DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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

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

Report Sections

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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 Application/ Plan/Funding Request? Explanation: 2. Date Received: 3. Applicant Identifier: | | st? | *1.d. Version: C Initial C Resubmission E Revision Update State Use Only: | |
|---|----------------|---|---|--|---------------------|--|--|
| | | | | 4a. Unique Entity Identifier (UEI) HKQDEXRXGKL1 | | 5. Date Received By State: | |
| | | | 4b. Fed | b. Federal Award Identifier: | | 6. State Application Identifier: | |
| 7. APPLICANT INFO | ORMATION | | | | | | |
| * a. Legal Name: Sta | te of Nebraska | | | | | | |
| * b. Address: | | | | | | | |
| * Street 1: | P.O. BOX 95 | 026 | Stre | et 2: | 301 CENTED FLOOR | NNIAL MALL SOUTH, 3RD | |
| * City: | LINCOLN | | Cou | nty: | | | |
| * State: | NE | | Pro | vince: | | | |
| * Country: | United States | | * Zi Code: | p / Postal | 68509 - 5026 | 5 | |
| c. Organizational l | Unit: | | | | | | |
| Department Name Department of Health | | ervices | Division Name: Office of Economic Assistance | | | | |
| | | person to be contacted on matters it t of Health and Human Services' LII | | | | be listed on Notice of Funding | |
| * First Name: Andrea | | | * Last Name: Morinelli | | | | |
| Title: LIHEAP Program Ma | anager | | Organizational Affiliation: | | | | |
| * Telephone Number 402-429-0204 | : | | Fax Nu | mber | | | |
| * Email: andrea.morinelli@ne | braska.gov | | | | | | |
| * 8. TYPE OF APPL A: State Government | ICANT: | | | | | | |
| * a. Is the applican | t a Tribal Con | sortium: C Yes O No | | | | | |
| | | ne the following documentation: | | | | | |
| | | Catalog of Federal Dome Assistance Number: | Catalog of Federal Domestic Assistance Number: | | C | FDA Title: | |
| 9. CFDA Numbers and | Titles | 93.568 | Low-Income Home Energy Assistance Program | | | Assistance Program | |
| 10. DESCRIPTIVE T 2026 Nebraska LIHE | | PLICANT'S PROJECT: | | | | | |
| 11. AREAS AFFECT LIHEAP and Weathe | | ING: | | | | | |
| 12. CONGRESSIONA 01 | AL DISTRICT | S OF APPLICANT: | | | | | |
| 13. FUNDING PERIO | OD: | | | | | | |
| a. Start Date: 10/01/2025 | | | | b. End Date: 09/30/2026 | | | |
| * 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EX | | | | EXECUTIVE ORDER 12372 PROCESS? | | | |

| a. This submission was made available to the State under Executive Order 12372 | | | |
|---|---|--|--|
| Process for review on: | | | |
| b. Program is subject to E.O. 12372 but has not been selected by State for revi | ew. | | |
| c. Program is not covered by E.O. 12372. | | | |
| *15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? O YES NO | | | |
| If Yes, explain: | | | |
| 16. By signing this application, I certify (1) to the statements contained in the list complete and accurate to the best of my knowledge. I also provide the required as accept an award. I am aware that any false, fictitious, or fraudulent statements of penalties. (U.S. Code, Title 218, Section 1001) **I Agree | ssurances** and agree to comply with any resulting terms if I | | |
| ** The list of certifications and assurances, or an internet site where you may obt specific instructions. | ain this list, is contained in the announcement or agency | | |
| 17a. Typed or Printed Name and Title of Authorized Certifying Official | 17c. Telephone (area code, number and extension) | | |
| Andrea Morinelli | 17d. Email Address andrea.morinelli@nebraska.gov | | |
| 17b. Signature of Authorized Certifying Official | 17e. Date Report Submitted (Month, Day, Year) 09/24/2025 | | |

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

| | Section 1 Program Componer | nts | | | | | |
|-------------|--|--------------------|------------|--|--|--|--|
| Pro | Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C) | | | | | | |
| (No | Check which components you will operate under the LIHEAP program. te: You must provide information for each component designated here as requested elsewhere in plan.) | Dates of Operation | | | | | |
| | | Start Date | End Date | | | | |
| \ | Heating assistance | 10/01/2025 | 03/31/2026 | | | | |
| > | Cooling assistance | 06/01/2026 | 08/31/2026 | | | | |
| | Summer crisis assistance | | | | | | |
| | Winter crisis assistance | | | | | | |
| Y | Year-round crisis assistance | 10/01/2025 | 09/30/2026 | | | | |
| Y | Weatherization assistance | 10/01/2025 | 09/30/2026 | | | | |
| | | | | | | | |

Provide further explanation for the dates of operation, if necessary

The Nebraska Department of Health and Human Services (DHHS) provides heating assistance to eligible households during the heating sea through March).

- DHHS may determine a household's eligibility for heating assistance after the heating season if a household applied for/requested LIHEAP assis
 the heating season and eligibility was not determined, eligibility was incorrectly determined, or a household had a current application (a pending
 economic assistance program case) during the heating season, and eligibility was not determined.
- DHHS may begin determining eligibility for heating assistance prior to the beginning of the heating season. If this occurs, heating assistance pay be issued until the start of the heating season. DHHS will make this decision based on operational and technical capabilities. Eligibility staff will guidance if eligibility will be determined before the heating season begins.

DHHS currently provides a year-round crisis assistance program. For each program year (October through September), DHHS accepts and applications and crisis assistance requests according to the earliest application date until DHHS determines that pending payments will exhaust avaithe program year. Upon making this determination, DHHS will accept no more applications for crisis assistance for the program year.

DHHS contracts with the Nebraska Department of Water, Energy, and Environment (DWEE) to administer the weatherization assistance processes and the second of the contracts with the Nebraska Department of Water, Energy, and Environment (DWEE) to administer the weatherization assistance processes and the contracts with the Nebraska Department of Water, Energy, and Environment (DWEE) to administer the weatherization assistance processes and the contract of the c

The availability of the cooling assistance program and the variables used to determine eligible households will depend on the LIHEAP func and available for the current federal fiscal year. DHHS typically provides cooling assistance to eligible households during the cooling season (June August).

- DHHS may determine a household's eligibility for cooling assistance after the cooling season in certain situations, such as eligibility for a timely
 request was not determined by the end of the cooling season or eligibility was incorrectly determined.
- DHHS may determine a household's eligibility for cooling assistance prior to the beginning of the cooling season. If this occurs, cooling assistan
 will not be issued until the beginning of the cooling season. DHHS will make this decision based on operational and technical capabilities. Eligible notified via guidance if eligibility will be determined before the cooling season begins.

For heating or cooling eligible households, an extra payment may be made in the form of a supplemental payment or an increase in the regular payment. The supplemental payments may be processed and issued at any time during the current LIHEAP program year (October through September 1).

for a supplemental payment for households that received heating or cooling assistance may be identified during or following the heating or cooling reason for the supplemental issuance may be due to circumstances including but not limited to high energy costs; extreme weather; disasters; pandfunding; or receipt of additional funding.

For example, a supplemental payment may be issued in September (or any month of the year) for LIHEAP-eligible households that received assistance or for LIHEAP-eligible households that received cooling assistance if it identified excess funds exist. Processing and issuing supplementate in the program year allows DHHS to more easily project the number of households that will receive the supplemental payment. These payment issued to either a provider or to the household. Supplemental payments are typically issued to the utility provider; however, below are some situated supplemental payment would be issued to the household:

- The utility provider does not cooperate with DHHS in accepting payments; or,
- · An economically vulnerable household's utilities are included in rent.

Section 1.2: DHHS utilizes 9% of available funds for administrative and planning costs; however, a portion of the funds awarded to NDEE weatherization are for administrative costs and planning costs. Thus, a portion of the expended administrative costs are considered in the amount for weatherization.

Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%. | Percentage (%) | Prior year totals |
|--|------------------|-------------------|
| Heating assistance | 58.00% | 58.00% |
| Cooling assistance | 18.00% | 18.00% |
| Summer crisis assistance | 0.00% | 0.00% |
| Winter crisis assistance | 0.00% | 0.00% |
| Year-round crisis assistance | 3.00% | 3.00% |
| Weatherization assistance | 10.00% | 10.00% |
| Carryover to the following federal fiscal year | 2.00% | 2.00% |
| Administrative and planning costs | 9.00% | 9.00% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 0.00% | 0.00% |
| Used to develop and implement leveraging activities | 0.00% | 0.00% |
| TOTAL | 100.00% | 100.00% |

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

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

| 1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogramme |
|---|
|---|

| | Heating assistance | > | Cooling assistance |
|---|------------------------------|---|--|
| > | Weatherization assistance | > | Other (specify:) DHHS runs a year-round crisis assistance program at this time. DHHS provides year-round deposit assistance. DHHS may utilize additional funds for cooling assistance. DHHS may utilize additional funds for repair and replacement assistance. DHHS may utilize additional funds for window air conditioner assistance. DHHS may utilize additional funds for heating assistance for households that were eligible for heating assistance (within the rules of the program). DHHS may provide supplemental payments for heating and/or cooling eligible households depending on whether there are additional funds, disasters, pandemics, etc. DHHS may utilize additional funds for weatherization services. |

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

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

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

| | Heating | Cooling | Crisis | Weatherization | |
|--------------------------------|------------|------------|------------|----------------|--|
| TANF | O Yes O No | O Yes O No | O Yes O No | C Yes C No | |
| SSI | C Yes C No | |
| SNAP | C Yes C No | |
| Means-tested Veterans Programs | C Yes C No | |

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

| 1.5 Do you automatically enroll households without a direct annual application | 2 🔘 | Voc | (€) 1 | Νo |
|--|-----|-----|-------|----|
| | | | | |

| If Ye | If Yes, explain: | | | | |
|-------------|--|--|--|--|--|
| | low do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance determining eligibility and benefit amounts? | | | | |
| SNA | SNAP Nominal Payments | | | | |
| 1.7a | Do you allocate LIHEAP funds toward a nominal payment for SNAP households? C Yes O No | | | | |
| | u answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d. | | | | |
| 1.7b | Amount of Nominal Assistance: \$0.00 | | | | |
| 1.7c l | Frequency of Assistance | | | | |
| | Once Per Year | | | | |
| | Once every five years | | | | |
| | Other - Describe: | | | | |
| 1.7d | How do you confirm that the household receiving a nominal payment has an energy cost or need? | | | | |
| | N/A | | | | |
| \models | | | | | |
| Deter | rmination of Eligibility - Countable Income | | | | |
| 1.8. I | n determining a household's income eligibility for LIHEAP, do you use gross income or net income? | | | | |
| > | Gross Income | | | | |
| | Net Income | | | | |
| | Other - Describe | | | | |
| 1.9. S | Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP | | | | |
| > | Wages | | | | |
| > | Self - Employment Income | | | | |
| > | Contract Income | | | | |
| | Payments from mortgage or Sales Contracts | | | | |
| > | Unemployment insurance | | | | |
| > | Strike Pay | | | | |
| > | Social Security Administration (SSA) benefits | | | | |
| | ✓ Including MediCare deduction Excluding MediCare deduction | | | | |
| > | Supplemental Security Income (SSI) | | | | |
| > | Retirement / pension benefits | | | | |
| | General Assistance benefits | | | | |
| > | Temporary Assistance for Needy Families (TANF) benefits | | | | |
| | Loans that need to be repaid | | | | |
| > | Cash gifts | | | | |
| | Savings account balance | | | | |

| | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. | | | | |
|---|--|--|--|--|--|
| | Jury duty compensation | | | | |
| > | Rental income | | | | |
| > | Income from employment through Workforce Investment Act (WIA) | | | | |
| > | Income from work study programs | | | | |
| > | Alimony | | | | |
| > | Child support | | | | |
| > | Interest, dividends, or royalties | | | | |
| > | Commissions | | | | |
| > | Legal settlements | | | | |
| > | Insurance payments made directly to the insured | | | | |
| | Insurance payments made specifically for the repayment of a bill, debt, or estimate | | | | |
| > | Veterans Administration (VA) benefits | | | | |
| > | Earned income of a child under the age of 18 | | | | |
| | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. | | | | |
| | Income tax refunds | | | | |
| > | Stipends from senior companion programs, such as VISTA | | | | |
| > | Funds received by household for the care of a foster child | | | | |
| | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid | | | | |
| > | Reimbursements (for mileage, gas, lodging, meals, etc.) | | | | |
| > | Other | | | | |
| | For the purposes of calculating and treating income for LIHEAP eligibility, DHHS applies the rules and regulations from theSupplemental Nutrition Assistance Program, Title 475 Nebraska Administrative Code (NAC). As a result, some of the aformentioned income types may be considered income in some circumstances but excluded as income inother circumstances. For example, the earned income of a child age 17 or younger and attending elementary or secondary school at leasthalf-time is excluded. However, the income of a 16 or 17-year-old that is not attending school half-time must be counted. Some otherexamples inlcude but are not limited to: General Assistance; VISTA; WIOA; and reimbursments. DHHS does not deduct medical costs from gross income when determining eligibility. Thus, Medicare is not considered a deduction for LIHEAP. DHHS considers the gross amount of income a client is eligible for from Social Security to be countable unearned income, regardless of whether a portion of the Social Security is used to pay for a Medicare premium. DHHS applies an earned income disregard of 20% to gross countable earned income if a household passes the gross countable income test. | | | | |
| | 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. | | | | |
| 1.10 Do you have an online application process © Yes O No | | | | | |
| 1.1 | 1.10a If yes, describe the type of online application (Select all boxes that apply) | | | | |
| > | A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing. | | | | |

| > | A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing. |
|--------------------|---|
| | One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing. |
| > | Online application that is also mobile friendly |
| | Other, please describe |
| Pleas | e include a link(s) to a statewide application, if available: |
| | https://iserve.nebraska.gov/ |
| 1.10b | Can all program components be applied for online? O Yes O No |
| If no, | explain which components can and cannot be applied for online. |
| | Weatherization Assistance Program. DHHS awards a portion of the LIHEAP funding to DWEE for weatherization assistance. DWEE awar community action agencies to provide weatherization services. When a household requests assistance from DHHS with a furnace or air conditione replacement assistance, the household is provided contact information for the agency that serves their community. |
| | |
| 1.11 | Do you have a process for conducting and completing applications by phone © Yes O No |
| | Do you have a process for conducting and completing applications by phone Yes No Do you or any of your subrecipients require in person appointments in order to apply Yes No |
| 1.12 | · · · · · · · · · · · · · · · · · · · |
| 1.12 l | Do you or any of your subrecipients require in person appointments in order to apply \square Yes \square No |
| 1.12 l | Do you or any of your subrecipients require in person appointments in order to apply $\mathbb C$ Yes $\mathfrak C$ No splease provide more information regarding why in-person appointments are required and in what circumstances they are required. |
| 1.12 l | Do you or any of your subrecipients require in person appointments in order to apply Yes No , please provide more information regarding why in-person appointments are required and in what circumstances they are required. How can applicants submit documentation for verification? Select all that apply: |
| 1.12 lif yes | Do you or any of your subrecipients require in person appointments in order to apply Ves No , please provide more information regarding why in-person appointments are required and in what circumstances they are required. How can applicants submit documentation for verification? Select all that apply: In-person |
| 1.12 If yes 1.13 I | Do you or any of your subrecipients require in person appointments in order to apply Yes No , please provide more information regarding why in-person appointments are required and in what circumstances they are required. How can applicants submit documentation for verification? Select all that apply: In-person Mail |
| 1.12 lf yes 1.13 l | Do you or any of your subrecipients require in person appointments in order to apply Yes No , please provide more information regarding why in-person appointments are required and in what circumstances they are required. How can applicants submit documentation for verification? Select all that apply: In-person Mail Email |

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

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

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| Section 2 - Heating Assistance | | | | | | |
|---|--|--------------|---------------------------------|------|-------------------|--|
| Eligibility, 2605(| b)(2) - Assurance 2 | | | | | |
| 2.1 Designate the | e income eligibility threshold used for the | heating co | omponent: | | | |
| Add | Household size | | Eligibility Guideline | Elig | ibility Threshold | |
| 1 | All Household Sizes | | HHS Poverty Guidelines | | 150.00% | |
| 2.2 Do you have Heating Assistan | additional eligibility requirements for ace? | • Yes | C No | | | |
| 2.3 Check the ap | propriate boxes below and describe the p | oolicies for | each. | | | |
| Do you require a | nn Assets test? | C Yes | ⊙ No | | | |
| If yes, describe: | Do you have additional/differing eligibili | ty policies | for: | | | |
| Renters? | | C Yes | ⊙ No | | | |
| If yes, describe: | | | | | | |
| Renters Li | ving in subsidized housing? | • Yes | O No | | | |
| If yes, describe: | | | | | | |
| | r subsidized housing, the household must b o be eligible for heating. | e responsib | le for a portion of the heating | | | |
| Renters wi | th utilities included in the rent? | • Yes | O _{No} | | | |
| If yes, describe: | | | | | | |
| | r renters with utilities included in the rent, the heating. | the househo | ld must be responsible for a | | | |
| Do you give prio | rity in eligibility to: | | | | | |
| Older Adu | Older Adults (60 years or older)? | | | | | |
| If yes, describe: | | | | | | |
| Individuals | s with a disability? | C Yes | ⊙ No | | | |
| If yes, describe: | | | | | | |
| Young chil | dren? | C Yes | ⊙ _{No} | | | |
| If yes, describe: | | | | | | |
| | s with high energy burdens? | • Yes | O _{No} | | | |
| If yes, describe: | | 105 | | | | |
| Eligibility and the benefit payment amount for heating assistance are determined based on factors such as income level, dwelling type, fuel type, and the number of household members. Thus, households with the lowest income receive the highest benefit amount. | | | | | | |
| Other? | | C Yes | ⊙ _{No} | | | |
| If yes, describe: | If yes, describe: | | | | | |
| Explanations of policies for each "yes" checked above: | | | | | | |
| For subsidized housing, the household must be responsible for a portion of the heating payment to be eligible for heating. | | | | | | |
| For renters with utilities included in the rent, the household must be responsible for a portion of the heating. | | | | | | |
| Eligibility and the benefit payment amount for heating assistance are determined based on factors such as income level, dwelling type, fuel type, and the number of household members. Thus, households with the lowest income receive the highest benefit amount | | | | | | |
| Determination of | f Benefits 2605(b)(5) - Assurance 5, 2605 | (c)(1)(B) | | | | |

