cooling assistance	Heating Cooling assistance						
assistance used for heating by I funds not used by the	March 31st or the last bus e end of the State fiscal y	siness day of the month of ear are carried over into	of March will be used for the next fiscal year in	ling crisis needs. Funds not for the crisis program. All accordance with LIHEAP to prevent returning funds			
$Categorical\ Eligibility,\ 2605(b)(2)(A)\ -\ Assurance$	2, 2605(c)(1)(A), 2605(l	b)(8A) - Assurance 8					
1.4 Do you consider households categorically eligi in the left column below? • Yes No	ble if at least one house	hold member receives	at least one of the follo	owing categories of benefits			
If you answered "Yes" to question 1.4, you must o	complete the table below	w and answer questions	s 1.5 and 1.6.				
	Heating	Cooling	Crisis	Weatherization			
TANF	O Yes O No	O Yes O No	O Yes O No	O Yes O No			
SSI	C Yes C No	C Yes C No	O Yes O No	O Yes O No			
SNAP	⊙ Yes O No	O Yes O No	O Yes O No	C Yes C No			
Means-tested Veterans Programs	C Yes C No	C Yes C No	C Yes C No	C Yes C No			
1.5 Do you automatically enroll households without If Yes, explain:  yes, for our heating program (LIEAP households.				lication period for all other			
1.6 How do you ensure there is no difference in th when determining eligibility and benefit amounts The Energy program policy is aligned	?			iving other public assistance			
SNAP Nominal Payments							
1.7a Do you allocate LIHEAP funds toward a non	ninal payment for SNA	P households? O Yes	<b>⊙</b> No				
If you answered "Yes" to question 1.7a, you must	provide a response to o	questions 1.7b, 1.7c, an	d 1.7d.				
1.7b Amount of Nominal Assistance: \$0.00							
1.7c Frequency of Assistance							
Once Per Year							
Once every five years							
Other - Describe:	Other - Describe:						
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?							
n/a							
Determination of Eligibility - Countable Income							
1.8. In determining a household's income eligibilit	ty for LIHEAP, do you	use gross income or ne	t 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							

<b>&gt;</b>	Wages
<b>&gt;</b>	Self - Employment Income
<b>&gt;</b>	Contract Income
<b>&gt;</b>	Payments from mortgage or Sales Contracts
<b>&gt;</b>	Unemployment insurance
<b>&gt;</b>	Strike Pay
<b>&gt;</b>	Social Security Administration (SSA ) benefits
	✓ Including MediCare deduction  Excluding MediCare deduction
<b>&gt;</b>	Supplemental Security Income (SSI )
<b>&gt;</b>	Retirement / pension benefits
<b>&gt;</b>	General Assistance benefits
<b>&gt;</b>	Temporary Assistance for Needy Families (TANF) benefits
	Loans that need to be repaid
<b>&gt;</b>	Cash gifts
<b>&gt;</b>	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.

	Transfer of the Control of the Contr	
<b>&gt;</b>	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  Funds received by households for the care of a foster child are only counted when the household chooses to include the foster in the household unit. Per our state policy section 400.03B.	child
	ny of the above questions require further explanation or clarification that could not be mad fields provided, attach a document with said explanation here.	de in
1.101	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.	
<b>~</b>	Online application that is also mobile friendly	
	Other, please describe  Households can apply for energy programs online at NCDHHS - ePASS (https://epass.nc.gov). The pdf/paper applications also avaible on this site that can downloaded and printed if households prefer to fill out by hand and submit via fax, mail or drop off a agency in person.	
Pleas	se include a link(s) to a statewide application, if available:	
	DSS-8178 (ncdhhs.gov)	
1.10b	Can all program components be applied for online? • Yes O No	
	, explain which components can and cannot be applied for online.	
1.11 1	Do you have a process for conducting and completing applications by phone	
_	Do you or any of your subrecipients require in person appointments in order to apply $\square$ Yes $\square$ No	
	s, please provide more information regarding why in-person appointments are required and in what circumstances they are	
1.13	How can applicants submit documentation for verification? Select all that apply:	
<b>&gt;</b>	In-person	
>	Mail	
<b>&gt;</b>	Email	
~	Portal application	
<b>~</b>	Other, please describe	
	verification documentation can be added to the online application during or after application process in the online portal or households can submit by all options selected in the section.	
	JI.	

# **Hidden for Section 1**

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## **Section 2 - HEATING ASSISTANCE**

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

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

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

	MODEL PLAN						
	Section	on 2 - H	Heating Assistance				
Eligibility, 2605(	b)(2) - Assurance 2						
2.1 Designate the	income eligibility threshold used for the	heating co	omponent:				
Add	Household size		Eligibility Guideline	Eligibility Threshold			
1	All Household Sizes		HHS Poverty Guidelines	130.00%			
2	All Household Sizes		HHS Poverty Guidelines	150.00%			
2.2 Do you have a Heating Assistan	additional eligibility requirements for ce?	O Yes	€ No				
2.3 Check the ap	propriate boxes below and describe the p	oolicies for	each.				
Do you require a	n Assets test?	C Yes	<b>⊙</b> No				
If yes, describe: I	Do you have additional/differing eligibili	ty policies i	for:				
Renters?		Yes	C <sub>No</sub>				
the time of application. A household is vulnerable if it has a heating source billed separately and it is subject to the rising cost of heating for the heat expense. Accept the applicant's statement about the vulnerability status for the household. 1. If a household lives in a private living arrangement with a heating source and heat costs are billed separately, it is fully vulnerable. 2. If a household lives in public housing where heat costs are billed separately from the rent, it is fully vulnerable. 3. An applicant who lives in a private living arrangement who does not receive a separate bill from the energy provider, they are not vulnerable. 4. A household living in public housing where utilities for heat are billed separately from the rent or where utilities for heat are included in the rent, and the household has paid an excess in utilities for heat in the last 12 months at the current address, is fully vulnerable. County needs to have the public housing/housing authority sign a vendor contract for the payment check to be written to them directly or the public housing/housing authority needs to provide the account number for the household applying for benefits. For additional verification of a heating arrangement in public housing, contact the local public housing authority. 5. A person living in an institution is not vulnerable. NOTE: Receipt of a utility allowance does not affect vulnerability status. Section 8 households are considered in a private living arrangement.							
	ving in subsidized housing?	Yes	O No				
If yes, describe: Ye	s, households must meet the vulnerability g	guidelines a	s seen above.				
Renters wit	th utilities included in the rent?	Yes	C <sub>No</sub>				
	s, households must meet the vulnerability g	guidelines a	s seen above.				
, , ,	rity in eligibility to:	A	C				
	lts (60 years or older)?	Yes	∪No				
If yes, describe:  Yes, North Carolina reserves the month of December for our special population group to apply for the heating program (LIEAP) before opening the applications to all households beginning January- March. Also, the special population group (60+ older and disabled) is evaluated on a 150% FPL vs non-special population households with no members 60+ or older and disabled, which are evaluated on a 130% FPL for the heating program. The special population group consist of households with an indivudal aged 60 or older or disabled.							
	s with a disability?	Yes	∪ No				
apply for t January- M 150% FPL	s, North Carolina reserves the month of De he heating program (LIEAP) before openin March. Also, the special population group (6 . vs non-special population households with evaluated on a 130% FPL for the heating p	ig the applic 50+ older an no membe	cations to all households beginning and disabled) is evaluated on a ers 60+ or older and disabled,				

