DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: NEW YORK STATE OFFICE OF TEMPORARY & DISABILITY ASSISTA

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)

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Mandatory Grant Application SF-424

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

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

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

| * 1.a. Type of Submission: Plan | | * 1.b. Frequency: Annual | * 1.c. Consolidated Application/ Plan/Funding Request? Explanation: 2. Date Received: 3. Applicant Identifier: | | * 1.d. Version: Initial Resubmission Revision Update State Use Only: 5. Date Received By State: | |
|---|--------------|---|---|----------------|---|--|
| | | | 4a. Unique Entity Id F52HV648QBH6 | | · | |
| | | | 4b. Federal Award I | lentifier: | 6. State Application Identifier: | |
| 7. APPLICANT INFORM | | | | | | |
| | ork State Of | fice of Temporary & Disability Assist | tance | | | |
| * b. Address: | МОРТИ Р | EARL STREET | Street 2: | | | |
| | BANY | EARL SIREEI | County: | ALBANY | | |
| * State: NY | | | Province: | ALDANI | | |
| | ted States | | * Zip / Postal Code: | 12243 - 001 | | |
| c. Organizational Unit: | | | Code | | | |
| Department Name: Office of Temporary and I | | Assistance | Division Name: Employment and Inc | ome Support Pr | ograms | |
| | | person to be contacted on matters in of Health and Human Services' LII | | | be listed on Notice of Funding | |
| * First Name: Emily | epar unent | of Iteath and Human Services Lin | * Last Name: Urban | page) | | |
| Title: HEAP Bureau Chief | | | Organizational Affiliation: | | | |
| * Telephone Number: 518-473-0332 | | | Fax Number 518-474-0985 | | | |
| * Email: Keri.Stark@otda.ny.gov | | | * | | | |
| * 8. TYPE OF APPLICAN A: State Government | NT: | | | | | |
| * a. Is the applicant a T | ribal Cons | ortium: O Yes O No | | | | |
| | | e the following documentation: | | | | |
| | | Catalog of Federal Dome Assistance Number: | stic | CFDA Title: | | |
| 9. CFDA Numbers and Titles | 3 | 93.568 | Low-Income | Home Energy A | Assistance Program | |
| 10. DESCRIPTIVE TITL Low-Income Home Energ | | | | | | |
| 11. AREAS AFFECTED I Statewide | BY FUNDI | ING: | | | | |
| 12. CONGRESSIONAL D 20 | DISTRICTS | S OF APPLICANT: | | | | |
| 13. FUNDING PERIOD: | | | | | | |
| a. Start Date: 10/01/2025 | | | b. End Date: 09/30/2026 | | | |
| * 14. IS SUBMISSION SU | BJECT T | O REVIEW BY STATE UNDER E | XECUTIVE ORDER 1 | 2372 PROCES | SS? | |
| a. This submission was | made avai | lable to the State under Executive C | Order 12372 | | | |

Process for review on: b. Program is subject to E.O. 12372 but has not been selected by State for review. c. Program is not covered by E.O. 12372. *15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? NO
 NO If Yes, explain: 16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree 🗹 ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 17a. Typed or Printed Name and Title of Authorized Certifying Official 17c. Telephone (area code, number and extension) Barbara Guinn 17d. Email Address barbaraC.Guinn@otda.ny.gov 17b. Signature of Authorized Certifying Official 17e. Date Report Submitted (Month, Day, Year) 09/02/2025 sign

Section 1 - Program Components

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

| coll | 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) | | | | | | | |
| 1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.) Dates of Operation Output Dates of Operation | | | | | | | | |
| | | Start Date | End Date | | | | | |
| > | Heating assistance | 11/03/2025 | 04/07/2026 | | | | | |
| > | Cooling assistance | 04/15/2026 | 06/22/2026 | | | | | |
| | Summer crisis assistance | | | | | | | |
| > | Winter crisis assistance | 01/02/2026 | 04/07/2026 | | | | | |
| | Year-round crisis assistance | | | | | | | |
| | Weatherization assistance | | | | | | | |
| Pro | vide further explanation for the dates of operation, if necessary | | | | | | | |
| | Regular benefits under the Heating Assistance component will operate from 11/3/2025 through 4/7/2026 or until funding allocated to this benefit is exhausted, whichever comes first. Benefits under the Regular component may be extended beyond the proposed 4/7/2026 closing date if New York State receives additional funding. This Plan is based on an assumption of flat Federal funding. NYS will offer a 1st Emergency benefit under Winter Crisis Assistance, which will operate from 1/2/2026 through 4/7/2026. New York State will operate a Cooling Assistance Component (CAC) from 4/15/2026 through 6/22/2026, or until funding allocated to this benefit is exhausted, whichever comes first. | | | | | | | |
| | If additional funds are made available, NYS will consider the operation of Weatherization as Repair and Replacement (HERR), and/or heating equipment Clean & Tune (C&T). | ssistance, emergency He | ating Equipment | | | | | |
| Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16 | | | | | | | | |
| | Estimate what amount of available LIHEAP funds will be used for each component that you will operate: total of all percentages must add up to 100%. | Percentage (%) | Prior year totals | | | | | |
| H | leating assistance | 74.00% | 51.00% | | | | | |
| C | cooling assistance | 4.00% | 4.00% | | | | | |
| S | ummer crisis assistance | 0.00% | 0.00% | | | | | |
| V | Vinter crisis assistance | 13.00% | 20.00% | | | | | |
| Y | ear-round crisis assistance | 0.00% | 0.00% | | | | | |
| V | Veatherization assistance | 0.00% | 15.00% | | | | | |
| C | arryover to the following federal fiscal year | 0.00% | 0.00% | | | | | |