| 2.4 Describe how you prioritize the provietc. | sion of heating assistance to vul | Inerable populations, e.g., benefit amount | ts, early application periods, |
|--|--|---|---|
| | | I fuel type to determine the benefit payment : | amount. Households with the |
| See attached LIHEAP Heatin Assistance Program (LIHEAP) Guid | | HEAP Cooling Season Payment Table in the | Low Income Home Energy |
| 2.5 Check the variables you use to determ | nine your benefit levels. (Check | all that apply): | |
| ✓ Income | | | |
| Family (household) size | | | |
| ✓ Home energy cost or need: | | | |
| ✓ Fuel type | | | |
| Climate/region | | | |
| Individual bill | | | |
| Dwelling type | | | |
| Energy burden (% of income | e spent on home energy) | | |
| Energy need | | | |
| Other - Describe: | | | |
| In the future, DHHS plans to adequately reducing the energy burd | | EAP Energy burden data to evaluate whether seholds. | r the benefit levels are |
| Benefit Levels, 2605(b)(5) - Assurance 5, | 2605(c)(1)(B) | | |
| 2.6 Describe estimated benefit levels for t shown in the payment matrix. | he fiscal year for which this pla | n applies. Please note: the maximum and m | ninimum benefits must be |
| Minimum Benefit | \$154 | Maximum Benefit | \$1,050 |
| 2.7 Do you provide in-kind (e.g., blankets | , space heaters) and/or other for | rms of benefits?2 • Yes • No | |
| If yes, describe. | | | |
| adjusted at the discretion of DHHS funds, the amount of LIHEAP funds | based upon a variety of factors, who received for the program year, that assistance for furnace (heating system) | ched in the LIHEAP Guidance Document 10. hich could include but are not limited to the able projected number of households to be serveystem) repair and replacement up to \$750 for um. | amount of LIHEAP carry-over ed, disasters, and pandemics. |
| | | | |

Section 3 - COOLING ASSISTANCE

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| | Section 3 - Cooling Assistance | | | | |
|--|--|--|--|---|--|
| Eligibility, 2605(| c)(1)(A), 2605 (b)(2) - Assurance 2 | | | | |
| 3.1 Designate Th | e income eligibility threshold used for th | e Cooling o | component: | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | |
| 1 | All Household Sizes | | HHS Poverty Guidelines | 150.00% | |
| 3.2 Do you have a | additional eligibility requirements for ee? | ⊙ Yes | C No | | |
| 3.3 Check the ap | propriate boxes below and describe the p | policies for | each. | | |
| Do you require a | n Assets test? | C Yes | ⊙ No | | |
| If yes, describe: | | | | | |
| Do you have add | itional/differing eligibility policies for: | | | | |
| Renters? | | C Yes | ⊙ No | | |
| If yes, describe: | | | | | |
| Renters Li | ving in subsidized housing? | • Yes | C No | | |
| If yes, describe: | | | | | |
| Fo | r subsidized housing, the household must b | e responsib | le for a portion of the cooling utilities to be eligib | ole for cooling. | |
| Renters wi | th utilities included in the rent? | • Yes | C _{No} | | |
| If yes, describe: | | | | | |
| Fo | r renters with utilities included in rent, the l | household n | nust be responsible for a portion of the cooling ut | tilities. | |
| Do you give priority in eligibility to: | | | | | |
| Older Adu | lts (60 years or older)? | • Yes | O No | | |
| If yes, describe: | | | | | |
| who receiv verified by application | ves Aid to Dependent Children (ADC); is a vamedical statement signed by a licensed l | ge 70 or old healthcare p y individual | fy for LIHEAP and include a household member ler; has a severe illness or condition which is agg provider; or has received an air conditioner from I ls (70 and over), individuals with a severe illness ligible) for cooling assistance purposes. | ravated by extreme heat as DHHS within four years of the | |
| Individuals | s with a disability? | C Yes | ⊙ No | | |
| If yes, describe: | | <u>,</u> | | | |
| Young chil | dren? | • Yes | C _{No} | | |
| who receiv verified by application | ves Aid to Dependent Children (ADC); is a vamedical statement signed by a licensed l | ge 70 or old healthcare p y individual | fy for LIHEAP and include a household member ler; has a severe illness or condition which is agg rovider; or has received an air conditioner from I ls (70 and over), individuals with a severe illness ligible) for cooling assistance purposes. | ravated by extreme heat as DHHS within four years of the | |
| Household | s with high energy burdens? | • Yes | O _{No} | | |
| If yes, describe: | | | | | |
| who receiv verified by application | ves Aid to Dependent Children (ADC); is a vamedical statement signed by a licensed l | ge 70 or old healthcare p y individual | fy for LIHEAP and include a household member ler; has a severe illness or condition which is agg orovider; or has received an air conditioner from I ls (70 and over), individuals with a severe illness ligible) for cooling assistance purposes. | ravated by extreme heat as DHHS within four years of the | |
| Other? Me | edical necessity | • Yes | C _{No} | | |

If yes, describe: The medical necessity for cooling assistance is documented on the IM-55. A new IM-55 was implemented in 2020 to simplify and create a more efficient process. In 2021, a revision was made to the IM-55 to include an additional medical condition. In 2022, minor revisions were made, and in 2023, revisions were made to the form to accommodate changes related to the approval process. See the attached IM-55 form. Explanations of policies for each "yes" checked above: 476 NAC 2-003. COOLING ASSISTANCE. To qualify for cooling assistance, a household must qualify forthe Low Income Home Energy Assistance Program and include a household member who: (A) Is a child under age 6 who receives Aid to Dependent Children; (B) Is age 70 or older;(C) Has a severe illness or condition which is aggravated by extreme heat as verified by amedical statement signed by a licensed healthcare provider; or(D) Has received an air conditioner from the Department within four years of the applicationdate. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, DHHS reviews the household size, income, and dwelling type to determine the benefit payment amount. Households with the least income receive higher benefit payment amounts. Additionally, as previously stated, to be eligible for cooling a household member must be age 70 or older; be a child under the age of six and receiving ADC; have received an air conditioner from DHHS within the four years of the application date; or have a severe illness or condition aggravated by extreme heat. See the attached LIHEAP Heating Season Payment Table and LIHEAP Cooling Season Payment Table in the Low Income Home Energy Assistance Program (LIHEAP) Guidance Document 10.1.25. Determination of Benefits 2605(b)(5) - Assurance 5,2605(c)(1)(B)3.5 Check the variables you use to determine your benefit levels. (Check all that apply): Income Family (household) size Home energy cost or need: ☐ Fuel type Climate/region Individual bill **✓** Dwelling type Energy burden (% of income spent on home energy) Energy need Other - Describe: The LIHEAP Cooling Season Payment Table (matrix) is subject to update (closer to the cooling season) based on funding availability. The cooling season is June through August. Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) 3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.

Minimum Benefit \$273 Maximum Benefit \$700

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? . Yes O No

If yes, describe.

LIHEAP funds are utilized to provide financial assistance to households meeting the cooling assistance and other eligibility requirements to purchase window air conditioning units. In some instances, financial assistance is provided for a portable air conditioner rather than a stationary window air conditioner.

DHHS provides financial assistance to eligible households to assist with central air conditioner (cooling system) repair and replacement up to \$750. If extenuating circumstances exist, DHHS may exceed the \$750 maximum.