Young children?  If yes, describe:  Households with high energy burdens?  If yes, describe:  Other?  Tyes one of yes, describe:  Other?  The special population group (60+ older and disabled) is evaluated on 60+ or older and disabled, which are evaluated on a 130% FPL for the heatin requirements) and 300.09 (income limits for special population).  Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)  4 Describe how you prioritize the provision of heating assistance to vulnerable to.  North Carolina prioritizes vulnerable populations by evaluating on a lascitions 300.02 and 300.09.  5 Check the variables you use to determine your benefit levels. (Check all that 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:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heatin than for households with coal or wood heating sources, due to the higher cost state policy section 300.12.	
Households with high energy burdens?  Yes No  Yes, describe:  Other?  Yes No  Yes, describe:  The special population group (60+ older and disabled) is evaluated or 60+ or older and disabled, which are evaluated on a 130% FPL for the heatin requirements) and 300.09 (income limits for special population).  etermination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)  4 Describe how you prioritize the provision of heating assistance to vulnerable c.  North Carolina prioritizes vulnerable populations by evaluating on a lasections 300.02 and 300.09.  5 Check the variables you use to determine your benefit levels. (Check all that 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:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heatin than for households with coal or wood heating sources, due to the higher cost	
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Other?  yes, describe:  xplanations of policies for each "yes" checked above:  The special population group (60+ older and disabled) is evaluated on 60+ or older and disabled, which are evaluated on a 130% FPL for the heatin requirements) and 300.09 (income limits for special population).  etermination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)  4 Describe how you prioritize the provision of heating assistance to vulnerable c.  North Carolina prioritizes vulnerable populations by evaluating on a lasections 300.02 and 300.09.  5 Check the variables you use to determine your benefit levels. (Check all that 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:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heatin than for households with coal or wood heating sources, due to the higher cost	
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A Describe how you prioritize the provision of heating assistance to vulnerable.  North Carolina prioritizes vulnerable populations by evaluating on a lasections 300.02 and 300.09.  5 Check the variables you use to determine your benefit levels. (Check all that 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:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heatin than for households with coal or wood heating sources, due to the higher cost	
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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:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heatin than for households with coal or wood heating sources, due to the higher cost	ner income scale and early application periods. Per state polic
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:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heatin than for households with coal or wood heating sources, due to the higher cost	ply):
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:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heatin than for households with coal or wood heating sources, due to the higher cost	
Fuel type  Climate/region  Individual bill  Dwelling type  Energy burden (% of income spent on home energy)  Energy need  Other - Describe:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heating than for households with coal or wood heating sources, due to the higher cost	
Fuel type  Climate/region  Individual bill  Dwelling type  Energy burden (% of income spent on home energy)  Energy need  Other - Describe:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heating than for households with coal or wood heating sources, due to the higher cost	
Climate/region  Individual bill  Dwelling type  Energy burden (% of income spent on home energy)  Energy need  ✓ Other - Describe:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heating than for households with coal or wood heating sources, due to the higher cost	
Individual bill  Dwelling type  Energy burden (% of income spent on home energy)  Energy need  ✓ Other - Describe:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heating than for households with coal or wood heating sources, due to the higher cost	
Dwelling type  Energy burden (% of income spent on home energy)  Energy need  ✓ Other - Describe:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heating than for households with coal or wood heating sources, due to the higher cost	
Energy burden (% of income spent on home energy)  Energy need  Other - Describe:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heating than for households with coal or wood heating sources, due to the higher cost	
Energy need  Other - Describe:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heating than for households with coal or wood heating sources, due to the higher cost	
Other - Describe:  All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heating than for households with coal or wood heating sources, due to the higher cost	
All program benefit levels are based on income, fuel type and househ determines benefit amounts based on income, household size and fuel type to During LIEAP season, households that heat their homes with a heating than for households with coal or wood heating sources, due to the higher cost	<del></del>
During LIEAP season, households that heat their homes with a heatin than for households with coal or wood heating sources, due to the higher cost	
	sue a one time payment on utility bill.  purce other than coal or wood, their LIEAP payment is higher
enefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)	
6 Describe estimated benefit levels for the fiscal year for which this plan appli nown in the payment matrix.	Please note: the maximum and minimum benefits must be
Minimum Benefit \$300	Maximum Benefit \$500
7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of	nefits?2 C Yes  No
yes, describe.	

