

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

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

**Grantee Name:** PA DEPARTMENT OF HUMAN SERVICES

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

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


**Report Status:** Submission Accepted by CO

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# Mandatory Grant Application SF-424

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b>		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b> <b>SF - 424 - MANDATORY</b>			
<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual	<b>* 1.c. Consolidated Application/ Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Unique Entity Identifier (UEI)</b> FYVAZVJG DFA4	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier:</b>	<b>6. State Application Identifier:</b>
<b>7. APPLICANT INFORMATION</b>			
<b>* a. Legal Name:</b> Human Services, Pennsylvania Department of			
<b>* b. Address:</b>			
* Street 1:	P.O. BOX 2675	Street 2:	
* City:	HARRISBURG	* County:	
* State:	PA	* Province:	
* Country:	United States	* Zip / Postal Code:	17105 - 2675
<b>c. Organizational Unit:</b>			
<b>Department Name:</b> Department of Human Services		<b>Division Name:</b> Division of Federal Programs and Program Management	
<b>d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)</b>			
<b>* First Name:</b> Katrina		<b>* Last Name:</b> Myricks	
<b>Title:</b> Human Services Analyst Supervisor		<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> 7177050717		<b>Fax Number</b>	
<b>* Email:</b> kmyricks@pa.gov			
<b>* 8. TYPE OF APPLICANT:</b> A: State Government			
<b>* a. Is the applicant a Tribal Consortium:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>* b. If yes please attach at least one the following documentation:</b>			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
<b>9. CFDA Numbers and Titles</b>		93.568	Low-Income Home Energy Assistance Program
<b>10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Pennsylvania LIHEAP			
<b>11. AREAS AFFECTED BY FUNDING:</b> Statewide			
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b> 17			
<b>13. FUNDING PERIOD:</b>			
<b>a. Start Date:</b> 10/01/2025		<b>b. End Date:</b> 09/30/2026	
<b>* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under Executive Order 12372			

Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
If Yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official Valerie Arkoosh	17c. Telephone (area code, number and extension)
	17d. Email Address varkoosh@pa.gov
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 08/21/2025

## Section 1 - Program Components

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

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

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

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

## Section 1 Program Components

Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	11/03/2025	04/10/2026
<input type="checkbox"/>	Cooling assistance		
<input type="checkbox"/>	Summer crisis assistance		
<input checked="" type="checkbox"/>	Winter crisis assistance	11/03/2025	04/10/2026
<input type="checkbox"/>	Year-round crisis assistance		
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2025	09/30/2026

Provide further explanation for the dates of operation, if necessary

If actual LIHEAP funding is more or less than estimated in the Final Plan, DHS may increase or decrease the proposed benefit levels. Additionally, DHS reserves the right to shorten or extend the program depending on the availability of funds, increased demand, or other factors that impact the expenditures of LIHEAP funds.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )	Prior year totals
Heating assistance	50.00%	50.00%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	0.00%	25.00%
Winter crisis assistance	25.00%	0.00%
Year-round crisis assistance	0.00%	0.00%
Weatherization assistance	15.00%	15.00%
Carryover to the following federal fiscal year	0.00%	0.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%
Used to develop and implement leveraging activities	0.00%	0.00%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration

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

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

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

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

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

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

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

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

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

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

If Yes, explain:

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

#### SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$21.00

1.7c Frequency of Assistance

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

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

Heat and eat payment amounts will vary between \$21 and \$24 with clients living in colder heating regions and with larger household size receiving higher benefits. To ensure the SNAP household that is receiving a Heat & Eat benefit has an energy need, logic has been built into the SNAP and LIHEAP processing system. The following SNAP households will not receive a Heat & Eat benefit: • Any household that is currently receiving the Heating Standard Utility Allowance (HSUA). • Any household that has received LIHEAP in the current season. • Any household that has zero net income. • PA CAP households; • Households receiving nursing home care; • Households who are homeless; • Households receiving extended SNAP benefits; • Households living in a facility and not having a heating responsibility This logic helps ensure that the households receiving this benefit all have an energy need and haven't already received a LIHEAP benefit.