| Administrative and planning Services to reduce home ener Used to develop and impleme TOTAL | COSIS | | | | 0.00% | | | |
|---|--|---|--|--|---|--|--|--|
| Used to develop and impleme | Services to reduce home energy needs including needs assessment (Assurance 16) | | | | | | | |
| | | | | | | | | |
| IUIAL | ent leveraging activities | | | | 0.00% 0.00% | | | |
| Tribal grant recipients: direct- up to 20% of the funds payable planning and administration p costs in excess of these limits m Alternate Use of Crisis Assis | e. Grant recipients that a ourposes up to 20% of the oust be paid from non-fed | re direct grant tribes, t e first \$20,000 (or \$4,000 leral sources. | ribal organizations, or t | erritories with allotment | ts over \$20,000 may use for | | | |
| 1.3 The funds reserved for w | 3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to: | | | | | | | |
| ✓ | Heating assistance | | ~ | Cooling as | sistance | | | |
| | Weatherization assis | tance | | Other (spe | ecify:) | | | |
| Categorical Eligibility, 2605(1.4 Do you consider househo in the left column below? • If you answered "Yes" to qu | lds categorically eligible Yes O No | e if at least one housel | hold member receives | | wing categories of benefits | | | |
| | , • | Heating | Cooling | Crisis | Weatherization | | | |
| ΓANF | | • Yes O No | • Yes O No | • Yes O No | • Yes ONo | | | |
| SSI | | © Yes O No | • Yes O No | • Yes O No | ⊙ Yes ONo | | | |
| SNAP | | © Yes O No | © Yes O No | • Yes O No | • Yes ONo | | | |
| Means-tested Veterans Program | 16 | O Yes O No | O Yes O No | O Yes O No | O Yes O No | | | |
| There is no outside data exchange in place. Receipt of PA and SNAP is verified through OTDA's system of record, the Welfare Management System (WMS), and Code A SSI is declared by the applicant and verified by the social service district (district). Categorical Eligibility streamlines the application process by allowing households in receipt of PA, SNAP and Code A SSI to apply for HEAP without providing additional income documentation. | | | | | | | | |
| 1.5 Do you outomotically one | call housahalds without | a direct annual annli | ention? • Vas. • No. | | | | | |
| 1.5 Do you automatically enr If Yes, explain: | roll households without | a direct annual appli | cation? • Yes O No | | | | | |
| Federally funde also meet all other eligi determined through the 2921), Recertification a Program (SNAP) Appl SNAP recipient housel eligibility criteria, and (LDSS-3421). OTDA trun to determine the hoinformation, can be col appropriate, to either the benefit via the Autopay benefit and their fair he directly to the househol are households that do their rent and are in an required HEAP eligibil | ed PA and SNAP recipier ibility criteria in order to the HEAP Autopay process Application for Certain Edication/Recertification Includes who are CE or have are in receipt of ongoing uses the PA, and SNAP rousehold's income eligibillected from WMS, a Requevendor or to the recipily process receive a notice earing rights. Regular heald through their EBT carnot make payments direceligible living arrangements | nt households who are be eligible for a Regul s when they complete a Benefits and Services for LDSS-4826). The conse income at or below the benefits at the time the ecipient household eligility for HEAP, as well gular eligibility determinent through their Electron of approval containing at-included benefits mad if the household does the total the containing at-included benefits mad if the household does the containing at-included benefits mad if the household does the containing at-included benefits mad if the household does the containing at-included benefits mad if the household does the containing at-included benefits mad eligibility to a vendor for their ent. All Regular heater he eligibility cannot be | in receipt of ongoing be ar HEAP benefit. These nd submit a NYS Appli or PA or SNAP (LDSSent language is found in the maximum allowable is Autopay is run are not gibility information and as other eligibility crite ination is made and a paronic Benefits Transfer g the eligibility factors of the paid directly to a real to the paid directly to the paid directly to a real to the paid directly to the paid to the paid directly to the paid directly to the paid directly th | nefits are considered CE execipients consent to ha cation for Certain Benef 3174), or Supplemental the consent section of execution for HEAP based on hous required to complete a subudget found in WMS aria. If all HEAP eligibilityment amount is electro (EBT) card. Households used to determine their execipient's domestic electroly for domestic electroly for domestic electric. I hake undesignated payment the Autopay must be particle as precase appears on an execution of the case appears of the case appears on an execution of the case appears of the case appears on an execution of the case appears of the case a | Fits and Services (LDSS-Nutrition Assistance ach application. PA, and sehold size, meet all other separate HEAP Application at the time of the Autopay ty factors, including vendor onically issued, as approved for a Regular eligibility, the amount of the tric utility account or Heat-included households ents for heat as a portion of aid directly to a vendor. If ception report for districts to | | | |
| Federally funde also meet all other eligi determined through the 2921), Recertification a Program (SNAP) Appl SNAP recipient housel eligibility criteria, and (LDSS-3421). OTDA urun to determine the hoinformation, can be col appropriate, to either the benefit via the Autopay benefit and their fair he directly to the househo are households that do their rent and are in an required HEAP eligibil review. If missing information par | ed PA and SNAP recipier ibility criteria in order to be HEAP Autopay process Application for Certain Ection/Recertification (I colds who are CE or have are in receipt of ongoing uses the PA, and SNAP rousehold's income eligibillected from WMS, a Regue vendor or to the recipity process receive a notice aring rights. Regular health through their EBT carnot make payments direceligible living arrangementity factors beyond incom | nt households who are be eligible for a Regul when they complete a Benefits and Services for LDSS-4826). The conse income at or below the benefits at the time the ecipient household eligibity for HEAP, as well gular eligibility determinent through their Electron of approval containing at-included benefits mad if the household does citly to a vendor for their ent. All Regular heater the eligibility cannot be by 12/31/2025, a Regular those households enr | in receipt of ongoing be ar HEAP benefit. These and submit a NYS Appli or PA or SNAP (LDSSent language is found in the maximum allowable to Autopay is run are not gibility information and as other eligibility crite ination is made and a paronic Benefits Transfer g the eligibility factors to go be paid directly to a rest on to pay a utility directly reprimary heating but m HEAP benefits through retrieved from WMS, the lar benefit may be approached in SNAP, NYS woolled | nefits are considered CE e recipients consent to ha cation for Certain Benef 3174), or Supplemental the consent section of e for HEAP based on hous required to complete a subudget found in WMS a ria. If all HEAP eligibilityment amount is electro (EBT) card. Households used to determine their e ecipient's domestic electry for domestic electric. I hake undesignated payment the Autopay must be particularly and the Autopay must be particularly expensed by the eligibility expensed to the subudget of the subudg | ave their eligibility fits and Services (LDSS- Nutrition Assistance ach application. PA, and sehold size, meet all other separate HEAP Application at the time of the Autopay ty factors, including vendor onically issued, as approved for a Regular eligibility, the amount of the tric utility account or Heat-included households ents for heat as a portion of aid directly to a vendor. If ception report for districts to caminer. | | | |
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| Federally funde also meet all other eligi determined through the 2921), Recertification Program (SNAP) Appl SNAP recipient housel eligibility criteria, and (LDSS-3421). OTDA trun to determine the horinformation, can be col appropriate, to either the benefit via the Autopay benefit and their fair he directly to the househol are households that do their rent and are in an required HEAP eligibil review. If missing information and continue is the determining eligibility | ed PA and SNAP recipier ibility criteria in order to the HEAP Autopay process Application for Certain Elication/Recertification (Include who are CE or have are in receipt of ongoing uses the PA, and SNAP rousehold's income eligibillected from WMS, a Regular heaving rights. Regular heald through their EBT carnot make payments directligible living arrangement in the second cannot be obtained tricipation and benefits for issuing nominal assistance is no difference in the second carnot make payments. | nt households who are be eligible for a Regula when they complete a Benefits and Services for a LDSS-4826). The conse income at or below the benefits at the time the recipient household eligity for HEAP, as well gular eligibility determent through their Electric of approval containing at-included benefits mad if the household does that the containing at-included benefits mad if the household does that the containing at-included benefits mad if the household does that the containing at-included benefits are eligibility cannot be by 12/31/2025, a Regular heater those households enrice benefits to SNAP households enrice benefits to SNAP households enrice benefits to SNAP households. | in receipt of ongoing be ar HEAP benefit. These nd submit a NYS Appli or PA or SNAP (LDSS-ent language is found in the maximum allowable to Autopay is run are not gibility information and as other eligibility crite ination is made and a particular primary heating but may be paid directly to a result of the paid directly directly reprimary heating but may be appropriately be appropriately the paid of the p | nefits are considered CE e recipients consent to ha cation for Certain Benefi 3174), or Supplemental' the consent section of e for HEAP based on hous required to complete a shudget found in WMS a ria. If all HEAP eligibility ayment amount is electro (EBT) card. Households used to determine their election of the complete and the Autopay must be particularly and the Autopay must b | ave their eligibility fits and Services (LDSS- Nutrition Assistance ach application. PA, and sehold size, meet all other separate HEAP Application at the time of the Autopay ty factors, including vendor onically issued, as approved for a Regular digibility, the amount of the tric utility account or Heat-included households ents for heat as a portion of aid directly to a vendor. If ception report for districts to saminer. | | | |
| Federally funde also meet all other eligi determined through the 2921), Recertification of Program (SNAP) Appl SNAP recipient housel eligibility criteria, and (LDSS-3421). OTDA to run to determine the horinformation, can be col appropriate, to either the benefit via the Autopay benefit and their fair he directly to the househol are households that do their rent and are in an required HEAP eligibil review. If missing information and continue is the determining eligibility | ed PA and SNAP recipier ibility criteria in order to the HEAP Autopay process Application for Certain E ication/Recertification (I nolds who are CE or have are in receipt of ongoing uses the PA, and SNAP rousehold's income eligibilected from WMS, a Regular her evendor or to the recipicy process receive a notice earing rights. Regular her ld through their EBT carnot make payments directligible living arrangementity factors beyond incommation can be obtained tricipation and benefits for issuing nominal assistance is no difference in the tand benefit amounts? | nt households who are be eligible for a Regula when they complete a Benefits and Services for a LDSS-4826). The conse income at or below the benefits at the time the recipient household eligity for HEAP, as well gular eligibility determent through their Electric of approval containing at-included benefits mad if the household does that the containing at-included benefits mad if the household does that the containing at-included benefits mad if the household does that the containing at-included benefits are eligibility cannot be by 12/31/2025, a Regular heater those households enrice benefits to SNAP households enrice benefits to SNAP households enrice benefits to SNAP households. | in receipt of ongoing be ar HEAP benefit. These nd submit a NYS Appli or PA or SNAP (LDSS-ent language is found in the maximum allowable to Autopay is run are not gibility information and as other eligibility crite ination is made and a particular primary heating but may be paid directly to a result of the paid directly directly reprimary heating but may be appropriately be appropriately the paid of the p | nefits are considered CE e recipients consent to ha cation for Certain Benefi 3174), or Supplemental' the consent section of e for HEAP based on hous required to complete a shudget found in WMS a ria. If all HEAP eligibility ayment amount is electro (EBT) card. Households used to determine their election of the complete and the Autopay must be particularly and the Autopay must b | ave their eligibility fits and Services (LDSS- Nutrition Assistance ach application. PA, and sehold size, meet all other separate HEAP Application at the time of the Autopay ty factors, including vendor onically issued, as approved for a Regular digibility, the amount of the tric utility account or Heat-included households ents for heat as a portion of aid directly to a vendor. If ception report for districts to saminer. | | | |

| If you | ou answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d. | | | | | | | |
|-------------|---|----------|--|--|--|--|--|--|
| <u> </u> | Amount of Nominal Assistance: \$21.00 | | | | | | | |
| 1.7c F | Frequency of Assistance | | | | | | | |
| > | Once Per Year | | | | | | | |
| | Once every five years | | | | | | | |
| | Other - Describe: | \Box | | | | | | |
| 1.7d l | How do you confirm that the household receiving a nominal payment has an energy cost or need? | | | | | | | |
| | OTDA and districts confirm that a household that receives a nominal HEAP payment has an energy cost or need based on information contained in the case record and in WMS. | | | | | | | |
| | Clients must provide documentation of direct or indirect responsibility of incurred energy costs. A direct energy burden must be documented through vendor fuel bill or fuel bill receipt, a statement from the vendor or collateral contact with the vendor specifying who pay bill and to whom the bill is paid. Households that pay energy costs indirectly, in the form of rent, must document their energy cost in the form landlord statement or a signed lease agreement between the applicant and the landlord. | | | | | | | |
| Deter | rmination of Eligibility - Countable Income | | | | | | | |
| 1.8. Iı | In determining a household's income eligibility for LIHEAP, do you use gross income or net income? | | | | | | | |
| ~ | Gross Income | | | | | | | |
| | Net Income | \dashv | | | | | | |
| | Other - Describe | \neg | | | | | | |
| 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 | | | | | | | |