Section 4 - CRISIS ASSISTANCE

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

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

| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN | | | | | |
|---|---|--|------------------|--------------------|----------------------|
| | Section 4: | CRISIS ASSISTANCE | | | |
| Eligibility - 2604 | (c), 2605(c)(1)(A) | | | | |
| 4.1 Designate the | e income eligibility threshold used for the cris | sis component | | | |
| Add | Household size | Eligibility Guideline | | Eligibility T | 'hreshold |
| 1 | All Household Sizes | HHS Poverty Guidelines | | | 150.00% |
| | LIHEAP program's definition for determini nd), Include all program definitions. | ng a crisis. If you administer multiple c | risis assistano | ce programs (win | nter, summer, |
| utilities d household most rece work hou injury; or loss of ind | DHHS defines a crisis as a household that is under immediate threat of loss of home energy because it has received a shutoff notice, had utilities discontinued, lacks energy service delivery, or anticipates removal from a provider's budget plan. To qualify for crisis assistance, a household must be eligible for LIHEAP, be in a crisis situation, and have an unanticipated inability to pay home energy costs because within the most recent 90 days: the household experienced an unanticipated medical or household expense; a significant, permanent, and involuntary loss of work hours, wages, or employment; the departure of a primary wage earner; the inability of a primary wage earner to work because of illness or injury; or a significant loss because of the death of a household member. A household may also be eligible for an unspecified crisis related to a loss of income or inability to pay as determined at DHHS's discretion. The criteria for a crisis can be found at 476 NAC 2-004.01. | | | | |
| 4.3 What constit | utes a <u>life-threatening crisis?</u> | | | | |
| DHHS considers a crisis to be life-threatening if the household is experiencing loss of the ability to heat or cool their home and the household contains a member that: is frail (receives disability through the Social Security Administration/Social Security Income, Veteran's Administration, or other types of disability payment); has a medical condition aggravated by extreme heat or cold that a licensed medical provider verifies; is elderly (60 or older); is a young child (under the age of 6 and does not have to be receiving Aid to Dependent Children); or must use a medical device that requires electricity. | | | | | |
| Crisis Requirement, 2604(c) | | | | | |
| 4.4 Within how 1 | nany hours do you provide an intervention th | nat will resolve the energy crisis for eligi | ible househol | ds? 48Hours | |
| 4.5 Within how i situations? 18He | nany hours do you provide an intervention thours | nat will resolve the energy crisis for eligi | ible househol | ds in life-threate | ning |
| Crisis Eligibility | , 2605(c)(1)(A) | | | | |
| | | | Winter Crisis | Summer Crisis | Year-Round Crisis |
| 4.6 Do you have | additional eligibility requirements for Crisis | Assistance? | | | ~ |
| 4.7 Check the ap | propriate boxes below to indicate type(s) of a | assistance provided | | | |
| Do you require an Assets test? | | | | | |
| Do you give prio | rity in eligibility to: | | | | |
| Older Adu | lts (60 years or older)? | | | | ~ |
| Individual | s with a disability? | | | | ~ |
| Young Chi | ildren? | | | | ~ |
| Household | s with high energy burdens? | | | | ~ |
| Other (Spe | ecify): Households with medical devices | | | | ~ |
| In Order to rece | ive crisis assistance: | | <u></u> | | <u>.p.</u> |
| Must the h | ousehold have received a shut-off notice or h | ave a near empty tank? | | | ~ |

V

Must the household have been shut off or have an empty tank?

| Must the h | ousehold have exhausted their regular heating benefit? | | | |
|---|---|--|---|---|
| Must rente | rs with heating costs included in their rent have received an eviction notice? | | | |
| Must heati | ng/cooling be medically necessary? | | | |
| Must the h | ousehold have non-working heating or cooling equipment? | | | |
| Other (Specrisis situation, Dissistance. | cify): DHHS considers anticipation of removal from a provider's budget plan to be a HHS also considers extenuating circumstances when determining eligibility for crisis | | | ~ |
| Oo you have add | itional/differing eligibility policies for: | | | <u> </u> |
| Renters? | | | | |
| Renters liv | ing in subsidized housing? | | | ~ |
| Renters wi | th utilities included in the rent? | | | ~ |
| Explanations of 1 | policies for each "yes" checked above: | | • | |
| crisis eligipularis est payment a qualifies for to \$500 pc of the ame alleviate the situation extenuation are determed. The substitution of the su | is determined if the household meets the crisis criteria and all requested information is ibility criteria, DHHS determines whether the household has an unspecified crisis relate he household for crisis assistance. This is determined based on DHHS's discretion. If the find extenuating circumstances exist, the household may be eligible for crisis assistance por crisis assistance, DHHS makes crisis assistance payments for no more than the amounter program year. In some instances, a household may be responsible for a portion of the bount needed to alleviate the crisis situation. The household may be responsible for a portion of the crisis situation includes utilities that cannot be paid with LIHEAP funds. Additionally exceeds \$500, the household may be responsible for a portion of the payment before DH ag circumstances exist, DHHS may authorize a crisis assistance payment for more than suined to be ineligible for a crisis payment, DHHS refers the household to another agency and consider the household members' vulnerability when using discretion to determine whe decrisis-related reason for loss of income or an inability to pay applies. DHHS considers sabled, young children, those with high energy burdens, and those who require an energy lations may receive priority. DHHS also takes into account the household's income, abit months. This factors into what DHHS considers a "high energy burden". Households the properties of the payment of the bill before DHHS will pay for insome circumstances. For subsidized housing, the household must be responsible for e for crisis assistance. If utilities are included in rent and there is an eviction notice, the crisis assistance through LHHEAP. | d to a loss of ince household has beer DHHS's disk or DHHS's disk or payment before ion of the paymy, if the amount HS will pay the \$500 per DHHS a for potential anether an extend s vulnerable house succe for estility to pay, and at are determined the remainder of a portion of the | come or inabilist already receive cretion. If the halleviate the credit alleviate the credit alleviate the credit by the credit alleviate the credit by the credit alleviate the amount of the credit alleviate the credit | ity to pay, which yed a crisis nousehold risis situation, up ay the remainder unt required to leviate the crisis nount. If When households gh other funding tance or an ers to include devices. Thus, rry for the most needed to alleviate oling payment to |
| Determination of | Benefits | | | |
| • | nandle crisis situations? | | | |
| ~ | Separate component | | | |
| | Benefit Fast Track, no separate amount of crisis funds is issued. Rather bene response time frames. | fits are issued | to crisis custo | mers within cris |
| | Other - Describe: | | | |
| .9 If you have a | separate component, how do you determine crisis assistance benefits? | | | |
| V | Amount to resolve the crisis. \$0 | | | |
| Y | Other - Describe: For households eligible for crisis assistance, DHHS may provide fi necessary to alleviate the crisis situation, up to a maximum of \$500. If extendiscretion, DHHS may authorize a crisis assistance payment for more than a portion of the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the amount in the crisis prior to DHHS paying the remainder of the crisis prior to DHHS paying the remainder of the crisis prior to DHHS paying the remainder of the crisis prior to DHHS paying the critical prior to DHHS paying th | enuating circum \$500. Househo | stances exist, j olds may also b | per DHHS's be required to pag |
| Crisis Requirem | ents, 2604(c) | | | |
| | pt applications for energy crisis assistance at sites that are geographically accessible | e to all househ | olds in the are | ea to be served? |
| ⊙ Yes O No | | | | |
| DH | IHS accepts online applications. Thus, households are able to apply for benefits from the er to request assistance. DHHS has the ability to take applications and requests via teleptone. | | seholds may al | so call DHHS's |
| .11 Do you prov | ide individuals who are individuals with a disability the means to: | | | |
| | | | | |

| ⊙ Yes C No | | | | | |
|--|--|------------------|---|--|--|
| If No, explain. | | | | | |
| Travel to the sites at which applications for crisi | is assistance | are accepted | ed? | | |
| C Yes O No | | | | | |
| If No, explain. | | | | | |
| assistance. If the household has a pendin household does not have a pending or active economic assistance program of current application on file, DHHS can conthe household, or can provide the websit | DHHS accepts online applications. In addition, households may call DHHS's 1-800 number to request assistance. If the household has a pending or active LIHEAP program case, a new application is not required. If the household does not have a pending or active LIHEAP program case but has a current application on file (pending or active economic assistance program case), a new application is not required. If the household does not have a current application on file, DHHS can complete the application via telephone, can send an application via mail to the household, or can provide the website at which the household can complete the application online. Thus, individuals can submit applications or make LIHEAP requests without leaving their homes. | | | | |
| If you answered "No" to both options in question disabled? | 4.11, please | explain alter | ernative means of intake to those who are homebound or physically | | |
| Benefit Levels, 2605(c)(1)(B) | | | | | |
| 4.12 Indicate the maximum benefit for each type o | f crisis assis | tance offere | ed. | | |
| Winter Crisis \$0.00 maximum benefit | | | | | |
| Summer Crisis \$0.00 maximum benefit | | | | | |
| Year-round Crisis \$500.00 maximum benef | | | | | |
| 4.13 Do you provide in-kind (e.g. blankets, space h | eaters, fans) | and/or othe | ner forms of benefits? | | |
| C Yes O No If yes, Describe | | | | | |
| | | | | | |
| 4.14 Do you provide for equipment repair or repla | cement usin | g crisis fund | nds? | | |
| C Yes O No | | | | | |
| If you answered "Yes" to question 4.14, you must | complete qu | estion 4.15. | | | |
| 4.15 Check appropriate boxes below to indicate type(s) of assistance provided. | | | | | |
| | Winter Crisis | Summer Crisis | Year-round Crisis | | |
| Heating system repair | | | | | |
| Heating system replacement | | | | | |
| Cooling system repair | | | | | |
| Cooling system replacement | | | | | |
| Wood stove purchase | | | | | |
| Pellet stove purchase | | | | | |
| Solar panel(s) | | | | | |
| Utility poles / gas line hook-ups | | | | | |
| Other (Specify): DHHS does provide financial assistance with furnace (heating system) and central air conditioner (cooling system) repair and replacement up to \$750 for eligible households; however, this is not a function of the crisis assistance program. LIHEAP funds are also utilized for Weatherization to provide assistance with heating and cooling system repair and | | | | | |
| heating and cooling system repair and replacement; however, this is separate from | | | | | |

| the crisis assistance program. DHHS provides eligible households with financial assistance to purchase window air conditioners upon request; however, this is not a function of the crisis assistance program. | | | |
|--|-----------------|---|--|
| 4.16 Do any of the utility vendors you work with enforce | a moratorium or | n shut offs? | |
| ⊙ Yes ◯ No | | | |
| If you responded "Yes" to question 4.16, you must respond to question 4.17. | | | |
| 4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period. | | | |
| Many of the utility providers in Nebraska have organization-specific guidelines regarding utility disconnection which account for factors such as temperature, date (time of year), and emergency situations. | | | |
| 4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? C Yes No | | | |
| If yes, describe | | | |
| If any of the above questions require fo | arther expla | nation or clarification that could not be made in | |

Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

| | Section | on 5: WEATHE | RIZATION ASSISTA | NCE |
|--|---|--|--|---|
| Eligibility, 2605(| (c)(1)(A), 2605(b)(2) - Assur | rance 2 | | |
| 5.1 Designate the | e income eligibility thresho | ld used for the Weatheri | zation component | |
| Add | Househo | ld Size | Eligibility Guideline | Eligibility Threshold |
| 1 | All Household Sizes | | HHS Poverty Guidelines | 200.00% |
| 5.2 Do you enter No | into an interagency agreer | ment to have another gov | vernment agency administer a WEA | THERIZATION component? © Yes |
| 5.3 If yes, name to (DWEE) | the agency and attach a co | oy of the Internal Agreer | nent or Contract. Nebraska Departm | ent of Water, Energy , and Environment |
| 5.4 Is there a sep | parate monitoring protocol | for weatherization? 💽 Y | Yes O No | |
| 5.5 Under what i | TION - Types of Rules rules do you administer LI | | Check only one.) | |
| | nder DOE WAP (not LIHE | | | |
| | • | • | de(e) whom I IIIFAD and WAD wide | a difficu (Chaola all that apply). |
| | | Tollowing DOE WAP ru | ale(s) where LIHEAP and WAP rule | s differ (Check all that apply): |
| | me Threshold | | | (700/ 1 A O A 1/1 HV) |
| | therization of entire multi- will become eligible within | | is permitted if at least 66% of units | (50% in 2- & 4-unit buildings) are |
| Wear care facilities). | therize shelters temporaril | y housing primarily low | income persons (excluding nursing b | nomes, prisons, and similar institutional |
| Othe | er - Describe: | | | |
| Mostly und | der DOE WAP rules, with | the following LIHEAP r | ule(s) where LIHEAP and WAP rule | es differ (Check all that apply.) |
| Inco | me Threshold | | | |
| ✓ Wear | therization not subject to I | OOE WAP maximum sta | tewide average cost per dwelling uni | it. |
| ✓ Wear | therization measures are n | ot subject to DOE Savin | gs to Investment Ration (SIR) stand | ards. |
| V Othe | er - Describe: | | | |
| Wo MHEA (n ratio (SIR procedure Th | eatherization is not subject to nobile) audit tool approved b) of 0.5 or greater if the cum s for augmenting LIHEAP a te maximum income level fo | y DWEE in June 2021 is a culative SIR for the household DOE funding. The weatherization is 200% of the superior of the superi | old is 1.0. Please see the attached Weat of the federal poverty level, which follow | NEAT (frame built/multi-family) and asures that meet a savings-to-investment therization Program Bulletin regarding the ows DOE rules. DOE rules are utilized for |
| the purpos | ses of calculating and treating | g income for weatherization | УП. | |
| Eligibility, 2605(| b)(5) - Assurance 5 | | | |
| 5.6 Do you requi | re an assets test? | C Yes 💽 No | | |
| 5.7 Do you have | additional/differing eligibi | lity policies for : | | |
| Renters | | ● Yes O No | | |
| Renters liv housing? | ring in subsidized | ⊙ Yes ○ No | | |
| Renters wi | th utilities included in the | ⊙ Yes ○ No | | |

| 5.8 Do you give priority in eligibility to: | | | | |
|--|--|--|--|--|
| Older Adults? | ⊙ Yes O No | | | |
| Individuals with a disability? | • Yes ONo | | | |
| Young Children? | • Yes O No | | | |
| House holds with high energy | • Yes ONo | | | |
| burdens? | Yes O No | | | |
| Other? High energy users | ⊙ Yes O No | | | |
| If you selected "Yes" for any of the options below. | s in questions 5.6, 5.7, or 5.8, y | ou must provide further explanation of these policies in the text field | | |
| Section 5.6: NDEE sub-grante | es obtain financial statements fr | rom clients to determine income eligibility. There is no resource test. | | |
| Section 5.7: Renters must have the rent or sell the property in a twelve | | we modifications to the household and to ensure the landlord will not increase | | |
| | | atherization services are completed for households before households that do to those that have high energy burden. | | |
| Benefit Levels | | | | |
| 5.9 Do you have a maximum LIHEAP wear | therization benefit/expenditur | re per household? O Yes O No | | |
| 5.9a If yes, what is the maximum? \$0 | | | | |
| 5.10 Do you use an Average Cost per Unit (ACPU). Yes No | | | | |
| 5.10a If so, what is the ACPU amount? \$0 | | | | |
| Types of Assistance, 2605(c)(1), (B) & (D) | Types of Assistance, 2605(c)(1), (B) & (D) | | | |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.) | | | | |
| Weatherization needs assessments/a | audits | ✓ Energy related roof repair | | |
| Caulking and insulation | | Major appliance repairs | | |
| Storm windows | | Major appliance replacement | | |
| Furnace/heating system modificatio | ons/repairs | ✓ Windows/sliding glass doors | | |
| Furnace replacement | | V Doors | | |
| Cooling system modifications/repair | rs | ✓ Water Heater | | |
| Water conservation measures | | Cooling system replacement | | |
| Roof top solar | | Community solar projects | | |
| Compact florescent light bulbs | | Other - Describe: Air Ventilation, Carbon Monoxide Detectors, LED Lighting, Fire Alarms, Smoke Detectors, and Health and Safety Measures | | |
| If any of the above questions | require further expl | anation 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 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) 6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available: Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. Publish articles in local newspapers or broadcast media announcements. Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. Mass mailing(s) to prior-year LIHEAP recipients. Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. Execute interagency agreements with other low-income program offices to perform outreach to target groups. Web Posting Email Texting

Other (specify):

Social Media

Other (specify): Nebraska has Community Support Specialists that work with community organizations, including the community action agencies, and clients to provide information and updates regarding LIHEAP. The Community Support Specialists attend different functions in the communities to provide information to the public.

Energy providers also reach out to Nebraska residents with energy assistance needs. DHHS developed and provided flyers to partnering utility providers to distribute to their customers. The flyers were also distributed to staff from other economic assistance programs to distribute in the community.

DHHS has a website to inform the public about LIHEAP. Applications can be submitted via the DHHS website, as well. In addition, DHHS utilizes one application for all economic assistance programs. Thus, when a client applies for one program he or she is made aware of all available programs on the application.

LIHEAP staff actively provide updates to various divisions and agencies within the State of Nebraska, as well as to community agencies. LIHEAP staff may facilitate or participate in the following meetings to share and obtain information: Executive Directors of the Community Action Agencies and Community Action of Nebraska meetings; monthly meetings with Community Action of Nebraska; monthly meetings with NDEE; meetings with Continuum of Care leadership and homeless service providers; Connect the Dots meeting; Statewide Central Navigation

 $meetings \ (which include \ representatives \ from \ both \ government \ and \ community \ agencies); \ Nebraska \ Partner \ Council meetings; \ Economic \ Assistance \ Program \ Management \ Meetings; \ and \ utility \ provider \ meetings.$

LIHEAP staff provide updates throughout the year to energy utility providers via e-mail.

LIHEAP utilizes text messaging to inform prior recipients of the need to apply for or request assistance when the new LIHEAP season begins.

LIHEAP-specific information is provided on the automated message of the ACCESSNebraska phone line at the beginning of the program year.

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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) SNAP; TANF; Child Care Subsidy; Assistance to Aged, Blind, or Disabled; Emergency Assistance Intake referrals to/from other programs (indicate programs included) One - stop intake centers Other - Describe: DHHS administers all low-income programs within the same unit through iServe Nebraska. Households can complete one application to request all of the economic assistance programs offered. DHHS also sends a list of all currently eligible LIHEAP households to the Weatherization Program Staff as a referral for Weatherization.