#### Determination of Eligibility - Countable Income

1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income
<input type="checkbox"/>	Other - Describe

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP

<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income

<input checked="" type="checkbox"/>	Contract Income	
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts	
<input checked="" type="checkbox"/>	Unemployment insurance	
<input checked="" type="checkbox"/>	Strike Pay	
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits	
	<input type="checkbox"/> Including MediCare deduction	<input checked="" type="checkbox"/> Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )	
<input checked="" type="checkbox"/>	Retirement / pension benefits	
<input checked="" type="checkbox"/>	General Assistance benefits	
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits	
<input type="checkbox"/>	Loans that need to be repaid	
<input checked="" type="checkbox"/>	Cash gifts	
<input type="checkbox"/>	Savings account balance	
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.	
<input type="checkbox"/>	Jury duty compensation	
<input checked="" type="checkbox"/>	Rental income	
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)	
<input type="checkbox"/>	Income from work study programs	
<input checked="" type="checkbox"/>	Alimony	
<input checked="" type="checkbox"/>	Child support	
<input checked="" type="checkbox"/>	Interest, dividends, or royalties	
<input checked="" type="checkbox"/>	Commissions	
<input checked="" type="checkbox"/>	Legal settlements	
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured	
<input checked="" type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate	
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits	
<input type="checkbox"/>	Earned income of a child under the age of 18	
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.	
<input type="checkbox"/>	Income tax refunds	
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA	

<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	
1.10 Do you have an online application process <input checked="" type="radio"/> Yes <input type="radio"/> No	
1.10a If yes, describe the type of online application (Select all boxes that apply)	
<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input checked="" type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input checked="" type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
<p>Please include a link(s) to a statewide application, if available:</p> <p>Online application, available at start of heating season: dhs.pa.gov/compass</p> <p>PDF is available at this link at start of heating season: <a href="https://www.pa.gov/en/agencies/dhs/resources/liheap.html">https://www.pa.gov/en/agencies/dhs/resources/liheap.html</a></p>	
1.10b Can all program components be applied for online? <input checked="" type="radio"/> Yes <input type="radio"/> No	
If no, explain which components can and cannot be applied for online.	
1.11 Do you have a process for conducting and completing applications by phone <input type="radio"/> Yes <input checked="" type="radio"/> No	
1.12 Do you or any of your subrecipients require in person appointments in order to apply <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	
1.13 How can applicants submit documentation for verification? Select all that apply:	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input type="checkbox"/>	Other, please describe

**Hidden for Section 1**

## Section 2 - HEATING ASSISTANCE

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

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

#### Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

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

Do you require an Assets test? ☐ Yes ☒ No

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

Renters? ☐ Yes ☒ No

If yes, describe:

Renters Living in subsidized housing? ☒ Yes ☐ No

If yes, describe:

Renters whose rent is unsubsidized and pay for heat indirectly as an undesignated part of rent are eligible for LIHEAP benefits. Renters, including subsidized-housing tenants, are ineligible if their rental charge includes an undesignated amount for heat and is based on a fixed percentage of their income or on their source of income. These households do not have a heating cost passed on to them through their rental charge since their rental payment is based on a percentage of their income or source of income and would not increase or decrease based on heating costs.

NOTE: If a household in subsidized housing, which pays for rent and utilities as a fixed portion of its income, becomes responsible for payment to a vendor, either in full or in part, for its primary heating costs, that household then becomes eligible for a cash benefit, if otherwise eligible. If a household in subsidized housing, which pays for rent and utilities as a fixed portion of its income, becomes responsible for payment to a vendor, either in full or in part, for its primary or secondary heating costs, that household then becomes eligible for a crisis benefit, if otherwise eligible.

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

If yes, describe:

Do you give priority in eligibility to:

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

If yes, describe:

Individuals with a disability? ☐ Yes ☒ No

If yes, describe:

Young children? ☐ Yes ☒ No

If yes, describe:

Households with high energy burdens? ☐ Yes ☒ No

If yes, describe:

Other? ☐ Yes ☒ No

If yes, describe:

Explanations of policies for each "yes" checked above:

See above

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

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



When surplus funds are available after the application period has ended, DHS will often issue supplemental payments to recipient households that contain a vulnerable member.

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

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size
<input checked="" type="checkbox"/>	Home energy cost or need:
<input checked="" type="checkbox"/>	Fuel type
<input checked="" type="checkbox"/>	Climate/region
<input type="checkbox"/>	Individual bill
<input type="checkbox"/>	Dwelling type
<input type="checkbox"/>	Energy burden (% of income spent on home energy)
<input type="checkbox"/>	Energy need
<input type="checkbox"/>	Other - Describe:

**Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)**

**2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.**

Minimum Benefit	\$200	Maximum Benefit	\$1,000
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**2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?** ☐ Yes ☒ No

If yes, 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 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 The income eligibility threshold used for the Cooling component:

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

Do you require an Assets test? ☐ Yes ☐ No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☐ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☐ No