| V | Rental income |
|-------------|---|
| | Income from employment through Workforce Investment Act (WIA) |
| | ancome from employment an ough wormoree in restauent rect (with |
| | 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 |
| | ny of the above questions require further explanation or clarification that could not be made in fields provided, attach a document with said explanation here. |
| 1.10 | Do you have an online application process Yes No |
| 1.1 | 0a If yes, describe the type of online application (Select all boxes that apply) |
| > | A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing. |
| > | A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing. |
| > | One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing. |
| > | Online application that is also mobile friendly |
| | Other, please describe |
| Pleas | e include a link(s) to a statewide application, if available: |
| | myBenefits (ny.gov), ACCESS HRA (nyc.gov) |
| 1.10b | Can all program components be applied for online? C Yes O No |
| If no, | explain which components can and cannot be applied for online. |

| | Outside of New York City, only the Regular benefit can be applied for through myBenefits (ny.gov). Applicants must contact their local social services district to obtain and submit an application for any other HEAP component. | | | | | | | |
|-------------|---|--|--|--|--|--|--|--|
| | In New York City, the Human Resource Administration (HRA) allows HEAP applicants to apply for Regular and Cooling benefits online through the HRA customer portal ACCESS HRA (nyc.gov). Applicants must contact NYC HRA to obtain and submit an application for any other HEAP component. | | | | | | | |
| 1.11 1 | Do you have a process for conducting and completing applications by phone 💽 Yes 🔘 No | | | | | | | |
| 1.12 1 | Do you or any of your subrecipients require in person appointments in order to apply 🔘 Yes 🛭 💽 No | | | | | | | |
| If yes | s, please provide more information regarding why in-person appointments are required and in what circumstances they are required. | | | | | | | |
| 1.13 1 | How can applicants submit documentation for verification? Select all that apply: | | | | | | | |
| ~ | In-person | | | | | | | |
| > | Mail | | | | | | | |
| > | Email | | | | | | | |
| > | Portal application | | | | | | | |
| > | Other, please describe | | | | | | | |
| | Documentation can be faxed to the social service districts | | | | | | | |

Hidden for Section 1

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(l | b)(2) - Assurance 2 | | | |
| 2.1 Designate the | income eligibility threshold used for the | heating co | omponent: | |
| Add | Household size Eligibility Guideline | | | Eligibility Threshold |
| 1 | 1 | | State Median Income | 60.00% |
| 2 | 2 | | State Median Income | 60.00% |
| 3 | 3 | | State Median Income | 60.00% |
| 4 | 4 | | State Median Income | 60.00% |
| 5 | 5 | | State Median Income | 60.00% |
| 6 | 6 | | State Median Income | 60.00% |
| 7 | 7 | | State Median Income | 60.00% |
| 8 | 8 | | State Median Income | 60.00% |
| 9 | 8 | | State Median Income | 60.00% |
| 10 | 10 | | State Median Income | 60.00% |
| 11 | 11 | | State Median Income | 60.00% |
| 12 | 12 | | State Median Income | 60.00% |
| 13 | 13 | | State Median Income | 60.00% |
| 14 | 14 | | HHS Poverty Guidelines | 150.00% |
| Heating Assistan | additional eligibility requirements for ce? propriate boxes below and describe the p | • Yes | | |
| Do you require a | <u> </u> | C Yes | | |
| If ves, describe: I | Do you have additional/differing eligibilit | L | | |
| Renters? | , 5 5 | C Yes | | |
| If yes, describe: | | | | |
| | ving in subsidized housing? | C Yes | ⊙ No | |
| If yes, describe: | 3 | 103 | | |
| | th utilities included in the rent? | C Yes | © No | |
| If yes, describe: | | 1 les | 140 | |
| | rity in eligibility to: | | | |
| | lts (60 years or older)? | ⊙ Yes | ○ No | |
| If yes, describe: | () | 105 | *_/ IVO | |
| Но | useholds containing a member aged 60 year additional \$35 to their base Regular heater | | are considered vulnerable and can | |
| Individuals | s with a disability? | Yes | O No | |
| If yes, describe: | | - | | |
| | useholds containing a member that is permaceive an additional \$35 to their base Regula | | | |
| Young chil | dren? | ⊙ Yes | C No | |
| If yes, describe: | | | | |
| | suseholds containing a child under the age on al \$35 to their base Regular heater benefit. | | sidered vulnerable and can receive | |

| Households with high energy burdens? | • Yes ONo | | | | | | |
|---|--|---------------------------|--------------------------|---------------------|--|--|--|
| If yes, describe: | Tes Wino | | | | | | |
| Households with gross income in the lowest in Poverty Level (FPL) receive an additional \$61 to thei also applied to Regular heater benefits received by CI funded PA, or Code A SSI. | r base Regular heater | benefit. This add-on is | | | | | |
| Other? | C Yes O No | | | | | | |
| If yes, describe: | | | | | | | |
| Explanations of policies for each "yes" checked above: | | | | | | | |
| heater benefit. Households containing a member that base Regular heater benefit. Households containing a base Regular heater benefit. Households with gross in | Households containing a member aged 60 years or older are considered vulnerable and can receive an additional \$35 to their base Regular heater benefit. Households containing a member that is permanently disabled are considered vulnerable and can receive an additional \$35 to their base Regular heater benefit. Households containing a child under the age of 6 are considered vulnerable and can receive an additional \$35 to their base Regular heater benefit. Households with gross income in the lowest income tier at or below 130% of the Federal Poverty Level (FPL) receive an additional \$61 to their base Regular heater benefit. This add-on is also applied to Regular heater benefits received by CE households in receipt of SNAP, federally funded PA, or Code A SSI. | | | | | | |
| Determination of Benefits 2605(b)(5) - Assurance 5, 2605(| c)(1)(B) | | | | | | |
| 2.4 Describe how you prioritize the provision of heating a etc. | ssistance to vulneral | ole populations, e.g., b | enefit amounts, early ap | plication periods, | | | |
| NYS provides early application access to hous In addition, these households receive an additional \$3 | | | | manently disabled). | | | |
| 2.5 Check the variables you use to determine your benefit | levels. (Check all th | at 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 | inci gj / | | | | | | |
| Other - Describe: | | | | | | | |
| Court - Describe. | | | | | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | |
| 2.6 Describe estimated benefit levels for the fiscal year for shown in the payment matrix. | which this plan app | lies. Please note: the ma | aximum and minimum be | nefits must be | | | |
| Minimum Benefit | \$21 | Maximum Ber | nefit | \$996 | | | |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) | and/or other forms o | f benefits?2 OYes | No | | | | |
| If yes, describe. | | | | | | | |
| | | | | | | | |
| If any of the above questions require fu | rther explana | tion or clarificat | tion that could n | ot be made in | | | |

Section 3 - COOLING ASSISTANCE

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| | Section 3 - Cooling Assistance | | | | | | |
|-------------------------------------|--|--------------|---|-----------------------------------|--|--|--|
| Eligibility, 2605(| c)(1)(A), 2605 (b)(2) - Assurance 2 | | | | | | |
| 3.1 Designate Th | 3.1 Designate The income eligibility threshold used for the Cooling component: | | | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | | |
| 1 | 1 | | State Median Income | 60.00% | | | |
| 2 | 2 | | State Median Income | 60.00% | | | |
| 3 | 3 | | State Median Income | 60.00% | | | |
| 4 | 4 | | State Median Income | 60.00% | | | |
| 5 | 5 | | State Median Income | 60.00% | | | |
| 6 | 6 | | State Median Income | 60.00% | | | |
| 7 | 7 | | State Median Income | 60.00% | | | |
| 8 | 8 | | State Median Income | 60.00% | | | |
| 9 | 9 | | State Median Income | 60.00% | | | |
| 10 | 10 | | State Median Income | 60.00% | | | |
| 11 | 11 | | State Median Income | 60.00% | | | |
| 12 | 11 | | State Median Income | 60.00% | | | |
| 13 | 13 | | State Median Income | 60.00% | | | |
| 14 | 14 | | HHS Poverty Guidelines | 150.00% | | | |
| 3.2 Do you have a Cooling assistant | additional eligibility requirements for ce? | ⊙ Yes | C _{No} | | | | |
| 3.3 Check the ap | propriate boxes below and describe the p | oolicies for | each. | | | | |
| Do you require a | nn Assets test? | C Yes | ⊙ No | | | | |
| If yes, describe: | | | | | | | |
| Do you have add | itional/differing eligibility policies for: | | | | | | |
| Renters? | | C Yes | ⊙ No | | | | |
| If yes, describe: | | | | | | | |
| Renters Li | ving in subsidized housing? | C Yes | ⊙ No | | | | |
| If yes, describe: | | | | | | | |
| Renters wi | th utilities included in the rent? | C Yes | ⊙ No | | | | |
| If yes, describe: | | | | | | | |
| Do you give prio | rity in eligibility to: | | | | | | |
| Older Adu | lts (60 years or older)? | • Yes | C _{No} | | | | |
| If yes, describe: | | | | | | | |
| | | rs or older | which meet all other component eligibility crite | eria may receive Cooling benefits | | | |
| without a | corresponding medical need. | | | | | | |
| Individuals | s with a disability? | C Yes | ⊙ No | | | | |
| If yes, describe: | | | | | | | |
| Young chil | dren? | • Yes | O _{No} | | | | |
| If yes, describe: | | | | | | | |
| | ouseholds containing a child under age 6 which ding medical need. | nich meet al | l other component eligibility criteria may recei- | ve Cooling benefits without a | | | |
| Household | s with high energy burdens? | C Yes | € No | | | | |