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

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| | Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state Grant recipients and the Commonwealth of Puerto Rico) |
|--------|---|
| 8.1 Ho | w would you categorize the primary responsibility of your State agency? |
| > | Administration Agency |
| | Commerce Agency |
| | Community Services Agency |
| | Energy/Environment Agency |
| | Housing Agency |
| > | State Department of Welfare (administers TANF, SNAP, and/or Medicaid) |
| | Economic Development Agency |
| | Other - Describe: |
| | e current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and amber. Used for Near hotline and OCS Service Provider Tool and clearinghouse. |
| Altern | ate Outreach and Intake, 2605(b)(15) - Assurance 15 |
| | selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" in question 8.1, you must complete questions 8.2, 8. 8.4, as applicable. |
| Ė | w do you provide alternate outreach and intake for heating assistance? |
| | DHHS administers low-income programs. Individuals can apply for economic assistance programs on one application. If an application is on file and is current (pending or active economic assistance program case), a new application is not required for LIHEAP. Either prior to or during the heating season, the eligibility system (N-FOCUS) conducts a "mass run" to determine heating assistance eligibility for households the system identifies as having met the pre-determined eligibility factors. |
| | In addition, LIHEAP staff communicate regularly with home energy utility providers, community service providers, community action agencies, and other government departments to provide updated information. |
| | DHHS provides updates on the public website and the iServe Nebraska phone system throughout the year. |
| 8.3 Ho | w do you provide alternate outreach and intake for cooling assistance?> |
| | DHHS administers low-income programs. Individuals can apply for all economic assistance programs on one application. If an application is on file and is current (pending or active economic assistance program case, including LIHEAP), a new application is not required. Either prior to or during the cooling season, the eligibility system (N-FOCUS) conducts a "mass run" to determine cooling assistance eligibility for households the system identifies as having met the pre-determined eligibility factors. |

In addition, the LIHEAP staff communicate regularly with home energy utility providers, community service providers, community action agencies, and other government departments to provide updated information.

DHHS provides updates on the public website and the iServe Nebraska phone system throughout the year.

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

DHHS administers low-income programs. Individuals can apply for economic assistance programs on one application. A household can verbally request crisis assistance if a current application is on file (pending or active economic assistance program case). If the household does not have a current application on file (pending or active economic assistance program case, including LIHEAP), an application is required. A paper, online, or telephone application can be completed. An application can be submitted for multiple economic assistance programs or specific to LIHEAP (see attached).

In addition, LIHEAP staff communicate regularly with home energy utility providers, community service providers, community action agencies, and other government departments to provide updated information.

DHHS provides updates on the public website and the iServe Nebraska phone system throughout the year.

| 8.5 LIHEAP Component Administration. | Heating | Cooling | Crisis | Weatherization |
|--|--------------------------------|--------------------------------|--------------------------------|------------------------------|
| 8.5a Who determines client eligibility? | State Administration Agency | State Administration Agency | State Administration Agency | Community Action Agencies |
| 8.5b Who processes benefit payments to gas and electric vendors? | State Administration Agency | State Administration Agency | State Administration Agency | |
| 8.5c who processes benefit payments to bulk fuel vendors? | State Administration Agency | State Administration Agency | State Administration Agency | |
| 8.5d Who performs installation of weatherization measures? | | | | Community Action Agencies |

Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.

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

8.6 What is your process for selecting local administering agencies?

LIHEAP is administered by the state office, DHHS, in Nebraska. DHHS accepts applications, determines eligibility, and issues LIHEAP payments. No other agencies determine LIHEAP eligibility for Nebraska households.

Weatherization is administered through DWEE. DWEE contracts with eight community action agencies in Nebraska to perform the actual weatherization components. The agreement between DHHS and DWEE reduces the potential for duplication of work as DWEE also receives federal funds for weatherization from the Department of Energy.

| 8.7 How many local administering agencies do you use? 1 | | | | |
|---|--|--|--|--|
| 8.8 Have you changed any local administering agencies in the last year? Yes No | | | | |
| 8.9 If so, why? | | | | |
| Agency was in noncompliance with Grant recipient requirements for LIHEAP - | | | | |
| Agency is under criminal investigation | | | | |
| Added agency | | | | |
| Agency closed | | | | |
| Other - describe | | | | |
| 8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? © Yes No | | | | |
| 8.10a If yes, please explain. | | | | |

8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy

Weatherization funding, etc. O Yes No

8.10c If yes, please explain.

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| | 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 C No |
| Crisis | € Yes C No |
| Are there excep | tions? • Yes O No |
| If yes, Describe | |
| DH below: | HS issues the majority of LIHEAP payments directly to providers. However, some exceptions to paying the provider are identified |
| • P | roviders that do not cooperate with DHHS in accepting payments; |
| • H | ouseholds whose utilities are included in rent but still meet economic vulnerability; and, |
| | ancial assistance for window air conditioners, furnace (heating system) repair or replacement, and central air conditioner (cooling pair or replacement. |
| Additional 9.3 How do you a | ermination. The household can also view the notice electronically by creating a 'My Account' on the State ACCESSNebraska website. ly, an explanation of payment is sent to the provider that will receive the payment to ensure payments are made to the correct account. ssure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the |
| Pro | home energy and the amount of the payment? vider agreements are signed by all providers that receive direct payments from DHHS, which require that the provider applies payment propriately. See the attached provider agreement. |
| | HS is working on a revised LIHEAP Provider Agreement for home energy suppliers throughout Nebraska. The goal is to implement nent in the federal fiscal year 2026. DHHS is also developing a guidance document for partnering utility providers. |
| 9.4 How do you a assistance? | ssure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP |
| partnering | rovider agreement is executed to assure LIHEAP households are treated in the same manner as private pay customers and to assure the utility providers will comply with state statutes for termination of utility services. LIHEAP staff follow up on any complaints of atment by utility providers when reported. Reviews of LIHEAP payments issued to partnering utility providers are completed weekly. |
| DH | HS is working on a revised LIHEAP Provider Agreement for partnering home energy utility providers. |
| 9.5. Do you make households? Yes No | payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible |
| If so, describe | the measures unregulated vendors may take. |
| Un | regulated vendors also sign the aforementioned provider agreement. |
| Attach a convert | the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and |

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

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

 $LIHEAP\ expenditures\ are\ accounted\ for\ in\ Nebraska's\ Enterprise-One\ (E1)\ accounting\ system.\ Eligibility\ and\ authorization\ services\ are\ entered\ and\ tracked\ through\ the\ N-FOCUS\ system.\ N-FOCUS\ interfaces\ with\ E1\ to\ issue\ payments.$

Additionally, LIHEAP staff have monthly meetings with the financial services unit and with NDEE to discuss and track LIHEAP funds.

E1 tracks LIHEAP funds (including funds awarded to DWEE) that are expended within the program year to ensure funds are not overspent. Refunds are tracked through On-Base using subsidiary codes. Subsidiary codes are also utilized for other components, such as: heating; cooling; crisis; deposit; and repair and replacement. This is also tracked via N-FOCUS.

The DHHS Economic Assistance Program Accuracy Specialist Team tests a sample of LIHEAP payments daily to ensure LIHEAP funds are expended according to State and Federal Regulations.

10.1a Provide your definitions of the following:

Obligation

When used in connection with a non-Federal entity's utilization of funds under a Federal award, *obligations* mean orders placed for property and services, contracts and subawards made, and similar transactions during a given period that require payment by the non-Federal entity during the same or a future period. Obligations are legal commitments of funds for a specific use and dollar amount.

Expenditures

A disbursement recorded in a budget Program, for which the expending Agency was given Appropriation authority by the Legislature, drawing money from a fund in the state treasury. Expenditures are for such things as employee salaries and benefits, agency operating expenses for purchase of goods, services and contracts, travel expenses, capital equipment and hardware expenses, and government aid.

Expenditure timeframe

To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award

§ 75.502 Basis for determining Federal awards expended.

(a) Determining Federal awards expended. The determination of when a Federal award is expended must be based on when the activity related to the Federal award occurs. Generally, the activity pertains to events that require the non-Federal entity to comply with Federal statutes, regulations, and the terms and conditions of Federal awards, such as: expenditure/expense transactions associated with awards including grants, cost-reimbursement contracts under the FAR, compacts with Indian Tribes, cooperative agreements, and direct appropriations; the disbursement of funds to subrecipients; the use of loan proceeds under loan and loan guarantee programs; the receipt of property; the receipt of surplus property; the receipt or use of program income; the distribution or use of food commodities; the disbursement of amounts entitling the non-Federal entity to an interest subsidy; and the period when insurance is in force. Expenditures are the payments of funds.

Administrative costs

Accounts for the costs of actually operating state agencies including the expenditure Major Accounts of employee Salaries and Benefits, Operating Expenses, Travel Expenses, and Capital Outlay. Examples of some of the more detailed objects of expenditure included within operations are postage expense, publication and printing, utilities, office and facility rent, repair and maintenance of property and equipment, legal services, information technology consulting services, insurance expense, and purchase of furniture, machinery and computer equipment.