If yes, describe:

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

If yes, describe:

Do you give priority in eligibility to:

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

If yes, describe:

Individuals with a disability? ☐ Yes ☐ No

If yes, describe:

Young children? ☐ Yes ☐ No

If yes, describe:

Households with high energy burdens? ☐ Yes ☐ No

If yes, describe:

Other? ☐ Yes ☐ No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

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

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

<input type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i>			
Minimum Benefit	\$0	Maximum Benefit	\$0
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>			

## Section 4 - CRISIS ASSISTANCE

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

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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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

(1) The household shall meet the general eligibility requirements under §601.31 (relating to general eligibility requirements), income limit, responsibility for heating costs, Pennsylvania residency and lawfully admitted non-citizen status.

(2) The household shall be without heat or in imminent danger of being without heat because of a weather-related or energy-supply shortage emergency.

(3) The household shall be eligible for a crisis benefit that, alone or combined with other resources available to the applicant household, will resolve the home-heating emergency.

(4) The applicant must provide proof of the home-heating emergency

Crisis benefits for energy-supply-shortage emergencies include payment for the following:

1. Home-heating fuel for a household that is out of fuel or if the heating fuel supply will last less than 15 calendar days. The payment may be for either the main or secondary fuel type and may include the cost of an added charge for off-hours delivery service. The payment amount will not exceed the cost of the delivery; including any necessary reconnect fees and/or minor furnace start-up costs. Any credit balance with the household's vendor will be deemed available to resolve the crisis and will be deducted from the household's benefit amount.

2. Utility bills to restore or continue home-heating service if the household is without heat or in imminent danger of being without heat because of actual or scheduled termination of the main or secondary source of heat by a utility company. The payment may include the charge, if required, for a service reconnection.

NOTE: Crisis benefits may be approved in this instance based on issuance of a termination notice. The following applies:

(A) For utilities regulated by a governing body such as the Public Utility Commission (PUC), winter termination procedures prevent the termination of service without the governing body's approval from December 1 through March 31. Regulated utilities may still issue termination notices from December 1 through March 31. They cannot, however, act on these notices to terminate service without having been granted permission to terminate service by the governing body. In these situations, contact must be made with the utility to determine if the governing body has granted the utility permission to terminate service for the applicant household before crisis benefits may be authorized to relieve the emergency. The household is ineligible for crisis benefits if the utility has not been granted approval to terminate service.

(B) For utilities not regulated by a governing body, a termination notice means that the utility has established a date when service will actually terminate, in accordance with the utility's current termination procedures. Documentation of the termination notice must be provided before crisis benefits may be authorized to relieve the emergency.

4.3 What constitutes a life-threatening crisis?

This must be a documented medical emergency. The local County Assistance Office (CAO) would either need to already have on file or the household would need to provide documentation from a doctor that someone in specific in the household would be in a life-threatening emergency if the household was without heat due to a specific medical condition. If the household provides a Release of Information, the CAO could also verify this information via collateral contact with the doctor as well.

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 Crisis	Summer Crisis	Year-Round Crisis
4.6 Do you have additional eligibility requirements for Crisis Assistance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>4.7 Check the appropriate boxes below to indicate type(s) of assistance provided</b>			
0			
Do you require an Assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In Order to receive crisis assistance:</b>			
Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have additional/differing eligibility policies for:</b>			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explanations of policies for each "yes" checked above:</b>			
<p>Crisis benefits for energy-supply-shortage emergencies include payment for the following two items:</p> <ol style="list-style-type: none"> <li>1. Home-heating fuel for a household that is out of fuel or if the heating fuel supply will last less than 15 calendar days. The payment may be for either the main or secondary fuel type and may include the cost of an added charge for off-hours delivery service. The payment amount will not exceed the cost of the delivery; including any necessary reconnect fees and/or minor furnace start-up costs. Any credit balance with the household's vendor will be deemed available to resolve the crisis and will be deducted from the household's benefit amount.</li> <li>2. Utility bills to restore or continue home-heating service if the household is without heat or in imminent danger of being without heat because of actual or scheduled termination of the main or secondary source of heat by a utility company. The payment may include the charge, if required, for a service reconnection.</li> </ol> <p>NOTE: Crisis benefits may be approved in this instance based on issuance of a termination notice. The following applies:</p> <p>(A) For utilities regulated by a governing body such as the Public Utility Commission (PUC), winter termination procedures prevent the termination of service without the governing body's approval from December 1 through March 31. Regulated utilities may still issue termination notices from December 1 through March 31. They cannot, however, act on these notices to terminate service without having been granted permission to terminate service by the governing body. In these situations, contact must be made with the utility to determine if the governing body has granted the utility permission to terminate service for the applicant household before crisis benefits may be authorized to relieve the emergency. The household is ineligible for crisis benefits if the utility has not been granted approval to terminate service.</p> <p>(B) For utilities not regulated by a governing body, a termination notice means that the utility has established a date when service will actually terminate, in accordance with the utility's current termination procedures. Documentation of the termination notice must be provided before crisis benefits may be authorized to relieve the emergency.</p> <p>Renters who pay for heat indirectly as an undesignated part of rent may be eligible for LIHEAP Crisis benefits for a secondary heat source if they are responsible for payment to a vendor, either in full or in part, for its secondary heating costs.</p>			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input checked="" type="checkbox"/>	Separate component		
<input type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe:		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input checked="" type="checkbox"/>	Amount to resolve the crisis. \$1,000		
<input checked="" type="checkbox"/>	Other - Describe:		