| If yes, describe: | | | |
|---|--|---|---|
| Other? Documented Medical Need | ⊙Yes O | No | |
| If yes, describe: | | | |
| In addition to meeting NYS's income and on thave a member age 60 years or older or under and verified in writing by a physician, physician a that is newer than five years or operable central ai years. Applicants that are pended for a written star condition that cannot obtain documentation may condition that they are not able to obtain written documentary. | age 6 in their hous assistant or nurse par conditioning. Ap- tement from their particular contact the district a | ractitioner. Additionally, households must not plicants are only eligible for a Cooling Assista physician, physician assistant, or nurse practiti | is exacerbated by extreme heat have a working air conditioner ance benefit once every five ioner regarding their medical |
| Explanations of policies for each "yes" checked above | : | | |
| Part of the eligiblity criteria for the Coolin condition, or who is age 60 years or older, or unde | | at the household must contain an individual w | ith a documented medical |
| 3.4 Describe how you prioritize the provision of coolin etc. | g assistance to vu | llnerable populations, e.g., benefit amoun | ts, early application periods, |
| Applicants with a documented medical con | ndition. | | |
| Households containing a vulnerable memb may receive a Cooling benefit without a correspon | | or older, or under age 6) which meet all other l. | component eligibility criteria |
| Determination of Benefits 2605(b)(5) - Assurance 5, 26 | 605(c)(1)(B) | | |
| 3.5 Check the variables you use to determine your ben | efit 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 ho | me energy) | | |
| Energy need | ine ene- 83 / | | |
| Other - Describe: | | | |
| NYS will authorize a HEAP payment up to conditioner unit if the household has an existing we labor necessary to establish a cooling area. | | window or portable air conditioner/fan, or up nefit amount is determined by the actual cost of | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | r | | |
| 3.6 Describe estimated benefit levels for the fiscal year shown in the payment matrix. | for which this pl | an applies. Please note: the maximum and n | ninimum benefits must be |
| Minimum Benefit | \$10 | Maximum Benefit | \$1,000 |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners |) and/or other for | ms of benefits? • Yes O No | |
| If yes, describe. | | | |
| NYS does not provide a cash Cooling bene is determined by the actual cost of equipment, ma benefit is not applied to the client's electric bill, no | terial, and labor ne | | |
| If any of the above questions require | | | could not be made in |

Section 4 - CRISIS ASSISTANCE

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 4: CRISIS ASSISTANCE Eligibility - 2604(c), 2605(c)(1)(A) 4.1 Designate the income eligibility threshold used for the crisis component Household size Eligibility Guideline Eligibility Threshold 60.00% State Median Income 2 60.00% State Median Income 60.00% State Median Income 60.00% State Median Income State Median Income 60.00% 6 State Median Income 60.00% State Median Income 60.00% 60.00% 8 State Median Income State Median Income 60.00% 10 State Median Income 60.00% 11 10 State Median Income 60.00% 12 12 State Median Income 60.00% 13 60.00% 13 State Median Income 150.00% 14 14 HHS Poverty Guidelines 4.2 Provide your LIHEAP program's definition for determining a crisis. If you administer multiple crisis assistance programs (winter, summer, and/or year-round), Include all program definitions. The definition of a crisis emergency is when loss of heat is imminent. Imminent loss of heat is defined as less than 1/4 tank for oil. kerosene, or propane or less than a 10-day supply for other deliverable fuels, or heat or heat related utility service is scheduled for termination. Any HEAP eligible household's crisis emergency must be resolved within 48 hours from the time of the emergency application. 4.3 What constitutes a <u>life-threatening crisis?</u> The definition of a life-threatening emergency is when a HEAP applicant or recipient household is without heat or utility service required to operate a heating source. Any HEAP eligible household's life-threatening emergency must be resolved within 18 hours from the time of the emergency application. Crisis Requirement, 2604(c) 4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours 4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours Crisis Eligibility, 2605(c)(1)(A) Winter Year-Round Summer Crisis Crisis Crisis 4.6 Do you have additional eligibility requirements for Crisis Assistance? V 4.7 Check the appropriate boxes below to indicate type(s) of assistance provided Do you require an Assets test? V Do you give priority in eligibility to: Older Adults (60 years or older)? V

| Individuals with | a disability? | | | | | | | | |
|---|--|---|--|---|--|--|--|--|--|
| Young Children | ? | ~ | | | | | | | |
| Households with | n high energy burdens? | | | | | | | | |
| Other (Specify) | | | | | | | | | |
| In Order to receive crisis assistance: | | | | | | | | | |
| Must the house | nold have received a shut-off notice or have a near empty tank? | ~ | | | | | | | |
| Must the house | Must the household have been shut off or have an empty tank? | | | | | | | | |
| Must the house | Must the household have exhausted their regular heating benefit? | | | | | | | | |
| Must renters w | Must renters with heating costs included in their rent have received an eviction notice? | | | | | | | | |
| Must heating/co | oling be medically necessary? | | | | | | | | |
| Must the house | old have non-working heating or cooling equipment? | | | | | | | | |
| Other (Specify) | | | | | | | | | |
| Do you have addition | al/differing eligibility policies for: | | | | | | | | |
| Renters? | | | | | | | | | |
| Renters living in | n subsidized housing? | ~ | | | | | | | |
| Renters with ut | ilities included in the rent? | ~ | | | | | | | |
| Explanations of polici | es for each "yes" checked above: | | | | | | | | |
| credit remainin receive a crisis All appl more than \$2,5' resources to be account stateme institution when Renters eligible for Em | must have exhausted their Regular benefit, and meet the asset test in order to be of grom their Regular benefit but the credit is less than the minimum delivery amout benefit, if otherwise eligible. icants and household members for crisis assistance are asset (resource) tested. Applot (or \$3,750 for households containing a vulnerable member aged 60 years or old eligible. Only available liquid resources are counted. Declared liquid resources cants, savings statements or bankbooks, stock certificates, bank or dividend statemere funds are deposited or managed. with heat included in their rent and renters residing in government subsidized housergency HEAP, with the exception of eligible households that pay a supplier direct be eligible for a HEAP Emergency Domestic Heat-Related Utility benefit if such the household. | nt for a deliverable blicants for the En er, or child under n be verified using nts, savings bonds sing with heat incity for heat-related | nergency benefit age 6) in availal g the following: s, and statements | must not have ble liquid checking from the tare not | | | | | |
| Determination of Ben | efits | | | | | | | | |
| 4.8 How do you hand | | | | | | | | | |
| > | Separate component | | | | | | | | |
| | Benefit Fast Track, no separate amount of crisis funds is issued. Rather beneresponse time frames. | fits are issued to | crisis customer | s within crisis | | | | | |
| > | If the Regular HEAP benefit is open and a household has yet to apply for and receive a Regular benefit, NYS will utilize the Regular benefit to ameliorate an energy emergency. OTDA HEAP policy requires districts take appropriate action to resolve applicant energy related life-threatening or crisis energy emergency, as declared at the time of application for HEAP benefits as follows: (1) No later than 18 hours after a household applies for benefits and declares an energy emergency, districts must provide some form of assistance that will resolve the life-threatening energy emergency. (2) No later than 48 hours after a household applies for benefits and declares an energy emergency, districts must provide some form of assistance that will resolve the crisis energy emergency. If HEAP eligibility cannot be determined within the 18 to 48-hour timeframe and thus the emergency cannot be resolved with the issuance of a HEAP benefit, the district must take at least one of the following actions: (1) Referral to Public Assistance (2) Referral to community resource (3) Verify the availability of or access to safe supplemental heat (4) Verify access to temporary alternate housing | | | | | | | | |
| 4.9 If you have a sena | rate component, how do you determine crisis assistance benefits? | | | | | | | | |