Audit Process

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

Yes No

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

DHHS receives an audit engagement letter each year from the Nebraska Auditor of Public Accounts relating to an audit period and it is foll the Government Auditing Standards from the GAO Yellow Book.

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 | | - 140 | ₩ 5 | | | |
| Finding | Type other | Brief Summary DHHS lacked adequate procedures to ensure LIHEAP applicants met eligibility requirements prior to issuing aid payments. | Resolved? In Progress | Action Taken procedure/policy changes | | |
| 2 | reporting | DHHS lacked adequate procedures to ensure that required FFATA reports were submitted and Household Report information reported was complete and accurate. | In Progress | procedure/policy changes | | |
| 10 4. Audits o | f Local Administering | r A gencies | - | | | |
| | f annual audit require | | administering agencies/district offices | ? | | |
| ✓ Loca | al agencies/district offi | ices are required to have an annual a | udit in compliance with Single Audit | Act and OMB Circular A-133 | | |
| Loca | al agencies/district offi | ices are required to have an annual a | audit (other than A-133) | | | |
| Loca | al agencies/district offi | ices' A-133 or other independent aud | lits are reviewed by Grant recipient a | s part of compliance process. | | |
| Gra | nt recipient conducts f | fiscal and program monitoring of loca | al agencies/district offices | | | |
| Loc | cal agencies and distric | ct offices are required to have an ann | ual audit in compliance with Single A | audit Act and OMB Circular A-133 | | |
| Compliance N | Monitoring | | | | | |
| 10.5. Describe | e your monitoring pro- | cess for compliance at each level belo | ow. Check all that apply. | | | |
| Grant recipie | nts have a policy in pla | ace for appropriate separation of dut | ties and internal controls. | | | |
| | rnal program review | | | | | |
| | artmental oversight | | | | | |
| | ondary review of invoice | ces and payments | | | | |
| ✓ Oth | er program review me | echanisms are in place. Describe: | | | | |
| DHHS is the grantee administering agency. DHHS strives to comply with federal laws and regulations. The DHHS Economic Assistance Program Accuracy Team completes reviews of a sample of payments to ensure compliance with Federal and State LIHEAP regulations, policies, and procedures. This team also completes reviews of LIHEAP eligibility determinations to ensure compliance with Federal and State regulations, policies, and procedures. | | | | | | |
| Local Admini | istering Agencies/Distr | rict Offices: | | | | |
| On · | - site evaluation | | | | | |
| Ann | ual program review | | | | | |
| Mor | nitoring through centra | al database | | | | |
| Desl | k reviews | | | | | |
| Clie | nt File Testing/Sampli | ing | | | | |
| ✓ Oth | er program review me | echanisms are in place. Describe: | | | | |
| DHHS does not utilize a local administering agency or district office to distribute funds to eligible households. | | | | | | |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. | | | | | | |
| DHHS does not utilize a local administering agency or district office to distribute funds to eligible households. | | | | | | |
| 10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized. | | | | | | |
| Site Visits: DWEE conducts reviews and provides oversite of the agencies that are contracted for weatherization services. | | | | | | |
| Desk Reviews: | | | | | | |

DHHS does not utilize a local administering agency or district office to distribute funds to eligible households.

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? $\,0\,$

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| MODEL PLAN | | | | | | | |
|---|--|---|--|--|--|--|--|
| Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2) | | | | | | | |
| | 11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply. Note: Tribes do not need to hold a public hearing but must ensure participation through other means. | | | | | | |
| Tribal Council meeting(s) | | | | | | | |
| ✓ Public Hearing(s) | | | | | | | |
| Draft Plan posted to website | Draft Plan posted to website and available for comment | | | | | | |
| Hard copy of plan is available | ble for public view and comment | | | | | | |
| Comments from applicants | | | | | | | |
| Request for comments on d | Request for comments on draft Plan is advertised | | | | | | |
| Stakeholder consultation m | eeting(s) | | | | | | |
| Comments are solicited dur | ring outreach activities | | | | | | |
| Other - Describe: | | | | | | | |
| | | | | | | | |
| Public Hearings, 2605(a)(2) - For Sta | tes and the Commonwealth of Puerto Rico Only | | | | | | |
| 11.2 List the date and location(s) that | t you held public hearing(s) on the proposed use and di | istribution of your LIHEAP funds? | | | | | |
| | Date | Event Description | | | | | |
| 1 | 08/01/2025 | Public Hearing at the Nebraska State Office Building Lower Level, Meadowlark Conference Room, 301 Centennial Mall South, Lincoln, NE | | | | | |
| 11.3. How many parties commented on your plan at the hearing(s)? 0 | | | | | | | |
| 11.4 Summarize the comments you received at the hearing(s). | | | | | | | |
| N/A | | | | | | | |
| 11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input? | | | | | | | |
| None. Nebraska received one written comment suggesting an increase of the maximum crisis payment amount and to extend the heating season. Both the crisis maximum payment amount and the heating season are written into our state regulations: 476 NAC 3-003.02 and 476 NAC 1-004.07, respectively, and therefore cannot be changed with the Model Plan. | | | | | | | |
| season. Both the crisis maximur | n payment amount and the heating season are written into | | | | | | |

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

- 12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 15
- 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?

No policy or procedural changes have been made as a result of fair hearings, at this time.

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

Households must request an appeal in writing. DHHS utilizes form DA-6 (attached) for this. A fair hearing is held unless the situation can be alleviated prior to the hearing. Attached is the Economic Assistance Guide for Client Appeals, which outlines the steps to the fair hearing process.

Note: Clients who are not satisfied with the determination on their application may also request an informal conference.

12.5 When and how are applicants informed of these rights?

Applicants are informed of their rights to a fair hearing on the application forms utilized to determine LIHEAP benefits. See the attached EA-117 (paper application for Economic Assistance programs).

The EA-117, telephone application, and electronic application (iServe application) are different types of applications utilized for multiple Economic Assistance programs, including LIHEAP. Each of these applications provides information regarding fair hearings that is similar to the language displayed on the attached EA-117. The EA-117 states, "If you disagree with any action taken by the Nebraska Department of Health and Human Services (DHHS) which affects your benefits, you may request a fair hearing in writing. Fair hearing for SNAP can be requested verbally by contacting DHHS. You may continue to receive your current level of assistance until a hearing decision is made IF (1) DHHS receives your request for a hearing within in 10 days from the mail date listed on the agency notice, and (2) for SNAP benefits only, your certification period has not expired. A fair hearing request must be made within 90 days of the action or inaction. Your or your representative have the right to examine your case record. At the hearing, you may represent yourself or be represented by another person".

The notice of action that is sent to the client also contains the right to appeal information (see attached N-FOCUS Notice).

In addition, Title 465 NAC and Title 53 NAC also provide fair hearing information (see attached).

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

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

Nebraska DHHS does not currently use LIHEAP funds for Assurance 16.

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

Nebraska DHHS does not currently use LIHEAP funds for Assurance 16.

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

Nebraska DHHS does not currently use LIHEAP funds for Assurance 16.

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

Nebraska DHHS does not currently use LIHEAP funds for Assurance 16.

13.5 How many households received these services?

Section 14 - Leveraging Incentive Program ,2607A

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

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Section 14:Leveraging Incentive Program, 2607(A) 14.1 Do you plan to submit an application for the leveraging incentive program? Yes No 14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records. N/A 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 be integrated and coordinated with LIHEAP?

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| Section 15: Training | | | | | |
|---|--|--|--|--|--|
| 15.1 Describe the training you provide for each of the following groups: | | | | | |
| a. Grant recipient Staff: | | | | | |
| Formal training provided virtually, on-site, and/or formal training conference | | | | | |
| How often? | | | | | |
| Annually | | | | | |
| Biannually | | | | | |
| As needed | | | | | |
| Other, describe: New hires receive LIHEAP training | | | | | |
| Employees are provided with policy manual | | | | | |
| Other, describe: | | | | | |
| Refresher training can be conducted when needed. DHHS has an information sharing website that has helpful material available for staff to review when questions arise and for training needs. The LIHEAP staff create and maintain help tools and desk aids for staff to accurately and efficiently determine eligibility for LIHEAP households. The LIHEAP staff create and distribute policy and informational memos when needed. | | | | | |
| 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: | | | | | |
| DHHS has some refreshers for workers to utilize. LIHEAP staff participate in statewide meetings to provide updated policy and procedure information regarding LIHEAP throughout the program year. | | | | | |
| 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: LIHEAP is using a vendor manual for the LIHEAP Performance Measures to provide information on how to submit household energy consumption data. LIHEAP staff send emails to utility providers to provide updated information throughout the year. In addition, LIHEAP staff conduct meetings with utility providers as needed. The LIHEAP staff created a Performance Measures PowerPoint Presentation and training for partnering utility providers at the end of the prior program year. LIHEAP staff plans to provide this training again in the upcoming program year. | | | | |
| 15.2 Does your training program address fraud reporting and prevention? Yes No | | | | |
| | | | | |

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

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

DHHS started collecting client energy usage from utility providers in October 2016. Each year a data collection table is sent to all Nebraska utility providers that have an agreement with DHHS. These utility providers provide the requested energy consumption data for LIHEAP clients. DHHS issues a LIHEAP Performance Measures Handbook to vendors annually in an effort to receive accurate data and to continue to obtain increased participation. DHHS received a return rate of 99.92% for FFY 2024. data outliers. This will assist in obtaining more accurate data in the upcoming years.