#### **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 the	Cooling c	omponent:		
Add	Household size		Eligibility Guideline	Eligibility Threshold	
1	All Household Sizes		HHS Poverty Guidelines	150.00%	
3.2 Do you have additional eligibility requirements for Cooling assistance?					
3.3 Check the ap	propriate boxes below and describe the p	olicies for	each.		
Do you require a	n Assets test?	C Yes	<b>⊙</b> No		
If yes, describe:		<u> </u>			
Do you have add	litional/differing eligibility policies for:				
Renters?		<b>⊙</b> Yes	C No		
at the time of application. A household is vulnerable if it has a heating source billed separately and it is subject to the rising cost of heating for the heat expense. Accept the applicant's statement about the vulnerability status for the household. 1. If a household lives in a private living arrangement with a heating source and heat costs are billed separately, it is fully vulnerable. 2. If a household lives in public housing where heat costs are billed separately from the rent, it is fully vulnerable. 3. An applicant who lives in a private living arrangement who does not receive a separate bill from the energy provider, they are not vulnerable. 4. A household living in public housing where utilities for heat are billed separately from the rent or where utilities for heat are included in the rent, and the household has paid an excess in utilities for heat in the last 12 months at the current address, is fully vulnerable. County needs to have the public housing/housing authority sign a vendor contract for the payment check to be written to them directly or the public housing/housing authority needs to provide the account number for the household applying for benefits. For additional verification of a heating arrangement in public housing, contact the local public housing authority. 5. A person living in an institution is not vulnerable.  State policy section 400.06					
Renters Li	ving in subsidized housing?	Yes      ✓ Ye	○ No		
Yes, cooling is under the crisis program and household must meet the vulnerbility policy: To be eligible, a household must be vulnerable at the time of application. A household is vulnerable if it has a heating source billed separately and it is subject to the rising cost of heating for the heat expense. Accept the applicant's statement about the vulnerability status for the household. 1. If a household lives in a private living arrangement with a heating source and heat costs are billed separately, it is fully vulnerable. 2. If a household lives in public housing where heat costs are billed separately from the rent, it is fully vulnerable. 3. An applicant who lives in a private living arrangement who does not receive a separate bill from the energy provider, they are not vulnerable. 4. A household living in public housing where utilities for heat are billed separately from the rent or where utilities for heat are included in the rent, and the household has paid an excess in utilities for heat 12 months at the current address, is fully vulnerable. County needs to have the public housing/housing authority sign a vendor contract for the payment check to be written to them directly or the public housing/housing authority needs to provide the account number for the household applying for benefits. For additional verification of a heating arrangement in public housing, contact the local public housing authority. 5. A person living in an institution is not vulnerable.					
Renters wi	th utilities included in the rent?	<b>⊙</b> Yes	C No		
If yes, describe:		_ 103			

Yes, cooling is under the crisis program and household must meet the vulnerbility policy: To be eligible, a household must be vulnerable at the time of application. A household is vulnerable if it has a heating source billed separately and it is subject to the rising cost of heating for the heat expense. Accept the applicant's statement about the vulnerability status for the household. 1. If a household lives in a private living arrangement with a heating source and heat costs are billed separately, it is fully vulnerable. 2. If a household lives in public housing where heat costs are billed separately from the rent, it is fully vulnerable. 3. An applicant who lives in a private living arrangement who does not receive a separate bill from the energy provider, they are not vulnerable. 4. A household living in public housing where utilities for heat are billed separately from the rent or where utilities for heat are included in the rent, and the household has paid an excess in utilities for heat in the last 12 months at the current address, is fully vulnerable. County needs to have the public housing/housing authority sign a vendor contract for the payment check to be written to them directly or the public housing/housing authority needs to provide the account number for the household applying for benefits. For additional verification of a heating arrangement in public housing, contact the local public housing authority. 5. A person living in an institution is not vulnerable.

State policy section 400.06					
Do you give priority in eligibility to:					
Older Adults (60 years or older)?	C Yes ON	No			
If yes, describe:					
Individuals with a disability?	⊙ Yes ○N	No			
If yes, describe:		10			
		requires heating and/or cooling assistance to prequires processing within 18 hrs/1-business			
Young children?	O <sub>Yes</sub> O <sub>N</sub>	No			
If yes, describe:					
Households with high energy burdens?	C Yes ON	No			
If yes, describe:					
Other?	O Yes ON	No			
If yes, describe:					
Explanations of policies for each "yes" checked abo	ove;				
Vulnerability state policy section 400.0		state policy section 400.03I			
3.4 Describe how you prioritize the provision of coetc.	oling assistance to vu	llnerable populations, e.g., benefit amount	ts, early application periods,		
disconnection or all ready disconnected. When applicants and applicants with disconnected ser	For cooling assistance which is under the crisis program all households are considered vulnerbale due to being in jeopardy of a disconnection or all ready disconnected. When evaulating the crisis for the 18 or 48 hr application processing timeframe, medically vulnerable applicants and applicants with disconnected service require 18 hr processing. Households with no underlying medical issue with a past due or disconnection notice require 48 hr processing. State policy section 400.03K.				
Determination of Benefits 2605(b)(5) - Assurance 5,					
3.5 Check the variables you use to determine your b	benefit levels. (Check	all that apply):			
<b>✓</b> 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:					
Cooling assistance under the crisis program uses the varibles of income in the 150% FPL, household size and energy needs in relation to a crisis. State policy section 400.03F3  For cooling assistance which is under the crisis program all households are considered vulnerbale due to being in jeopardy of a disconnection or all ready disconnected. When evaulating the crisis for the 18 or 48 hr application processing timeframe, medically vulnerable applicants and applicants with disconnected service require 18 hr processing. Households with no underlying medical issue with a past due or disconnection notice require 48 hr processing. State policy section 400.03K					
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)	)(B)				
3.6 Describe estimated benefit levels for the fiscal ye shown in the payment matrix.	ear for which this pla	an applies. Please note: the maximum and n	ninimum benefits must be		
Minimum Benefit	\$1	Maximum Benefit	\$600		
3.7 Do you provide in-kind (e.g., fans, air condition	iers) and/or other for	ms of benefits? • Yes O No			
If yes, describe.	-				