| | Amount to resolve the crisis. | . \$0 | | | | | |
|--------------------------------|---|-----------------|----------------|-----------------|-------------------------------|-----------------------------|--|
| V | Other - Describe: | | | | | | |
| | Amount to resolve the crisis, up to a maximum of \$900. | | | | | | |
| | | | | | | | |
| Crisis Requirements, | 2604(c) | | | | | | |
| 4.10 Do you accept ap | oplications for energy crisis as | ssistance at | sites that are | e geographicall | y accessible to all household | s in the area to be served? | |
| € Yes C No E | xplain. | | | | | | |
| There is | s a certification network in all d | listricts for w | alk-in applic | cants. | | | |
| 4.11 Do you provide i | ndividuals who are individua | ls with a dis | ability the n | neans to: | | | |
| | s for crisis benefits without le | | | | | | |
| • Yes O No | | - | | | | | |
| If No, explain. | | | | | | | |
| Travel to the sites a | at which applications for crisi | is assistance | are accepte | d? | | | |
| C Yes O No | | | | | | | |
| If No, explain. | | | | | | | |
| Local d | istricts have homebound unit st | taff that can t | travel and ass | sist homebound | applicants in their own home | s. | |
| If you answered "No' disabled? | ' to both options in question 4 | 4.11, please | explain alter | rnative means o | of intake to those who are ho | mebound or physically | |
| Benefit Levels, 2605(c | e)(1)(B) | | | | | | |
| | imum benefit for each type o | | tance offere | d. | | | |
| Winter Crisis | \$900.00 maximum benef | it | | | | | |
| Summer Crisis | \$0.00 maximum benefit | | | | | | |
| Year-round Crisis | | | 37 -41 | e .el | m: 0 | | |
| | n-kind (e.g. blankets, space h | eaters, ians) |) and/or otne | er forms of Den | efits? | | |
| ⊙ Yes ○ No If yo | es, Describe | | | | | | |
| | rary relocation benefit with a m h a maximum total benefit not | | | | per program year. Propane ta | nk deposits to eligible | |
| 4.14 Do you provide f | or equipment repair or repla | cement usin | g crisis fund | ls? | | | |
| C Yes O No | | | | | | | |
| If you answered "Yes | " to question 4.14, you must | complete qu | estion 4.15. | | | | |
| 4.15 Check appropria | nte boxes below to indicate ty | pe(s) of assis | stance provi | ded. | | | |
| | | Winter | Summer | Year-round C | Crisis | | |
| | | Crisis | Crisis | | | | |
| Heating system repai | r | | | | | | |
| Heating system repla | cement | | | | | | |
| Cooling system repair | r | | | | | | |
| Cooling system replac | cement | | | | | | |
| Wood stove purchase | | | | | | | |
| Pellet stove purchase | | | | | | | |
| Solar panel(s) | | | | | | | |
| Utility poles / gas line | hook-ups | | | | | | |
| Other (Specify): | | | | | | | |

| 4.16 Do any of the utility vendors you work with enforce a moratorium on 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. |
| The NYS Public Service Commission (PSC) regulated utilities agree to provide a two-week moratorium encompassing the Christmas and New Year holidays. |
| 4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? • Yes No |
| If yes, describe |
| |

Section 5 - WEATHERIZATION ASSISTANCE

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

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

| Secti | ion 5: WEAT | HERIZATION ASSIST | FANCE | |
|--|------------------------|---|---|--|
| Eligibility, 2605(c)(1)(A), 2605(b)(2) - Ass | surance 2 | | | |
| 5.1 Designate the income eligibility thresh | nold used for the Wea | therization component | | |
| Add House | ehold Size | Eligibility Guideline | Eligibility Threshold | |
| 1 | | | 0.00% | |
| 5.2 Do you enter into an interagency agree No | ement to have anothe | er government agency administer a V | VEATHERIZATION component? C Yes 6 | |
| 5.3 If yes, name the agency and attach a c | opy of the Internal A | greement or Contract. | | |
| 5.4 Is there a separate monitoring protoco | ol for weatherization | ?○Yes ⊙No | | |
| WEATHERIZATION - Types of Rules | | | | |
| 5.5 Under what rules do you administer I | LIHEAP weatherizati | on? (Check only one.) | | |
| Entirely under LIHEAP (not DOE) |) rules | | | |
| Entirely under DOE WAP (not LIF | HEAP) rules | | | |
| Mostly under LIHEAP rules with t | he following DOE W. | AP rule(s) where LIHEAP and WAP | rules differ (Check all that apply): | |
| Income Threshold | | | TE 37 | |
| | ti family hausing stay | esture is normitted if at least 669/ of | unita (500/ in 2 % 4 unit buildings) one | |
| eligible units or will become eligible withi | | icture is permitted if at least 60 % of | units (50% in 2- & 4-unit buildings) are | |
| Weatherize shelters temporar care facilities). | rily housing primarily | y low income persons (excluding nurs | ing homes, prisons, and similar institutional | |
| Other - Describe: | | | | |
| Mostly under DOE WAP rules, wit | h the following LIHE | AP rule(s) where LIHEAP and WAI | rules differ (Check all that apply.) | |
| Income Threshold | | | | |
| Weatherization not subject to | DOE WAP maximu | m statewide average cost per dwellin | g unit. | |
| Weatherization measures are | not subject to DOE S | Savings to Investment Ration (SIR) s | tandards. | |
| Other - Describe: | | - | | |
| Eligibility, 2605(b)(5) - Assurance 5 | | | | |
| 5.6 Do you require an assets test? | C Yes • No | | | |
| 5.7 Do you have additional/differing eligi | bility policies for : | | | |
| Renters | C Yes C No | | | |
| Renters living in subsidized housing? | O Yes O No | | | |
| Renters with utilities included in th rent? | e C Yes C No | | | |
| 5.8 Do you give priority in eligibility to: | | | | |
| Older Adults? | C Yes C No | | | |
| Individuals with a disability? | C Yes C No | | | |
| Young Children? | C Yes C No | | | |
| House holds with high energy burdens? | C Yes C No | | | |

| Other? | C Yes C No | | | |
|---|------------------------------|------------------------------|--|--|
| If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below. | | | | |
| Benefit Levels | | | | |
| 5.9 Do you have a maximum LIHEAP weat | herization benefit/expenditu | 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). O Yes O No | | | |
| 5.10a If so, what is the ACPU amount? | 60 | | | |
| Types of Assistance, 2605(c)(1), (B) & (D) | | | | |
| 5.11 What LIHEAP weatherization measur | res do you provide ? (Check | all categories that apply.) | | |
| Weatherization needs assessments/a | udits | Energy related roof repair | | |
| Caulking and insulation | | Major appliance repairs | | |
| Storm windows | | Major appliance replacement | | |
| Furnace/heating system modification | ns/repairs | Windows/sliding glass doors | | |
| Furnace replacement | | Doors | | |
| Cooling system modifications/repair | ·s | Water Heater | | |
| Water conservation measures | | Cooling system replacement | | |
| Roof top solar | | Community solar projects | | |
| Compact florescent light bulbs | | Other - Describe: | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | |

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Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) 6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available: 4 Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. V Publish articles in local newspapers or broadcast media announcements. V 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. V Execute interagency agreements with other low-income program offices to perform outreach to target groups. V Web Posting Email Texting Events **V** Social Media Other (specify): Toll free information hotline operated by NYS OTDA 1-800-342-3009, provides information about the program and printable applications are available on the OTDA internet site (www.otda.ny.gov/heap) when the program is open. State and local resources dedicated to implementing mandated outreach plans and program dissemination activities. Targeted efforts by OTDA, NYS Office for the Aging (NYSOFA), New York State Homes and Community Renewal (HCR), New York State Energy Research and Development Authority (NYSERDA) and the NYS Department of Health (DOH) to provide program information and access to vulnerable households.

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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 Intake referrals to/from other programs (indicate programs included) WAP One - stop intake centers Other - Describe:

myBenefits provides applicants the ability to apply for SNAP and HEAP online with one application, when the Regular HEAP benefit is open.

OTDA developed written policies and procedures with NYSERDA and HCR to ensure that Weatherization information is shared, and referrals are made. Recipients of Weatherization services may be referred to the district for HEAP eligibility.

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| | Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state Grant recipients and the Commonwealth of Puerto Rico) |
|--------|---|
| 8.1 Ho | w would you categorize the primary responsibility of your State agency? |
| | Administration Agency |
| | Commerce Agency |
| | Community Services Agency |
| | Energy/Environment Agency |
| | Housing Agency |
| > | State Department of Welfare (administers TANF, SNAP, and/or Medicaid) |
| | Economic Development Agency |
| | Other - Describe: |
| | e current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and umber. Used for Near hotline and OCS Service Provider Tool and clearinghouse. |
| | 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. |
| 8.2 Ho | w do you provide alternate outreach and intake for heating assistance? |
| | As with other income tested assistance programs administered by NYS OTDA, HEAP is State supervised/locally administered with 58 districts designated as the lead local agencies for outreach, certification, and payment. Prior to program opening, each district must establish a local certification network that provides for an alternative non-district site(s) for a reasonable share of outreach and intake for Regular and Emergency HEAP assistance. The district may contract with other State or local government entities or community-based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local Offices for the Aging, and community action agencies. These outside agencies are not tied to the receipt of PA and are available to any community member seeking assistance with heating costs. They operate outside of the PA framework located within the districts. |
| 8.3 Ho | w do you provide alternate outreach and intake for cooling assistance?> |
| | As with other income tested assistance programs administered by NYS OTDA, HEAP is State supervised/locally administered with 58 districts designated as the lead local agencies for outreach, certification, and payment. Prior to program opening, each district must establish a local certification network that provides for an alternative non-district site(s) for a reasonable share of outreach and intake for Regular and Emergency HEAP assistance. The district may contract with other State or local government entities or community-based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local Offices for the Aging, and community action agencies. |
| 8.4 Ho | w do you provide alternate outreach and intake for crisis assistance? |

As with other income tested assistance programs administered by NYS OTDA, HEAP is State supervised/locally administered with 58 districts designated as the lead local agencies for outreach, certification, and payment. Prior to program opening, each district must establish a local certification network that provides for an alternative non-district site(s) for a reasonable share of outreach and intake for regular and emergency HEAP assistance. The district may contract with other State or local government entities or community-based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local Offices for the Aging, and community action agencies.