	Amount to resolve the crisis up to a season maximum of \$1,000		
<b>Crisis Requirements, 2604(c)</b>			
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>			
<p style="text-align: center;">There is an assistance office in every county in Pennsylvania. Some of the counties with a larger population have more than one office. Applicants can always apply online at the COMPASS website, or if they have already received LIHEAP Cash they can apply by phone as well.</p>			
<b>4.11 Do you provide individuals who are individuals with a disability the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If No, explain.</b>			
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>If No, explain.</b>			
<p style="text-align: center;">Individuals can apply on the COMPASS website online. If they are already approved for a LIHEAP Cash grant, they can also call their assistance office to apply for Crisis benefits.</p>			
<b>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</b>			
<b>Benefit Levels, 2605(c)(1)(B)</b>			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	\$1,000.00	maximum benefit	
Summer Crisis	\$0.00	maximum benefit	
Year-round Crisis	\$0.00	maximum benefit	
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>			
<input type="radio"/> Yes <input checked="" type="radio"/> No <b>If yes, Describe</b>			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>If you answered "Yes" to question 4.14, you must complete question 4.15.</b>			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>			
	<b>Winter Crisis</b>	<b>Summer Crisis</b>	<b>Year-round Crisis</b>
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			

**If you responded "Yes" to question 4.16, you must respond to question 4.17.**

**4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.**

For utilities regulated by a governing body such as the Public Utility Commission (PUC), winter termination procedures prevent the termination of service without the governing body's approval from December 1 through March 31. Regulated utilities may still issue termination notices from December 1 through March 31. They cannot, however, act on these notices to terminate service without having been granted permission to terminate service by the governing body. In these situations, contact must be made with the utility to determine if the governing body has granted the utility permission to terminate service for the applicant household before crisis benefits may be authorized to relieve the emergency. The household is ineligible for crisis benefits if the utility has not been granted approval to terminate service.

**4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?** ☐ No ☒ Yes

**If yes, 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 5 - WEATHERIZATION ASSISTANCE

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

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

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%

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

5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract. PA Department of Community and Economic Development

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

#### WEATHERIZATION - Types of Rules

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

☐ Entirely under LIHEAP (not DOE) rules

☐ Entirely under DOE WAP (not LIHEAP) rules

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

☐ Income Threshold

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

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

☐ Other - Describe:

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

☐ Income Threshold

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

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

☒ Other - Describe:

Twenty-five percent of the average cost per unit can be used for Health and Safety costs.

Crisis furnace/cooling equipment repair and replacement services are considered part of Weatherization (named Crisis Interface) and are funded through the allocation to the Department of Community and Economic Development. The income limit is the same as for Crisis Assistance: 150% FPIG. For full rules for these services, see our State Plan Appendix C, attached to this section.

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

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

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

Older Adults?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Individuals with a disability?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other? Households with high energy usage	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>After the clients have been added to the Weatherization Service List to receive services, the clients are prioritized based on a point system which gives different point values based on the client information. The categories of elderly, children, disabled, high energy use and high energy burden all receive additional points and the list is developed with the clients with the highest priority points receiving services first</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.9a If yes, what is the maximum? \$0	
5.10 Do you use an Average Cost per Unit (ACPU). <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10a If so, what is the ACPU amount? \$8,547	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> <b>Other - Describe:</b> Health and Safety measures such as installing CO and smoke detectors, code compliance, minor plumbing, electrical, roof or flooring repairs, minor drainage, gutters and downspouts, removal of unvented space heaters, etc. If funding permits, a Deferral Program, addressing the issues of which have been deferred for weatherization, will enable additional weatherization measures to be performed. Allowable activities include: mold remediation, moisture control, knob and tube wiring issues, grading, roof repair, gutters and downspouts, drainage system, sump pump installation, pest control, air exchange issues, and radon testing and mitigation. These measures will be more extensive than what is normally allowed in the Weatherization Assistance program (WAP), with the ultimate goal of increased energy savings, reduced fuel use, and provide a safe and healthy home environment.
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