The cooling assistance under the crisis program can receive up to \$600 max benefit allotment per fiscal year depending on the need. If the household does not need \$600 to alleviate their crisis, the can reapply with the fiscal year if they are needing assistance again until they have utilized the full \$600 max per household limit. This in-kind assistance would include window air conditioning units and fans needed for cooling purposes. State policy section 400.04D7

## **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)

	MOI	DEL PLAN		,			
	Section 4: CR	ISIS ASSISTANCE					
Eligibility - 260	)4(c), 2605(c)(1)(A)						
	he income eligibility threshold used for the crisis con	nponent					
Add							
1	All Household Sizes	HHS Poverty Guidelines			150.00%		
	ur LIHEAP program's definition for determining a cund), Include all program definitions.	risis. If you administer multiple crisis	s assistan	nce programs (wi	nter, summer,		
househo and suff heating	A household is considered to be in a life threatening or hald is currently experiencing or is in danger of experiencicient, timely, and appropriate assistance is not available or cooling source or has a disconnect, final or past due not demonstrate the member would be in danger if the heating or cooling	ing a life-threatening or health-related e from any other source. Life-threatening otice for their primary heating or coolin	mergency g is defin ng service	y due to lack of he led as a household e and the health or	ating/cooling, which has no		
4.3 What const	itutes a <u>life-threatening crisis?</u>						
primary	Life-threatening is defined as a household which has no heating or cooling service and the health or well-being and. Each household should be evaluated on a case-by-case.	of a household member would be in dan	nger if the	e heating or coolin	g crisis was not		
Crisis Require	ment, 2604(c)						
4.4 Within how	many hours do you provide an intervention that wi	l resolve the energy crisis for eligible	househo	lds? 48Hours			
4.5 Within how situations? 181	v many hours do you provide an intervention that will Hours	ll resolve the energy crisis for eligible	househo	lds in life-threate	ening		
Crisis Eligibili	ty, 2605(c)(1)(A)						
			inter risis	Summer Crisis	Year-Round Crisis		
4.6 Do you hav	e additional eligibility requirements for Crisis Assist	ance?	4		~		
4.7 Check the a	appropriate boxes below to indicate type(s) of assista	nce provided					
Do you require	e an Assets test?				<b>V</b>		
Do you give pr	iority in eligibility to:	1 -	•				
Older Ad	lults (60 years or older)?						
Individu	als with a disability?						
Young C	hildren?						
Househo	lds with high energy burdens?						
Other (S	pecify): underlying medical issues and/or services are of	lisconnected			<b>~</b>		
In Order to red	ceive crisis assistance:	<u> </u>					
Must the	household have received a shut-off notice or have a	near empty tank?			~		
Must the	household have been shut off or have an empty tank	?			<b>~</b>		
Must the	household have exhausted their regular heating ben	efit?					
Must ren	ters with heating costs included in their rent have re	ceived an eviction notice?	4				
Must hea	ting/cooling be medically necessary?						

•		ı,						
Must the house	chold have non-working heating or cooling equipment?							
Other (Specify	): household must have a past due balance or disconnection notice			>				
Do you have addition	nal/differing eligibility policies for:							
Renters?				>				
Renters living	in subsidized housing?			>				
Renters with u	tilities included in the rent?			>				
Explanations of police	cies for each "yes" checked above:							
application. A Accept the app heating source separately fror the energy pro where utilities address, is full to them directl additional veri	crisis program a household must meet the vulnerbility policy: To be eligible, a house household is vulnerable if it has a heating source billed separately and it is subject to blicant's statement about the vulnerability status for the household. 1. If a household li and heat costs are billed separately, it is fully vulnerable. 2. If a household lives in pun the rent, it is fully vulnerable. 3. An applicant who lives in a private living arrangem vider, they are not vulnerable. 4. A household living in public housing where utilities for heat are included in the rent, and the household has paid an excess in utilities for be y vulnerable. County needs to have the public housing/housing authority sign a vendo y or the public housing/housing authority needs to provide the account number for the fication of a heating arrangement in public housing, contact the local public housing a. State policy section 400.06.	the rising cost of the vest in a private blic housing when the who does not for heat are billed the the the last 1: r contract for the household apple.	f heating for the living arrangem here heat costs as of receive a separately from 2 months at the e payment check lying for benefit	heat expense. ent with a re billed rate bill from m the rent or current c to be written s. For				
Determination of Be	nofite							
4.8 How do you hand								
	Separate component							
	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.							
<b>V</b>	Other - Describe:							
	Determination of benefit for the crisis program is based on the need of the household to alleviate the crisis with a \$600 max benefit per household per fiscal year. Processing timeframes are impacted by whether the household has an underlying health issues and/or services are disconnected.							
4.9 If you have a sepa	arate component, how do you determine crisis assistance benefits?							
	Amount to resolve the crisis. \$0							
<b>&gt;</b>	Other - Describe:  Amount needed to alleviate crisis up to \$600 per fiscal year.							
	pplications for energy crisis assistance at sites that are geographically accessible	to all household	ls in the area to	be served?				
⊙ Yes O No I	Explain.							
Yes, al more than one	1 100 county subgrantees in the state has atleast one agency that accepts applications fagency site.	or the program.	For larger coun	ties some have				
4.11 Do you provide	individuals who are individuals with a disability the means to:							
	ns for crisis benefits without leaving their homes?							
⊙ Yes C No								
If No, explain. Yes, ap	oplications can be completed over the phone and online							
Travel to the sites at which applications for crisis assistance are accepted?								
C Yes O No								
If No, explain.								
	s no statewide public transportation. This is why the state offers phone and online app when applying for assistance.	lications, to pre	vent transportat	on to a site				
disabled?	" to both options in question 4.11, please explain alternative means of intake to the							
	, for applicants to apply online and provide any necessary verification.			,				
Renefit Levels 26050	(a)(1)(R)							