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

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?

New York State Social Services Law Section 61 establishes each county of the state and the city of New York as a social services district. NYS Social Services Law Section 97 and Part 393 of the Code, Rules and Regulations of the State of New York provide that social services districts are to participate in the LIHEAP program and assist eligible households obtain energy assistance. All county social services districts and the city of New York operate and administer HEAP to residents of their county or city of New York. The social services districts set forth in NYS Social Services Law Section 61 are not at risk for elimination.

As with other income tested programs administered by NYS OTDA, HEAP is State supervised and locally administered with 58 local districts designated as the lead local agencies for outreach, certification, and payment. Prior to program opening, each district must establish a local certification network that provides for an alternative non-district site(s) for a reasonable share of outreach and intake for Regular and Emergency HEAP assistance. The district may contract with other State or local government entities or community-based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local Offices for the Aging, and community action agencies. Districts may also execute agreements with community organizations for outreach through alternative certifiers.

The districts mentioned above are the county departments of social services. Districts execute agreements with community organizations for outreach through alternative certifiers. However, the processing of the HEAP applications is completed within the county departments of social services. All county department of social services offices operate and administer HEAP to residents of their county.

| 8.7 How many local administering agencies do you use? 58 |
|---|
| 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? O 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 O No |
| 8.10c If yes, please explain. |

| | ther explanation or clarification that could not be made |
|---|--|
| in the fields provided, attach a document | with said explanation here. |
| | |
| | |
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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 Tes O No Crisis Are there exceptions? If yes, Describe. Eligible households who provide their own cut wood or natural gas may receive a direct payment, if there is reasonable documentation to support that the household has a sufficient heating supply for the heating season and the household does not have a utility vendor. 9.2 How do you notify the client of the amount of assistance paid? All applicants are provided with a notice which advises them of their eligibility for the HEAP benefit, the supplier to which the payment was authorized, and the amount paid on their behalf. Local districts have a maximum of 30 business days to notify an applicant of the eligibility determination from the date of the application. This includes HEAP recipients that receive their benefit through the Autopay process. 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment? Each home energy supplier must sign a NYS HEAP Vendor Agreement to participate in the Regular and Emergency components of HEAP. The vendor agreement provides that the home energy supplier agrees and assures to NYS OTDA to charge HEAP recipients, in the normal billing process, the difference between the cost of the home energy and the amount of the HEAP payment made. 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP Each home energy supplier must sign a NYS HEAP vendor agreement to participate in the Regular, Emergency, Cooling, Clean and Tune and HERR components of HEAP. The vendor agreement provides that the home energy supplier agrees and assures to NYS OTDA that the households served by the supplier will not be treated adversely because of such assistance under applicable provision of State law and public 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? If so, describe the measures unregulated vendors may take. Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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

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

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

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

NYS OTDA utilizes fiscal and fund accounting procedures similar to those utilized by the agency and districts in the administration of other income tested programs. Districts are provided with allocations for district payments. All claims by the districts are monitored by NYS OTDA fiscal staff to ensure that allocation levels are not exceeded. The NYS OTDA WMS is used to monitor application activity and benefits authorized outside New York City (NYC). NYC utilizes its own computer system to authorize and pay HEAP benefits and NYC provides reports to NYS OTDA from its system for review.

The use of LIHEAP funds sub-allocated for outreach services is governed by a Cooperative Agreement which OTDA enters into with the agency on an annual basis.

OTDA conducts periodic reviews of the usage of LIHEAP funds. OTDA tracks sub-grantee awards and obligations and OTDA expenditures on a quarterly basis to ensure that funds are expended within the allowable contract/grant period. These expenditures are gathered from the NYS Statewide Financial System (SFS). The SFS system allows OTDA to run reports showing the sub-grantee activity by Federal grant year. OTDA also prepares a weekly funding and obligations report which breaks out spending by components such as heating, crisis, and cooling. Refund checks related to Federal grants are first deposited in the NYS Treasury and then checks are issued to the Federal government referencing the Federal grant and fiscal year.

10.1a Provide your definitions of the following:

Obligation

The commitment of federal funds for a specific purpose.

Expenditures

Cost of assistance paid to or on the behalf of eligible applicants of HEAP benefits services, and the administration of HEAP. Total expenditures include direct and indirect payments and vendor assistance furnished to eligible clients in accordance with State rules and regulations applicable to HEAP.

Expenditure timeframe

LIHEAP expenditures start with opening of the grant period with the receipt of verified Autopay vouchers from home energy suppliers and runs throughout the two-year grant period, with the final Program and Administrative expenditures being processed for eligible obligated benefits/administrative costs and disbursed within 90 days after the end of the two-year grant period. Closeout and cleanup grant activities may occur after that but no later than five-years after the grant start date during the grant's five-year liquidation timeframe

Administrative costs

Block grant regulations at 45 CFR 96.88(a)

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

Audit Process

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

The NYS Office of the State Comptroller (OSC) has the constitutional authority (Articles V and X) to conduct financial, compliance, and performance audits of all State and New York City agencies, including their associated facilities, institutions, boards, and program activities, as well as virtually all public benefit corporations (authorities). In addition to the Constitution, the legal basis for the Comptroller's authority is contained in various statutes, including the State Finance Law and New York City's General Municipal Law. The Comptroller also has the authority to audit the records of private firms and non-profit organizations that are awarded contracts or grants by, or receive funding from, these government entities.

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 | 4 | | str. | |
|---------------------------------|-----------------------|---|--|---------------------------------|
| Finding | Туре | Brief Summary | Resolved? | Action Taken |
| 1 | monitoring | OTDA must develop written policies and procedures to ensure that applicants of all LIHEAP funded components are informed about the benefits of both LIHEAP bill payment assistance and weatherization services. | Yes | procedure/policy changes |
| 2 | monitoring | To be considered Categorical Eligible (CE) for LIHEAP benefits, the household must be in receipt of a federally funded benefit. OTDA must only include federally funded households when determining categorical income eligibility. | Yes | procedure/policy changes |
| 3 | financial | OTDA must establish written policies and procedures for regular participation in the monitoring of subrecipient agencies that administer weatherization. | Yes | procedure/policy changes |
| 4 | financial | OTDA must establish written policies and procedures for tracking local districts process for vendor refunds. | Yes | procedure/policy changes |
| | | | | |
| | of Local Administer | | 3.1.1.1.1 | -9 |
| What types o Select all that | | irements do you have in place for local a | administering agencies/district office | s? |
| ✓ Loc | cal agencies/district | offices are required to have an annual a | udit in compliance with Single Audit | t Act and OMB Circular A-133 |
| | | offices are required to have an annual a | | |
| | | | | |
| | | offices' A-133 or other independent aud | <u> </u> | as part of compliance process. |
| | ant recipient conduc | ts fiscal and program monitoring of loc | al agencies/district offices | |
| ✓ Loc | cal agencies and dis | trict offices are required to have an ann | ual audit in compliance with Single | Audit Act and OMB Circular A-13 |
| Compliance I | Monitoring | | | |
| | | rocess for compliance at each level belo | w Chack all that apply | |
| 10.5. Describe | c your momeoring p | rocess for comphance at each level belo | w. Check an that apply. | |
| Grant recipie | ents have a policy in | place for appropriate separation of dut | ies and internal controls. | |
| ✓ Inte | ernal program revie | w | | |
| ✓ Dep | partmental oversigh | t | | |
| ✓ Sec | ondary review of in | voices and payments | | |
| | | mechanisms are in place. Describe: | | |
| | ici program review | mechanisms are in place. Describe. | | |
| Local Admin | istering Agencies/Di | istrict Offices: | | |
| ✓ On | - site evaluation | | | |
| ✓ Anı | nual program reviev | v | | |
| Mor | nitoring through cer | ntral database | | |
| ✓ Des | sk reviews | | | |
| Clie | ent File Testing/Sam | pling | | |
| Oth | ner program review | mechanisms are in place. Describe: | | |
| | | | | |
| 10 6 E | an attack a e | your local agency monitoring schedule | and protocol | |
| | , or acceed a copy of | your room agency monitoring schedule | ma protocon | |

OTDA conducts an operational review that includes but is not limited to: an assessment of pending applications; client and vendor complaints; client program access; Regular benefit application processing, Emergency benefit telephone procedures; compliance with the 18-48 hour emergency resolution rules; and compliance with all other component's procedures. Any contracts with alternate certifiers and other agencies performing HEAP related services are also reviewed. OTDA's review period/schedule runs January through April each year.