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

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

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

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

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

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

Our application and flyers are available in Spanish, Cambodian, Arabic, Russian, Vietnamese, and Chinese- these languages are printed as needed, not as part of our mass printings. Translation services for other languages are also available upon request. We also provide reproducible public education materials to utility companies and fuel vendors, upon request, for use in such ways as bill messages.

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

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

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

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

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

7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.).



**Joint application for multiple programs (indicate programs included)** SNAP, Medical Assistance, TANF, LIHEAP, Long Term Care, Free and Reduced Lunch can be applied for using the same online application via COMPASS



**Intake referrals to/from other programs (indicate programs included)** Medical Assistance, SNAP, TANF, and LIHEAP applications are processed by County Assistance Offices and caseworkers refer clients to all available programs



**One - stop intake centers**



**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 8 - Agency Designation,, 2605(b)(6) - Assurance 6

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

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OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

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

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

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

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

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

As part of the preseason outreach, applications are mailed to households that received assistance the previous year. Clients who have applied previously through the COMPASS website will receive a postcard through the mail directing them to apply online. Paper applications are always available upon request.

LIHEAP applications and brochures are sent to a variety of agencies and organizations throughout the Commonwealth for distribution to clients.

All applicants can complete an application via the Compass website after the LIHEAP season officially opens. Applicants can also fax or email completed applications. Recipients of LIHEAP heating assistance in the current year can call their local office to request crisis assistance or submit a request via the Compass website.

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

N/A

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

As part of the preseason outreach, applications are mailed to households that received assistance the previous year. Clients who have applied previously through the COMPASS website will receive a postcard through the mail directing them to apply online. Paper applications are

always available upon request.

LIHEAP applications and brochures are sent to a variety of agencies and organizations throughout the Commonwealth for distribution to clients.

All applicants can complete an application via the Compass website after the LIHEAP season officially opens. Applicants can also fax or email completed applications. Recipients of LIHEAP heating assistance in the current year can call their local office to request crisis assistance or submit a request via the Compass website.

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

**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?

Agencies are selected based on their ability to meet the requirements of the program and expertise in providing Crisis Weatherization and Standard Weatherization services.

Agencies contracts are renewed based on performance results, if an agency does not have their contract renewed, one of the existing agencies that participate in this program will take over the area covered by the agency that was removed.

8.7 How many local administering agencies do you use? 33

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

- ☒ Yes  
☐ No

8.9 If so, why?

<input type="checkbox"/>	Agency was in noncompliance with Grant recipient requirements for LIHEAP -
<input type="checkbox"/>	Agency is under criminal investigation
<input type="checkbox"/>	Added agency
<input type="checkbox"/>	Agency closed
<input checked="" type="checkbox"/>	Other - describe

The Energy Coordinating Agency (ECA) was unable to successfully complete its DOE Weatherization Assistance Program (WAP) projects. As a result, all LIHEAP funds were allocated to the Philadelphia Housing Development Corporation (PHDC), a longstanding LIHEAP administrator that previously shared responsibilities with ECA. PHDC is now positioned to manage 100% of both LIHEAP and WAP funding for Philadelphia County moving forward.

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

8.10a If yes, please explain.

A recent single audit of ECA identified \$3,600 in ineligible expenditures, which are now being recaptured.

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

8.10c If yes, please explain.

The administration of the WAP program for this region has been transferred from ECA to PHDC

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

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

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

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

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

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

Heating ☒ Yes ☐ No

Cooling ☐ Yes ☒ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☒ Yes ☐ No

#### If yes, Describe.

Pay client directly in the following situations:

- Vendor refuses to participate in the LIHEAP program or has been removed from the list of participating vendors
- The household pays for heat as an undesignated part of rent
- The heating bill is in the name of a non-household member (due to death of household member, incarceration of household member, a household leaving the household, or poor credit history of household members making them unable to obtain utilities in their own name)
- Third-party billing
- Applicant is a roomer. A roomer is defined as an individual whose payment for lodging in a room includes heat and may include a private bathroom or one of the following: board, kitchen or bathroom privileges on a shared basis, or light housekeeping duties.