4.12 Indicate the maxin	num benefit for each type of	f crisis assis	tance offere	d			<u></u>	
Winter Crisis	\$0.00 maximum benefit							
Summer Crisis	\$0.00 maximum benefit	\$0.00 maximum benefit						
Year-round Crisis	\$600.00 maximum benefit							
	-kind (e.g. blankets, space h	eaters, fans)	and/or othe	er forms of bene	efits?			
Tes O No If yes,	, Describe							
Yes, the c	crisis program used funds to p	urchase in-k	ind items for	househoulds wi	ithin the \$600 benefit n	nax amoun	t.	
4.14 Do you provide for	r equipment repair or repla	cement usin	g crisis fund	ls?				
C Yes O No								
If you answered "Yes"	to question 4.14, you must o	complete qu	estion 4.15.					
4.15 Check appropriate	e boxes below to indicate typ	pe(s) of assis	stance provi	ded.				
		Winter Crisis	Summer Crisis	Year-round C	risis			
Heating system repair								
Heating system replace	ment							
Cooling system repair								
Cooling system replaces	ment							
Wood stove purchase								
Pellet stove purchase								
Solar panel(s)								
Utility poles / gas line ho	ook-ups							
Other (Specify):								
or replacement is	e type pf services for repair s completed through the orogram not the crisis							
4.16 Do any of the utilit	ty vendors you work with er	aforce a mo	ratorium on	shut offs?				
C Yes O No								
If you responded "Yes"	" to question 4.16, you must	respond to	question 4.1	7.				
4.17 Describe the terms	s of the moratorium and any	y special dis	pensation re	ceived by LIHI	EAP clients during or	after the i	moratorium period.	
Moratoriu needed.	ums have been lifted in our St	ate, no longe	er a State of I	Emergency but u	itiity vendors have the	flexibility t	to issue moratoriums if	
<b>4.18 If you experience a</b> No	a natural disaster, do you in	tend to utili	ze LIHEAP	crisis funds to	address disaster relate	ed crisis si	tuations? O Yes	
If yes, describe								
	ove questions requi led, attach a docun					at coul	d not be made in	

## **Section 5 - WEATHERIZATION ASSISTANCE**

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

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

Secti	on 5: WEATI	HERIZATION ASSISTAN	CE
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assa	urance 2		
5.1 Designate the income eligibility thresh	old used for the Weat	herization component	
Add Housel	hold Size	Eligibility Guideline	Eligibility Threshold
1 All Household Sizes		HHS Poverty Guidelines	200.00%
5.2 Do you enter into an interagency agree No	ement to have another	government agency administer a WEATH	IERIZATION component? • Yes
	opy of the Internal Ag	reement or Contract. NC Department of En	nvironment Quality (DEQ)
5.4 Is there a separate monitoring protoco	ol for weatherization?	⊙ Yes ◯ No	·
WEATHERIZATION - Types of Rules			
5.5 Under what rules do you administer L	IHEAP weatherizatio	n? (Check only one.)	
Entirely under LIHEAP (not DOE)	rules		
Entirely under DOE WAP (not LIH	EAP) rules		
Mostly under LIHEAP rules with the	ne following DOE WA	P rule(s) where LIHEAP and WAP rules d	liffer (Check all that apply):
Income Threshold			
	i family hausing sture	struction is normitted if at least 660/ of units (5	100/ in 2 % 4 unit huildings) and
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 temporar care facilities).	ily housing primarily	low income persons (excluding nursing hor	mes, prisons, and similar institutional
Other - Describe:			
Mostly under DOE WAP rules, with	the following LIHEA	AP rule(s) where LIHEAP and WAP rules of	differ (Check all that apply.)
✓ Income Threshold			
Weatherization not subject to	DOE WAP maximum	ı statewide average cost per dwelling unit.	
Weatherization measures are	not subject to DOE Sa	avings to Investment Ration (SIR ) standar	ds.
Other - Describe:			
EH-11-11-4- 2(05(1-)(5) 1			
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 eligib			
Renters	• Yes O No		
Renters living in subsidized	• Yes • No		
housing?			
Renters with utilities included in the rent?	Yes O No		
5.8 Do you give priority in eligibility to:			
Older Adults?	C Yes O No		
Individuals with a disability?	C Yes O No		
Young Children?	C Yes O No		
House holds with high energy burdens?	C Yes O No		

Other? C Yes O No	
If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, below.	ou must provide further explanation of these policies in the text field
Weatherization needs written permission from landlords to co	emplete work on rented units.
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditus	re 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). Tes No	
5.10a If so, what is the ACPU amount? \$10,000	
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	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: insulates attics, floors and walls as needed, install smoke and carbon monoxide detectors, checking combustion appliances such as stoves/ furnaces/water heater.
If any of the above questions require further expl the fields provided, attach a document with said of	anation or clarification that could not be made in

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

# Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) 6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available: 4 Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. Publish articles in local newspapers or broadcast media announcements. Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. Mass mailing(s) to prior-year LIHEAP recipients. Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other 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):

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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) Intake referrals to/from other programs (indicate programs included) n/a One - stop intake centers Other - Describe: Case workers are provided eligibility criteria of all programs. Following an assessment, clients are referred to othe programs as needed. Procedures of referrals, workers will provide clients with program information and instructions on how to apply. This can be in the form of an website link, paper application or phone number to contact/inquire about that program. The ePASS website allows applicants to apply for all economic henefits.