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

Site Visits

5 of the top 10 districts with the largest caseloads are monitored every other year, plus additional districts on a rotating basis. As part of a district monitoring, the HEAP Bureau staff conducts an operational review of the district's Home Energy Assistance Program. This includes an assessment of the overall adherence to processing timeframes for both districts and the alternate certifiers. The operational review also includes but is not limited to an assessment of pending applications; client and vendor complaints; client access to application forms; Regular benefit application processing, Emergency benefit telephone procedures; compliance with the 18-48 hour emergency resolution rules; and compliance with all component procedures. Any contracts with alternate certifiers and other agencies performing HEAP related services are also reviewed.

Desk Reviews:

Districts who must have a corrective action plan (CAP) must submit them to OTDA within 60 days of receipt of notification of findings to the Commissioner. OTDA will then monitor elements of the CAP during the next HEAP year.

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? 5

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| Section 11: Timely and | Meaningful Publ | ic Participati | ion, 2605(b)(12), 2605(C)(2) |
|--|-----------------------------|------------------------|---|
| 11.1 How did you obtain input from the publi Note: Tribes do not need to hold a public hearin | | | |
| Tribal Council meeting(s) | | | |
| Public Hearing(s) | | | |
| ☑ Draft Plan posted to website and ava | ailable for comment | | |
| Hard copy of plan is available for pu | ıblic view and comment | | |
| Comments from applicants are reco | rded | | |
| Request for comments on draft Plan | is advertised | | |
| Stakeholder consultation meeting(s) | | | |
| Comments are solicited during outro | each activities | | |
| Other - Describe: | | | |
| Public Hearings, 2605(a)(2) - For States and to | | | ribution of your LIHEAP funds? |
| | | Date | Event Description |
| 1 | 04/15/2025 | | Public hearing offered by Webex 10AM- 11AM |
| 2 | 04/15/2025 | | Public hearing offered by Webex 5PM-6PM |
| 3 | 04/17/2025 | | Public hearing offered by Webex 10AM- 11AM |
| 4 | 04/17/2025 | | Public hearing offered by Webex 5PM-6PM |
| 11.3. How many parties commented on your p | | | |
| Please see Attachment 3 - 2025-2 | | ds Assessment Comm | ents |
| 11.5 What changes did you make to your LIH | EAP plan as a result of pub | olic participation and | solicitation of input? |
| None | | | |
| If any of the above questions re | * | | rification that could not be made in |

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

- 12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 484
- 12.2 How many of those fair hearings resulted in the initial decision being reversed? 70
- 12.3 Describe any policy and/or procedural changes made in the last federal Fiscal Year as a result of fair hearings?

none

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

Individuals whose applications for HEAP benefits are denied are afforded an opportunity for a fair administrative hearing conducted by the NYS OTDA Office of Administrative Hearings (OAH). All client notices, both approvals and denials contain information on how to request a fair hearing. All HEAP applications contain information on how to request a fair hearing. Districts are required to make determinations and provide notification on eligibility decisions on applications for HEAP benefits within 30 business days after the filing of such application or within 30 business days of program opening for applications received during the early outreach period (prior to program opening). Applications which are incomplete may be pended for up to 10 business days and the pending period is not counted in the 30 business day timeframe for providing notification. Individuals whose applications for HEAP benefits are not acted upon by districts within the established timeframes are afforded an opportunity for a fair hearing conducted by NYS OTDA.

12.5 When and how are applicants informed of these rights?

When an applicant first applies for a HEAP benefit, they are informed of their fair hearing rights in their initial eligibility notification. This information is also available on OTDA's website, contained in client informational booklets and in the HEAP Application (LDSS-3421) instructions.

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Section 13: Reduction of home energy needs, 2605(b)(16) - Assurance 16 13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance? N/A 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities? N/A 13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year. N/A 13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year. N/A

Section 14 - Leveraging Incentive Program ,2607A

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Section 14:Leveraging Incentive Program, 2607(A)

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

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

Protocol for submission on leveraging activities to OTDA: Submission of data on leveraging activities is due to NYS OTDA by October 15th of each year.

OTDA instructs third parties and/or local agencies to follow the requirements of 45 CFR 96.87(d) in all submissions for the LIHEAP leveraging incentive program. Those requirements are as follows:

d) Basic requirements for leveraged resources and benefits.

- (1) In order to be counted under the leveraging incentive program, leveraged resources and benefits must meet all of the following five criteria:
 - (i) They are from non-federal sources
- (ii) They are provided to the grantee's low-income home energy assistance program, or to federally qualified low-income households as described in section 2605(b)(2) of Public Law 97-35 (42 U.S.C. 8624 (b)(2)).
 - (iii) They are measurable and quantifiable in dollars.
- (iv) They represent a net addition to the total home energy resources available to low-income households in excess of the amount of such resources that could be acquired by these households through the purchase of home energy, or the purchase of items that help these households meet the cost of home energy, at commonly available household rates or costs, or that could be obtained with regular LIHEAP allotments provided under section 2602(b) of Public Law 97-35 (42 U.S.C. 8621(b)).
- (v) They meet the requirements for countable leveraged resources and benefits throughout this section and section 2607A of Public Law 97-35 (42 U.S.C. 8626(a)).
- (2) Also, in order to be counted under the leveraging incentive program, leveraged resources and benefits must meet at least one of the following three criteria:
- (i) The grantee's LIHEAP program had an active, substantive role in developing and/or acquiring the resource/benefits from home energy vendor(s) through negotiation, regulation and/or competitive bid. The actions or efforts of one or more staff of the grantee's LIHEAP program at the central and/or local level- and/or one or more staff of LIHEAP program subrecipient(s) acting in that capacity, were substantial and significant in obtaining the resource/benefits from the vendor(s).
- (ii) The grantee appropriated or mandated the resource/benefit for distribution to low-income households through (that is, within and a part of) its LIHEAP program. The resource/benefit are provided through the grantee's LIHEAP program to low-income households eligible under the grantee's LIHEAP standards, in accordance with the LIHEAP statue and regulations and consistent with the grantee's LIHEAP plan and program policies that were in effect during the base period, as if they were provided from the grantee's federal LIHEAP allotment.
- (iii) The grantee appropriated or mandated the resource/benefits for distribution to low-income households as described in its LIHEAP Plan (referred to in section 2605(c)(1)(A) of Public Law 97-35) (42 U.S.C. 8624(c)(1)(A)). The resource/benefits are provided to low-income households as a supplement and/or alternative to the grantee's LIHEAP program, outside (that is, not through, within, or as part of) the LIHEAP program. The resource/benefits are integrated and coordinated with the grantee's LIHEAP program. Before the end of the base period, the Plan identifies and describes the resource/benefits, their source(s), and their integration/coordination with the LIHEAP program. The Department will determine resources/benefits to be integrated and coordinated with the LIHEAP program if they meet at least one of the eight conditions. If a resource meets at least one of conditions A through F when the grantee's LIHEAP program is operating (and meets all other applicable requirements), the resource also is countable when the LIHEAP program is not operating.

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

| Resource | What is the type of resource or benefit ? | What is the source(s) of the resource ? | How will the resource be integrated and coordinated with LIHEAP? |
|----------|--|--|--|
| 1 | Non-public fuel funds to assist with utility bills | All Public Service Commission (PSC) regulated utility companies in NYS | All PSC-regulated utilities in NYS operate non-public funded fuel funds to assist their service territory population with payments of energy bills. These resources are targeted to HEAP eligible households that have exhausted their HEAP eligibility or are ineligible because of the unavailability of LIHEAP funding. |
| 2 | Low-Income Customer Assistance | NYS Utility Companies | Several NYS utility companies have implemented low-income customer assistance plans. The plans consist of two components: rate moderation and uncollectable |

| | Plans | | initiatives, including a negotiated percentage of income plan, coupled with an arrearage forgiveness arrangement. |
|---|--|--------------------|--|
| 3 | Reduce energy costs through aggregation | NYS OTDA & NYS PSC | In conjunction with various districts and the National Fuel Gas (NFG) distribution corporation, NYS has established the Temporary Assistance Cooperative for Energy (PACE) program. PACE is a natural gas aggregation program for certain PA recipients in Erie, Chautauqua, and Niagara counties in NY. The programs objective is to provide the benefits of competition to low-income payment troubled customers by offering the opportunity to reduce energy costs through aggregation. |
| 4 | Fuel buying component | NYS OTDA | OTDA has established a HEAP fuel buying component in NYS. The purpose of this component is to expand the buying power of LIHEAP dollars by obtaining a lower than retail price for HEAP purchased oil, kerosene, and propane. This discounted price materially enhances the purchasing power of LIHEAP eligible households. |

Section 15 - Training

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

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| Section 15: Training |
|---|
| 15.1 Describe the training you provide for each of the following groups: |
| a. Grant recipient Staff: |
| Formal training provided virtually, on-site, and/or formal training conference |
| How often? |
| Annually |
| Biannually |
| As needed |
| Other, describe: |
| Employees are provided with policy manual |
| ▼ Other, describe: |
| PA/SNAP Institutes, online Training Modules, as well as in person training with OTDA Training staff and HEAP Program staff. |
| 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: |
| PA/SNAP Institutes. Local Commissioner Memoranda (LCM), Information Letters (INF), and General Information System (GIS) Messages, Online Training Modules, and online Eligibility and Certification Training (ECT). |
| c. Vendors |
| Formal training conference |
| How often? |
| Annually |
| Biannually |
| As needed |
| Other, describe: Vendor Webex meetings, Vendor update newsletter |
| |

| ✓ P | olicies communicated through vendor agreements | | | |
|---|--|--|--|--|
| | Policies are outlined in a vendor manual | | | |
| | Other, describe: | | | |
| 15.2 Does your training program address fraud reporting and prevention? • Yes • No | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | |

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

OTDA's performance measurement (PM) implementation plan includes both short and long-term strategies for complete, accurate and timely reporting of LIHEAP Performance data.