In these situations payments are made directly to the recipient. These account for 1.5% of all Cash payments and .3% of Crisis payments.

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

Beginning from the program start date, the LIHEAP administering agency will send the applicant a written notice of the decision on eligibility within 30 days of the date of application.

(1) The written notice will include an explanation of fair hearing rights and procedures.

(2) The written notice will include the following:

(i) If eligible. If the household is eligible, the written notice will include the type and amount of the benefit and the names of the payee.

(ii) If ineligible. If the household is ineligible, the written notice will indicate the reason for the decision of ineligibility and provide a reference to the regulatory basis for the decision of ineligibility.

DHS will give households that register for or access their "MyCOMPASSAccount" online the option to receive notices electronically instead of through traditional paper mail. Households that opt to receive electronic notices will be required to electronically sign a disclosure statement in which they agree to receive and read the electronic notices sent by the State agency. Users who opt to receive electronic notices must provide a valid email address, and the State agency will verify the email address provided by the user. Once the user is registered to receive electronic notices, he or she will receive a confirmation e-mail and a hard copy paper notice with instructions on how to login to their account to view notices.

When a notice is available electronically, the household will receive an e-mail notification with a link to the client's "MyCOMPASSAccount," where the household can login to view the notice. MyCOMPASSAccount is on a secure website that will protect the household's information through browser encryption, user name and password, time-out feature, and security questions

### 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?

Home energy suppliers must sign a Vendor Agreement with the Department agreeing to this condition. Suppliers may be subject to auditing by the Department.

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

Home energy suppliers must sign a Vendor Agreement with the Department agreeing to this condition. Suppliers may be subject to auditing by the Department.

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

households?

☐ Yes ☒ No

If so, describe the measures unregulated vendors may take.

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

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



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

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

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OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

Application Monitoring Procedures: All applications approved at the local agency level and forwarded for payment will be submitted for all computerized eligibility checks before payment is made.

The Agency monitors and tracks LIHEAP funds in several different ways to ensure fiscal accounting and tracking of LIHEAP funds. The following is an overview of our procedures. Application Monitoring Procedures:

All applications approved at the local agency level and forwarded for payment will be submitted for all computerized eligibility checks before payment is made.

The computerized checking process includes:

- a. Check for duplicate Social Security Numbers in existing DHS systems;
  - b. Verify Social Security Numbers, Social Security benefit amounts, and death information through data exchange with the Social Security Administration;
  - c. Verify Supplemental Security Income payments through the State Data Exchange (SDX);
  - d. Check for criminal information on all household members through data exchange with the Commonwealth Judicial Information System;
  - e. Check on family size and income;
  - f. Check for Cash payment above \$1,000;
  - g. Check for Crisis payment below \$25;
  - h. Check for total Crisis payment above \$1000; and
  - i. Determination of payment;
- All fields must contain acceptable established elements (characters or numbers);
  - All required fields must be completed.

Agency Monitoring Procedures:

1. The first step of the agency's monitoring strategy begins at the County Assistance Office (CAO).
  - CAO staff members, involved in determining LIHEAP eligibility are mandated to participate in weekly Knowledge Reinforcement Sessions. Each LIHEAP Knowledge Reinforcement Session (LKRS) is 6 to 7 slides in length with 5 questions which must be answered correctly in order to complete the session. The sessions reinforce policy and procedural issues that are error prone, based on monitoring findings.
  - CAO supervisors complete reviews of LIHEAP applications using a review tool designed to guide the reviewer and accumulate meaningful statewide results. CAO supervisors and managers as well as staff in the Bureau of Program Evaluation (BPE) monitor the results of the supervisor reviews to identify trends and implement corrective actions.
  - Electronic conferences are held initially weekly, then biweekly or monthly, to provide the counties with real-time system, policy and operational updates that impact the LIHEAP workflow. The calls also provide a means for CAOs to get answers to questions or resolutions to issues encountered.
  - Both the CAOs and the monitoring staff communicate with the Policy team through the LIHEAP Training and Policy mailbox to address questions and issues on a daily basis as they arise. The shared responses ensure a uniform interpretation and consistent application of regulations throughout the agency.
2. For the second step of the agency's monitoring strategy BPE coordinates the annual LIHEAP monitoring reviews of CAOs and Crisis Contractors based on a two-year schedule for the CAOs. Additional CAOs are reviewed, as needed, based on extenuating circumstances or the recommendation of the Bureau of Operations. LIHEAP reviews are completed by a field-based monitoring team. Monitoring activities include:
  - CAO and Crisis Contractor administration of LIHEAP activities including eligibility, benefit determination and corrective action through LIHEAP application reviews and on-site visits.
  - Over 2,600 LIHEAP applications are randomly selected through data mining techniques and random samples and reviewed annually.
  - Independent audit on-site reviews to reduce potential bias in the monitoring process.
  - Investigation and appropriate and timely escalation of information that suggests potential misuse, misrepresentation, or abuse.
  - Issuance of preliminary and updated performance reports to CAOs to provide relevant data on accuracy and the composition of findings