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

# Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state Crant

	recipients a	nd the Commo		` -	state Grant			
8.1 Ho	w would you categorize the primary respons	sibility of your State age	ncy?					
	Administration Agency							
	Commerce Agency							
	Community Services Agency							
>	Energy/Environment Agency							
	Housing Agency							
V	State Department of Welfare (administers	TANF, SNAP, and/or M	(edicaid)					
	Economic Development Agency							
	Other - Describe:							
	e current list of subrecipient name, main off mber. <i>Used for Near hotline and OCS Servic</i>			er, county(s) served, Co	ngressional District, and			
If you	ate Outreach and Intake, 2605(b)(15) - Assu selected "State Department of Welfare (adm 8.4, as applicable.		and/or Medicaid)'' in q	uestion 8.1, you must co	mplete questions 8.2, 8.			
8.2 How do you provide alternate outreach and intake for heating assistance?								
The Energy programs are county agency administered and State supervised. Counties all have county agencies and some utilize community action agencies and organizations to help with outreach and intake of energy programs.								
8.3 Ho	w do you provide alternate outreach and int	ake for cooling assistan	ce?>					
The Energy programs are county agency administered and State supervised. Counties all have county agencies and some utilize community action agencies and organizations to help with outreach and intake of energy programs.								
8.4 Ho	w do you provide alternate outreach and int	ake for crisis assistance	?					
	The Energy programs are county agenc community action agencies and organizations				d some utilize			
8.5 LII	HEAP Component Administration.	Heating	Cooling	Crisis	Weatherization			
8.5a W	ho determines client eligibility?	Local County Government	Local County Government	Local County Government	Community Action Agencies			
	8.5b Who processes benefit payments to gas and electric vendors?  Local County Government  Local County Government  Covernment  Covernment  Covernment  Covernment  Covernment  Covernment  Covernment							

	Local County Government	Local County Government	Local County Government	
3.5d Who performs installation of weatherization neasures?				Community Action Agencies
Include a current list of subrecipie	ent(s) name, n	nain office addre	ess (do not list P.	O. Box), phone
number, county(s) served, Congre	ssional Distri	ct, and UEI num	ber.	· · · ·
f any of your LIHEAP components are not centra	lly-administered by	a state agency, you mu	st complete questions 8.	6, 8.7, 8.8, and, if
3.6 What is your process for selecting local admini	stering agencies?			
North Carolina has 100 counties and ear go to apply for energy assistance. There are 20 multiple counties to ensure all 100 counties are COG and the remaining 2 are county governer on the previous year's contract. The public is public comment period held prior to projected funding amounts and units to be con	O subgrantees that ad e covered. Out of the ment agencies. Weath provided the opportun to the annual public h	minster Weatherization so 20: 16 are community ac herization subgrantees co- nity to provide feedback of earing. A list of proposed	ervices. Thes weatherizated to agencies, 1 is a non natinue services year to ye on the subgrantess perform	ion subgrantees service profit organization, 1 is a ar based on the performan nance and level of service
3.7 How many local administering agencies do you	use? 100			
3.8 Have you changed any local administering age ○ Yes • No	ncies in the last year	r?		
3.9 If so, why?				
Agency was in noncompliance with Grant 1	recipient requireme	nts for LIHEAP -		
Agency is under criminal investigation				
Added agency				
Agency closed				
Other - describe				
8.10 If a subrecipient is no longer providing LIHE  No	CAP, are you aware	of prior-year LIHEAP t	funds being mismanage	d or misspent? O Yes
8.10a If yes, please explain.		CODO CODO VI	Start TANE and Dana	
8.10a If yes, please explain.  8.10b If you are aware, were other federal progr Weatherization funding, etc. Yes No	rams impacted such	as CSBG, SSBG, Head	Start, TAINT, and Depa	rtment of Energy

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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. North Carolina's computer system records all energy applications, including the vendor, account details and the applicant's approved amount. Payments are then issued directly to the vendor via direct deposit. For vendors who do not use direct deposit, the county mails them a check instead. 9.2 How do you notify the client of the amount of assistance paid? The client/household receives an approval notice in the mail informing them the benefit amount they are eligible for and which vendor and account number the benefit payment will be applied to. 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? For the crisis program the benefit amount is based on the need to prevent the disconnection or the cost to restore services and once approved the agency contacts the utility provider to make a pledge on the account to ensure this amount it accounted for on this bill until the provider receives the payment via direct deposit or check. For the heating program, the benefit amount is a credit payment applied to the account. 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP The Energy provider agreement that providers must read and sign to receive LIHEAP payments and participate as a provider in our program, has specific legal language included in the terms and conditions that ensures providers are treating all households fair. 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? C Yes O No If so, describe the measures unregulated vendors may take. Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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

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

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

North Carolina Division of Social Services operates under a county administered and state supervised system. Both State and County administrative costs of direct case work are charged directly to the appropriate program and supervisory and overhead cost are allocated in accordance with the cost allocation plan approved by the North Carolina Department of Health and Human Services. NC DHHS fiscal/budget Division tracks in house and subgrantees and administrative cost. Indirect cost are handled through cognizant agencies prior to the final direct cost rate being developed. Expenditures on all components of the LIHEAP plan are recorded in the North Carolina Division of Social Services accounting records by fund, cost center, and line item. Documentation of State office expenditures are maintained by the accounting office. Applications for heating, cooling, and crisis programs are taken by Department of Social Services personnel and additional State and local government entitles or community based organizations. The applications are processed by the county and are retained by the county. Local State monitoring is conducted to track the LIHEAP funds used and the number of households that received assistance.

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

#### Obligation

An obligation is a commitment of funds for a specific use. The State obligates funds by entering into a signed agreement with local agencies. Expenditures are the payments of those funds. The State makes payments for local agency operations and salaries. The funds are available for obligation and expenditure for a period of two years after the award date. The two-year grant period authorizes the State to obligate and expend carryover funds in the second year. If any of the carryover funds are not obligated or expended by the end of the 2nd year in the grant period, they are returned to the federal government. All funds are reported in the SF-425, Federal Financial Report, at the end of the award's obligation and expenditure period, including any vendor refunds that are re-obligated.

#### Expenditures

Expenditures are the payments of those funds. The State makes payments for local agency operations and salaries.

#### Expenditure timeframe

The funds are available for obligation and expenditure for a period of two years after the award date. The two-year grant period authorizes the State to obligate and expend carryover funds in the second year. If any of the carryover funds are not obligated or expended by the end of the 2<sup>nd</sup> year in the grant period, they are returned to the federal government. All funds are reported in the SF-425, *Federal Financial Report, at the* end of the award's obligation and expenditure period, including any vendor refunds that are re-obligated.