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| Section 17: Program Integrity, 2605(b)(10) | | | | | | | |
|--|---|--|-------------------------------------|--|--|--|--|
| 17.1 Fraud Reporting Mechanism | s | | | | | | |
| a. Describe all mechanisms availal | ble to the public for reporting c | ases of suspected waste, fraud, and abus | se. Select all that apply. | | | | |
| Online Fraud Reportin | ng | | | | | | |
| Dedicated Fraud Repo | Dedicated Fraud Reporting Hotline | | | | | | |
| Report directly to local | Report directly to local agency/district office or Grant recipient office | | | | | | |
| Report to State Inspect | Report to State Inspector General or Attorney General | | | | | | |
| Forms and procedures | in place for local agencies/distr | rict offices and vendors to report fraud, | waste, and abuse | | | | |
| Other - Describe: | Other - Describe: | | | | | | |
| b. Describe strategies in place for | advertising the above-reference | ed resources. Select all that apply | | | | | |
| Printed outreach mate | Printed outreach materials | | | | | | |
| Posted in local adminis | stering agencies offices. | | | | | | |
| Addressed on LIHEAF | Papplication | | | | | | |
| Website | | | | | | | |
| Other - Describe: | | | | | | | |
| | provides guidance for | ne need to provide truthful an DHHS staff in regards to ho | | | | | |
| a. Indicate which of the following members. | forms of identification are requ | ired or requested to be collected from I | IHEAP applicants or their household | | | | |
| | Collected from Whom? | | | | | | |
| Type of Identification Collected | Applicant Only | All Adults in Household | All Household Members | | | | |
| Social Security Card is photocopied and retained | Required | Required | Required | | | | |
| | Requested | Requested | Requested | | | | |
| Social Security Number (Without actual Card) | Required | Required | Required | | | | |
| | Requested | Requested | Requested | | | | |
| Government-issued identification card (i.e.: driver's license, state ID, | Required | Required | Required | | | | |
| Tribal ID, passport, etc.) | Requested | Requested | Requested | | | | |

| | | | | |] | | |
|--|----------------------------------|-----------------------------|--|---|--------------------------------------|---------------------------------------|--|
| Other | Applicant Only Required | Applicant Only Requested | All Adults in Household Required | All Adults in Household Requested | All Household Members Required | All Household Members Requested | |
| 1 | | | | | | | |
| 17.3. Citizenship/Legal Residency Ver | ification | | | | | | |
| 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. | | | | | | LIHEAP | |
| 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: | | | | | | | |
| Client attestation/declaration of citizenship is accepted unless the information received is questionable. Verification of immigration status is required for non-citizens. LIHEAP applies the regulations for the Supplemental Nutrition Assistance Program (Title 475 NAC) in regards to citizenship and legal residency. | | | | | | | |
| 17.4. Income Verification | | | | | | | |
| What methods does your agency utiliz | e to verify househo | ld income? Select | all that apply. | | | | |
| Require documentation of inco | me for all adult ho | usehold members | | | | | |
| Pay stubs | | | | | | | |
| Social Security award le | etters | | | | | | |
| Bank statements | | | | | | | |
| Tax statements | | | | | | | |
| Zero-income statements | 3 | | | | | | |
| Unemployment Insuran | ce letters | | | | | | |
| Other - Describe: | | | | | | | |
| Nebraska DHHS requires self-employed individuals to provide a current tax return or ledgers that will provide income and expenses. DHHS utilizes collateral contacts directly to employers or the source of earned and unearned income to obtain verification of income. DHHS also utilizes the Work Number to verify earned income. DHHS utilizes award letters and income statements from organizations regarding unearned income. | | | | | | | |
| Computer data matches: | | | | | | | |
| Income information ma | tched against state | computer system | (e.g., SNAP, TAN | F) | | | |
| Proof of unemployment benefits verified with state Department of Labor | | | | | | | |
| Social Security income verified with SSA | | | | | | | |
| ✓ Utilize state directory of new hires | | | | | | | |
| Other - Describe: | | | | | | | |
| Nebraska DHHS also has a data match with Child Support Enforcement. | | | | | | | |
| Some of the aforemention | ed data matches req | uire additional veri | fication as the info | rmation received is | considered a lead or | nly. | |
| b. Describe any exceptions to the above policies. | | | | | | | |
| 17.5 Identification Verification | 17.5 Identification Verification | | | | | | |
| Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply | | | | | | | |
| ✓ Verify SSNs with Social Security Administration | | | | | | | |

| Match SSNs with death records from Social Security Administration or state agency | | | |
|---|--|--|--|
| Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) | | | |
| Match with state Department of Labor system | | | |
| Match with state and/or federal corrections system | | | |
| Match with state child support system | | | |
| Verification using private software (e.g., The Work Number) | | | |
| In-person certification by staff (for tribal Grant recipients only) | | | |
| Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only) | | | |
| Other - Describe: | | | |
| 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: | | | |
| DHHS utilizes a release of information, signed by the household, to obtain information for the household from outside sources. | | | |
| 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: | | | |
| DHHS must verify the account name and account number through submission of the actual billing statement or verification from the utility provider. DHHS only makes payments to utility providers that have signed the provider agreement with DHHS. | | | |
| Nebraska performs payment reviews to ensure payments are being made to providers correctly. | | | |
| Nebraska reviews vendor refund information from utility providers and addresses any provider complaints from LIHEAP households. | | | |
| 17.8. Benefits Policy - Gas and Electric Utilities | | | |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. | | | |
| Applicants required to submit proof of physical residency | | | |
| Applicants must submit current utility bill | | | |
| Data exchange with utilities that verifies: | | | |
| Account ownership | | | |
| Consumption | | | |
| Balances | | | |
| Payment history | | | |
| Account is properly credited with benefit | | | |

| Other - Describe: |
|---|
| |
| Verification of physical residency is required if questionable. Households must submit current utility bills to verify account information or the account information must be obtained from the |
| utility provider. |
| utility provider. |
| 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 |
| |
| Tayments to utilities and invoices from utilities are reviewed for accuracy |
| Computer unusuases are periodicary reviewed to verify accuracy and dimenses of payments made to dimines |
| Direct payment to households are made in limited cases only |
| Procedures are in place to require prompt refunds from utilities in cases of account closure |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| Other - Describe: |
| 17.9. Benefits Policy - Bulk Fuel Vendors |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, |
| and other bulk fuel vendors? Select all that apply. |
| Vendors are checked against an approved vendors list |
| Centralized computer system/database is used to track payments to all vendors |
| Clients are relied on for reports of non-delivery or partial delivery |
| Two-party checks are issued naming client and vendor |
| ☑ Direct payment to households are made in limited cases only |
| Vendors are only paid once they provide a delivery receipt signed by the client |
| Conduct monitoring of bulk fuel vendors |
| Bulk fuel vendors are required to submit reports to the grant recipient. |
| V Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| Other - Describe: |
| 17.10. Investigations and Prosecutions |
| Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or |
| vendors found to have committed fraud. Select all that apply. |
| Refer to state Inspector General |
| Refer to local prosecutor or state Attorney General |
| Refer to US DHHS Inspector General (including referral to OIG hotline) |
| Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public |
| Grant recipient attempts collection of improper payments. If so, describe the recoupment process |
| |
| DHHS currently works with utility providers to collect improper payments when possible. The provider returns funds directly to DHHS. |
| DHHS withholds future benefits to LIHEAP households when the household has intentionally caused an inaccurate payment of LIHEAP heating, cooling, crisis, or repair and replacement assistance. DHHS imposes a sanction for intentional program violations (IPV), which would include |
| fraud. DHHS tracks the individuals with overpayments to withhold benefits they would have normally received until the overpayment has been |
| depleted. LIHEAP overpayments are not collected on agency-caused errors, per the Title 476 NAC. DHHS does not take action to collect on any overpayments less than \$100 |
| |
| |
| Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? For the first IPV, the individual is ineligible for the remainder of the program year and the next full program year. For the second IPV, the individual is ineligible for the |
| remainder of the program year and the next three full program years. For the third IPV, the individual is permanently ineligible. |
| 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:

Grantee employees who commit fraud will be reprimanded. This may include termination and the possibility of prosecution.

Clients who commit fraud will be sanctioned. Overpayment and IPV requirements are in the Title 476 NAC at 1-004.01, 1-004.10, 1-004.10, 1-004.13, 2-002.03(C), 2-004.02(B), 2-004.02(C), and 3-004.02.

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.)

| 301 Centennial Mall South * Address Line 1 | | |
|---|---------------|---------------------|
| Address Line 2 | | |
| Address Line 3 | | |
| Lincoln * City | NE * State | 68509 * 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. | | | | |