at both the county level and state level.

- Development of corrective action plans based on the findings from the monitoring team. The plans are implemented by OIM and monitored for compliance by BPE.
- Development and implementation of year-round program changes to increase program accuracy and integrity through collaboration with other bureaus. Examples include working with Staff Development in the development of LIHEAP training for the next LIHEAP season to incorporate situations found to be prone to error.

Additional monitoring procedures include the following:

Bureau of Financial Operations provides OIM with technical assistance and conducts performance audits of specific CAOs and crisis contractors, as needed, to resolve systemic problems.

•Controls are built into the PROMISe™ system which vendors use to bill for LIHEAP Crisis claims to ensure the vendors bill for valid Crisis requests and are paid the amount they are authorized to receive.

•The vendor unit assists heating vendors by answering questions, helping to file Crisis claims in PROMISe™, and reviewing vendor transactions.

•Executive Staff from the Bureaus of Policy, Program Support, and Program Evaluation meet on a bi-weekly basis to discuss LIHEAP and all issues and topics pertinent to the program.

•CAO supervisors review a list of direct pay authorizations every Friday to ensure that the budgets are being authorized correctly and accurately.

•The Comptroller's Office reviews the weekly LIHEAP vouchers for any questionable payments and works with OIM to ensure all payments issued to households are correct.

•The field monitoring team conducts reviews of LIHEAP vendors to ensure compliance with the DHS LIHEAP Vendor Agreement, focusing on the following areas:

- Compliance with DHS Information Requirements
- Proper and Accurate completion of the Vendor Agreement
- Timeliness of Crisis delivery
- Application of LIHEAP benefit in accordance with vendor agreement and DHS Policy
- Proper handling of LIHEAP refunds
- Record Retention

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

##### Obligation

Pennsylvania's financial obligations (incurred and anticipated) refers to funds committed for a specific use related to administering the LIHEAP program. Examples of obligations include the issuance of benefits to LIHEAP clients, purchase orders related to LIHEAP, procurement of IT services to support the LIHEAP program, costs related to the administering of the weatherization program, cost related to the monitoring the LIHEAP program, and among other related LIHEAP obligations

##### Expenditures

Expenditures refers to the payment of funds for actual expenditures incurred to administer the LIHEAP program.

##### Expenditure timeframe

Pennsylvania's expenditures falls within two time frames. There is the state fiscal year (SFY) which runs from July 1, 202X to the following June 202X. Also, there is the federal fiscal year (FFY) which run from October 1, 202X to the following September 202X. PA's LIHEAP program for a given FFY follows the grant service period for the grant that was awarded to PA.

##### Administrative costs

Pennsylvania's administrative costs include all personnel, operating, and indirect costs that incurred to administer the LIHEAP program. IT planning costs are excluded from administrative costs and are included as program costs as per the PA's LIHEAP state plan.

##### Audit Process

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

☒ Yes ☐ No

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

Single audits are completed through PA's Office of the Auditor General

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

No Findings ☒

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

#### 10.4. Audits of Local Administering Agencies

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

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

#### Compliance Monitoring

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

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

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

Application Monitoring Procedures: All applications approved at the local agency level and forwarded for payment will be submitted for all computerized eligibility checks before payment is made.

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  - e. Check on family size and income;
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- All fields must contain acceptable established elements (characters or numbers);
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Agency Monitoring Procedures:

1. The first step of the agency's monitoring strategy begins at the County Assistance Office (CAO).

- CAO staff members, involved in determining LIHEAP eligibility are mandated to participate in weekly Knowledge Reinforcement Sessions. Each LIHEAP Knowledge Reinforcement Session (LKRS) is 6 to 7 slides in length with 5 questions which must be answered correctly in order to complete the session. The sessions reinforce policy and procedural issues that are error prone, based on monitoring findings.