## Administrative costs

Administrative costs are those expenses incurred by grant recipients or sub-recipients in support of the day to day operations of their organization.

#### Audit Process

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

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

The Single Auditor will make contact with our department and inform us of the pending review. We will provide the requested materials. Our department will supply the auditor with our case information and the auditor will select cases at random to review.

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 🏴	Nο	Findings	V
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Finding	Type	Brief Summary	Resolved?	Action Taken		
1						

#### 10.4. Audits of Local Administering Agencies

What types of annual audit requirements do you have in place for local administering agencies/district offices? Select all that apply.
Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
Local agencies/district offices are required to have an annual audit (other than A-133)
Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.
Grant recipient conducts fiscal and program monitoring of local agencies/district offices
Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
Compliance Monitoring
10.5. Describe your monitoring process for compliance at each level below. Check all that apply.
Grant recipients have a policy in place for appropriate separation of duties and internal controls.
Internal program review
✓ Departmental oversight
Secondary review of invoices and payments
Other program review mechanisms are in place. Describe:
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.
Site visits follow the same monitoring schedule as the SNAP program: Small counties have site visits every 3 years, medium counties every 2 years, and large counties every year.
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.
Site Visits:
Site visits follow the same monitoring schedule as the SNAP program: Small counties have site visits every 3 years, medium counties every 2 years, and large counties every year.
Desk Reviews:
Desk reviews are conducted through monitoring of the Statewide Energy database and our automated system North Carolina Families Accessing services through technology (NC FAST) which is implemented in all 100 county subgrantees through the state.
10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.  Other
10.9. How many local agencies are currently on corrective action plans? 60
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 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2) 11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply. Note: Tribes do not need to hold a public hearing but must ensure participation through other means. Tribal Council meeting(s) ~ Public Hearing(s) V Draft Plan posted to website and available for comment V Hard copy of plan is available for public view and comment V Comments from applicants are recorded ~ Request for comments on draft Plan is advertised Stakeholder consultation meeting(s) Comments are solicited during outreach activities V Other - Describe: LIHEAP block grant proposal plan was available for viewing on the state websites and on all 100 county websites from June 23-27, 2025. Virtual webinar public hearing was held Monday June 30, 2025 at 10:30 am. The participation was for the public to review and ask any questions and to submit any comments, suggestions or concerns. There was no feedback. Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only 11.2 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds? Date Event Description The proposed block grant plan for LHEAP funds FY 25-26 was posted for a week from 6/23-6/27 with public hearing webinar held 06/30/2025 on 6/30 at 10:30 am. The plan was posted on the State webpage with a public announcement /press release and posted on all 100 county sites. 11.3. How many parties commented on your plan at the hearing(s)? 5 comments 11.4 Summarize the comments you received at the hearing(s). Many were clarification questions. 11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input? no changes were needed. 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 12: Fair Hearings, 2605(b)(13) - Assurance 13

- 12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year?  $\,0\,$
- 12.2 How many of those fair hearings resulted in the initial decision being reversed?  $\,0\,$
- 12.3 Describe any policy and/or procedural changes made in the last federal Fiscal Year as a result of fair hearings?

n/a

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

Denials: The notice includes information on fair hearings, their rights and responsibilities in detail, and instructions on how to request an appeal/hearing if they do not agree with the decision. The household has the right to appeal when they are denied the right apply for benefits, benefits are denied or a decision is not made on the application in a timely manner and payment is less then the household believes they are entitled to. Households have 60 calendar days from the date of approval/denial notice to request a hearing. The household has a right to request a State hearing only after a local appeal hearing has been held and decision has been rendered. The hearing can be requested orally or in writing. The household must request a State appeal within five calendar days from the date of local hearing decision. The State hearing officer will have 15 calendar days to render a decision. If the household is not satisfied with the final decision following the State hearing, it may be filed for a judicial review within 30 calendar days to the superior court.

Untimley: The applicant has the right to request a fair hearing if they feel their application was not completed or acted on in a timely manner. Our state system has a time clock and will show proof to justify this claim, it will show when the application was submitted and when it was completed and if any verifications or additional information was requested by the worker because Energy policy will provide the proper timeframes for these items

12.5 When and how are applicants informed of these rights?

Applicants are informed of their rights at the time of application. Rights are also printed on all notices issued to clients.

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

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

13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?

The State does not use LIHEAP funds for this purpose. A percentage of funds are dispersed to DEQ to operate the Weatherization program, which provides services that make homes more energy efficient, in turn reducing energy cost.

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

13.5 How many households received these services? 0

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

## Section 14:Leveraging Incentive Program, 2607(A)

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

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

The State, non-profit agencies and local county departments of social services receive in-kind contributions and money from fuel funds, city, and county government, private citizens and corporations. Non-profit agencies and county Departments of Social Services sign guarantees of deposits for utilities. The funds received, deposited guarentees, and rate reduction programs assist persons with energy expenses who meet the federal LiHEAP eligbility guidelines. All programs are considered prior or in conjunction with the use of LiHEAP cirisis funds. There is no duplication of benefits. Many agencies coordinate with DSS office that administer the Crisis Program under LiHEAP before disbursing funds unless the program is also administered through our state system and within our DSS agencies already, like many of our private funds are.

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	Heating/Cooling	Duke Progress Energy's Share the Light program. Funds are 100% from monies contributed by Progress Energy customers and employees and from corporate donations.	These are for any Duke Progress Energy customers. Benefits are considered prior to and/or in conjunction with LIHEAP crisis funds
2	Heating/Cooling	Duke Energy Progress: NC Settlement Rate fund program are funds that are 100% from money contributions by Duke Progress Energy customers and employees and other corporate donations	These are for any Duke Progress Energy customers. Benefits are considered prior to and/or in conjunction with LIHEAP crisis funds.
3	Heating/Cooling	Wake Electic Corp. RoundUp. Funds are 100% from monies contributed by Wake Electric Membership Corporation	These are for any wake electric customers. Benefits are considered prior to and/or in conjunction with LIHEAP crisis funds.
4	Heating Assistance	Piedmont Natural Gas company share the warmth program. Funded 100% from monies contributed by Piedmont Natural Gas.	These are for any Piedmont Natural Gas customers. Benefits are considered prior to and/or in conjunction with LIHEAP crisis funds.
5			

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

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

Job aids and training videos are also available to vendors for the energy portal to help vendors with direct deposit payments and invoices.