OTDA executed vendor agreement addendums in support of PM. The provisions of the addendum included the requirement that vendors collect and securely transmit to OTDA the data required for the completion of PM reporting. Expanding the vendor pool beyond the required minimum increases the volume of data returned, providing an increase in statistically valid results.

Vendors are provided with additional data, tools, and instruction to improve return data accuracy. Each vendor's return file is evaluated for the number of customers with return data, and the reporting of crisis and life-threatening emergencies. Data system enhancements capture customers' domestic electric vendor information, and track crisis and life-threatening emergency situations. This approach permits OTDA to continue to report systematically validated vendor provided data

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 17: Program Integrity, 2605(b)(10) | | | | | |
|--|---|-------------------------|-----------------------|--|--|
| 17.1 Fraud Reporting Mechanisms | | | | | |
| a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply. | | | | | |
| ✓ Online Fraud Reporting | | | | | |
| Dedicated Fraud Report | ☑ 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 | Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse | | | | |
| Other - Describe: | | | | | |
| b. Describe strategies in place for advertising the above-referenced resources. Select all that apply | | | | | |
| Printed outreach materials | | | | | |
| Posted in local administering agencies offices. | | | | | |
| Addressed on LIHEAP application | | | | | |
| ✓ Website | | | | | |
| Other - Describe: | | | | | |
| The New York State What You Should Know About Your Rights and Responsibilities (When Applying for or Receiving Benefits) (LDSS-4148A) provides this information as well. | | | | | |
| 17.2. Identification Documentation Requirements | | | | | |
| a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members. | | | | | |
| Tune of Identification Collected | 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. | | | | | | | | |
| 닎 | Clients sign an attestation of o | itizenship or U.S. (| Citizen or Qualifie | ed Non-Citizen | | | | |
| L | Client's submission of certain | Social Security Ad | ministration card | s is accepted as pr | oof 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 t | hrough Tribal enro | ollment records/T | ribal ID card | | | | |
| | Other - Describe: | | | | | | | |
| | The HEAP Application all | lows applicants to at | test to their citizen | ship status. The app | plication is signed by | y the applicant. | | |
| 17.4. Income Verification | | | | | | | | |
| | Require documentation of inco | | | all that apply. | | | | |
| Ë | - Require documentation of med | me for all adult ho | usehold members | | | | | |
| H | Pay stubs | | | | | | | |
| L | Social Security award le | tters | | | | | | |
| L | Bank statements | | | | | | | |
| L | Tax statements | | | | | | | |
| _ | Zero-income statements | | | | | | | |
| | ✓ Unemployment Insuran | ce letters | | | | | | |
| | Other - Describe: | | | | | | | |
| | Statement from individual \$20 in the month of application. | s who provide regul | ar cash support. Ai | n applicant's attesta | tion is accepted for | earned and unearn | ed income under | |
| | Computer data matches: | | | | | | | |
| L | Income information ma | tched against state | computer system | (e.g., SNAP, TAN | F) | | | |
| | ✓ Proof of unemployment | benefits verified w | ith state Departm | ent of Labor | | | | |
| | Social Security income v | verified with SSA | | | | | | |
| | Utilize state directory of | new hires | | | | | | |
| | Other - Describe: | | | | | | | |
| | The Work Number | | | | | | | |
| ь. Г | Describe any exceptions to the above | e policies. | | | | | | |
| 17 | 5 Identification Verification | | | | | | | |
| _ | scribe what methods are used to ver | rify the authenticity | y of identification | documents provid | led by clients or ho | usehold members | . Select all that | |
| | Verify SSNs with Social Securi | ty Administration | | | | | | |
| | Match SSNs with death record | s from Social Secur | rity Administratio | n 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 and/or federal corrections system | | | | | | | | |
| H | Match with state child support system | | | | | | | |
| Verification using private software (e.g., The Work Number) | | | | | | | | |
| <u> </u> | - , crinication using private softy | | ecipients only) | | | | | |

| Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only) |
|---|
| Other - Describe: |
| An electronic clearance process through WMS is used to verify identity with the documentation provided by the applicant. |
| 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: |
| All personally identifying information about a HEAP applicant or recipient is confidential and may be disclosed only for purposes of investigating or prosecuting suspected fraud or abuse, in cooperation with Federal or State authorities regarding LIHEAP audits or investigations, or with the written consent of the applicant or recipient. Agreements with vendors and outside agencies prohibit the disclosure of Personal Identifiable Information (PII) and mandate the use of electronic safeguards. The use of SFTP when transmitting PII data outside OTDA is required. |
| 17.7. Verifying the Authenticity |
| What policies are in place for verifying vendor authenticity? Select all that apply. |
| All vendors must register with the State/Tribe. |
| All vendors must supply a valid SSN or TIN/W-9 form |
| Vendors are verified through energy bills provided by the household |
| Grant recipient and/or local agencies/district offices perform physical monitoring of vendors |
| Other - Describe and note any exceptions to policies above: |
| 17.8. Benefits Policy - Gas and Electric Utilities |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| Applicants required to submit proof of physical residency |
| Applicants must submit current utility bill |
| Data exchange with utilities that verifies: |
| Account ownership |
| ✓ Consumption |
| ✓ Balances |
| Payment history |
| Account is properly credited with benefit |
| Other - Describe: |
| Centralized computer system/database tracks payments to all utilities |
| Centralized computer system automatically generates benefit level |
| Separation of duties between intake and payment approval |
| Payments coordinated among other energy assistance programs to avoid duplication of payments |
| Payments to utilities and invoices from utilities are reviewed for accuracy |
| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |

| Direct payment to households are made in limited cases only | | | | |
|---|--|--|--|--|
| Procedures are in place to require prompt refunds from utilities in cases of account closure | | | | |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism | | | | |
| Other - Describe: | | | | |
| Conduct monitoring of Gas and Electric Utilities | | | | |
| 17.9. Benefits Policy - Bulk Fuel Vendors | | | | |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. | | | | |
| Vendors are checked against an approved vendors list | | | | |
| Centralized computer system/database is used to track payments to all vendors | | | | |
| Clients are relied on for reports of non-delivery or partial delivery | | | | |
| ▼ Two-party checks are issued naming client and vendor | | | | |
| Direct payment to households are made in limited cases only | | | | |
| Vendors are only paid once they provide a delivery receipt signed by the client | | | | |
| Conduct monitoring of bulk fuel vendors | | | | |
| Bulk fuel vendors are required to submit reports to the grant recipient. | | | | |
| V endor agreements specify requirements selected above, and provide enforcement mechanism | | | | |
| Other - Describe: | | | | |
| 17.10. Investigations and Prosecutions | | | | |
| Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. | | | | |
| Refer to state Inspector General | | | | |
| Refer to local prosecutor or state Attorney General | | | | |
| Refer to US DHHS Inspector General (including referral to OIG hotline) | | | | |
| Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public | | | | |
| Grant recipient attempts collection of improper payments. If so, describe the recoupment process | | | | |
| Districts are required to recover improper payments made to vendors or recipients through all legally enforceable methods. | | | | |
| Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? | | | | |
| Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated | | | | |
| Vendors found to have committed fraud may no longer participate in LIHEAP | | | | |
| Other - Describe: | | | | |
| | | | | |

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

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

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

Instructions for Certification

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

| 40 North Pearl Street * Address Line 1 | | | | | | |
|---|------------------|-------------------|--|--|--|--|
| 11th Floor Address Line 2 | | | | | | |
| Address Line 3 | | | | | | |
| Albany * City | New York * State | 12243 * Zip Code | | | | |

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

Alternate II. (Grant recipients Who Are Individuals)

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

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

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

Section 20: Certification Regarding Lobbying

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

Assurances

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

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

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

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

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

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

(8) provide assurances that,

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

(9) provide that--

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

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

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

Plan Attachments

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