15.2 Does your training program address fraud reporting and prevention?

© Yes

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

## Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

North Carolina Energy Programs Application is currently on target to capture the data needed for the required performance measures data. Continuous work been done to ensure improvements are made in this area. Vendor agreements are reviewed to ensure areas have been updated to strengthen partnerships between the local DSS agencies and the vendors. Top vendors in each category have been identified for reporting purposes. North Carolina will collect main heating fuel information and cooling information from all households assisted by gathering information from the application process and North Carolina will pull the information for reporting from the NC FAST system. The NC FAST system requires that all information is entered to obtain expenditure data for all LIHEAP bill payments to households. We identify the top providers and send them a list of all clients for the vendors to return the last 12 months of bill data.

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

L											
	Section 17: Program Integrity, 2605(b)(10)										
17.1	17.1 Fraud Reporting Mechanisms										
a. D	escribe all mechanisms availal	ole to	the public for rep	orting cases of	f sus	pected waste, frat	ıd, and abuse. S	elect	t all that apply.		
	Online Fraud Reportin	g									
	Dedicated Fraud Repo	rting	Hotline								
	Report directly to local	age	ncy/district office o	r Grant recip	ient (	office					
	Report to State Inspect	or G	eneral or Attorney	General							
	Forms and procedures	in p	lace for local agenc	ies/district off	ices	and vendors to re	port fraud, was	te, a	nd abuse		
	Other - Describe:										
b. D	Describe strategies in place for a	adve	rtising the above-r	eferenced reso	urce	es. Select all that a	pply				
	Printed outreach mater	rials									
	Posted in local adminis	terin	g agencies offices.								
	Addressed on LIHEAP	app	lication								
	Website										
	Other - Describe:										
17.2	2. Identification Documentation	n Red	quirements								
	ndicate which of the following s	form	s of identification a	are required o	r req	quested to be colle	cted from LIHI	EAP	applicants or the	eir household	
Collected from Whom?											
ТУР	e of Identification Collected		Applicant Only			All Adults in Household			All Household	Members	
			Required	-		Required			Required		
II .	ial Security Card is tocopied and retained										
			Requested			Requested			Requested		
C.	-1 C		Required			Required			Required		
	ial Security Number (Without ual Card)							<b>&gt;</b>			
			Requested			Requested			Requested		
Government-issued identification		. 4	Required			Required			Required		
car	i	>									
	: driver's license, state ID, bal ID, passport, etc.)		Requested			Requested			Requested		
	Other		Applicant Only	Applicant Or		All Adults in Household	All Adults in Household		All Household Members	All Household Members	
	Other		Required	Requested		Required	Requested	_	Required	Requested	
1							I			4	

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:							
US citizenship- client statement is accepted unless questionable.							
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							
<b>✓</b> Tax statements							
Zero-income statements							
<b>✓</b> Unemployment Insurance letters							
Other - Describe:							
Computer data matches:							
Income information matched against state computer system (e.g., SNAP, TANF)							
<b>Y</b> 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 thapply							
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:							
17.6. Protection of Privacy and Confidentiality							

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
Policy in place prohibiting release of information without written consent
Grant recipient LIHEAP database includes privacy/confidentiality safeguards
Employee training on confidentiality for:
Grant recipient employees
✓ Local agencies/district offices
Employees must sign confidentiality agreement
✓ Grant recipient employees
✓ Local agencies/district offices
Physical files are stored in a secure location
Electronic files are protected in a secure location.
Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
All vendors must register with the State/Tribe.
All vendors must supply a valid SSN or TIN/W-9 form
Vendors are verified through energy bills provided by the household
Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
Other - Describe and note any exceptions to policies above:
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
Applicants required to submit proof of physical residency
Applicants must submit current utility bill
Data exchange with utilities that verifies:
Account ownership
✓ Consumption
<b>✓</b> 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 timeliness of payments made to utilities
Direct payment to households are made in limited cases only
Procedures are in place to require prompt refunds from utilities in cases of account closure
Vandar agreements specify requirements selected above, and provide enforcement mechanism
Vendor agreements specify requirements selected above, and provide enforcement mechanism  Other Describe:
Vendor agreements specify requirements selected above, and provide enforcement mechanism  Other - Describe:
Tendor agreements speen, requirements serected above, and provide emoretiment mechanism

<b>✓</b> 7	Vendors are checked against an approved vendors list	
	Centralized computer system/database is used to track payments to all vendors	
<b>V</b>	Clients are relied on for reports of non-delivery or partial delivery	
<b>'</b> 1	Two-party checks are issued naming client and vendor	
П	Direct payment to households are made in limited cases only	
V	Vendors are only paid once they provide a delivery receipt signed by the client	
	Conduct monitoring of bulk fuel vendors	
F	Bulk fuel vendors are required to submit reports to the grant recipient.	
<b>∨</b> ∨	Vendor agreements specify requirements selected above, and provide enforcement mechanism	
	Other - Describe:	
17.10. Investigations and Prosecutions		
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.		
F	Refer to state Inspector General	
F	Refer to local prosecutor or state Attorney General	
I F	Refer to US DHHS Inspector General (including referral to OIG hotline)	
✓ I	ocal agencies/district offices or Grant recipient conduct investigation of fraud complaints from public	
	Grant recipient attempts collection of improper payments. If so, describe the recoupment process	
	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?	
	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.)

820 Boylan Ave  * Address Line 1		
Address Line 2		
Address Line 3		
Raleigh * City	NC * State	27699-2420 * 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.		