- CAO supervisors complete reviews of LIHEAP applications using a review tool designed to guide the reviewer and accumulate meaningful statewide results. CAO supervisors and managers as well as staff in the Bureau of Program Evaluation (BPE) monitor the results of the supervisor reviews to identify trends and implement corrective actions.

- Electronic conferences are held initially weekly, then biweekly or monthly, to provide the counties with real-time system, policy and operational updates that impact the LIHEAP workflow. The calls also provide a means for CAOs to get answers to questions or resolutions to issues encountered.

- Both the CAOs and the monitoring staff communicate with the Policy team through the LIHEAP Training and Policy mailbox to address questions and issues on a daily basis as they arise. The shared responses ensure a uniform interpretation and consistent application of regulations throughout the agency.

2. For the second step of the agency's monitoring strategy BPE coordinates the annual LIHEAP monitoring reviews of CAOs and Crisis Contractors based on a two-year schedule for the CAOs. Additional CAOs are reviewed, as needed, based on extenuating circumstances or the recommendation of the Bureau of Operations. LIHEAP reviews are completed by a field-based monitoring team. Monitoring activities include:

- CAO and Crisis Contractor administration of LIHEAP activities including eligibility, benefit determination and corrective action through LIHEAP application reviews and on-site visits.

- Over 2,600 LIHEAP applications are randomly selected through data mining techniques and random samples and reviewed annually.

- Independent audit on-site reviews to reduce potential bias in the monitoring process.

- Investigation and appropriate and timely escalation of information that suggests potential misuse, misrepresentation, or abuse.

- Issuance of preliminary and updated performance reports to CAOs to provide relevant data on accuracy and the composition of findings at both the county level and state level.

- Development of corrective action plans based on the findings from the monitoring team. The plans are implemented by OIM and monitored for compliance by BPE.

- Development and implementation of year-round program changes to increase program accuracy and integrity through collaboration with other bureaus. Examples include working with Staff Development in the development of LIHEAP training for the next LIHEAP season to incorporate situations found to be prone to error.

Additional monitoring procedures include the following:

Bureau of Financial Operations provides OIM with technical assistance and conducts performance audits of specific CAOs and crisis contractors, as needed, to resolve systemic problems.

- Controls are built into the PROMISe™ system which vendors use to bill for LIHEAP Crisis claims to ensure the vendors bill for valid Crisis requests and are paid the amount they are authorized to receive.

- The vendor unit assists heating vendors by answering questions, helping to file Crisis claims in PROMISe™, and reviewing vendor transactions.

- Executive Staff from the Bureaus of Policy, Program Support, and Program Evaluation meet on a bi-weekly basis to discuss LIHEAP and all issues and topics pertinent to the program.

- CAO supervisors review a list of direct pay authorizations every Friday to ensure that the budgets are being authorized correctly and accurately.

- The Comptroller's Office reviews the weekly LIHEAP vouchers for any questionable payments and works with OIM to ensure all payments issued to households are correct.

- The field monitoring team conducts reviews of LIHEAP vendors to ensure compliance with the DHS LIHEAP Vendor Agreement, focusing on the following areas:

- Compliance with DHS Information Requirements

- Proper and Accurate completion of the Vendor Agreement

- Timeliness of Crisis delivery

- Application of LIHEAP benefit in accordance with vendor agreement and DHS Policy

- Proper handling of LIHEAP refunds

- Record Retention

#### Local Administering Agencies/District Offices:

☒ On - site evaluation

☒ Annual program review

☒ Monitoring through central database

☒ Desk reviews

☒ Client File Testing/Sampling

☒ Other program review mechanisms are in place. Describe:

- Per the current visit plan, medium, large, and ad-hoc counties are visited in addition to the crisis contractors.

- Agencies are visited in accordance with the established schedule, prior year results and OIM concerns.

- Rushmore Case Review Database is used for LIHEAP Monitoring by both the monitoring team and the CAOs.

- Per the current visit plan, small processing agencies are monitored by desk review.

- The provided database is used by both the CAOs and the LIHEAP monitoring team.

- Weekly knowledge reinforcement sessions are in place for all staff processing LIHEAP applications.

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

For the agency's monitoring strategy, BPE coordinates the annual LIHEAP monitoring reviews of CAOs and Crisis Contractors based on a two-year schedule for the CAOs. Additional CAOs are reviewed, as needed, based on extenuating circumstances or the recommendation of the

Bureau of Operations. LIHEAP reviews are completed by a field-based monitoring team. Monitoring activities include:

- CAO and Crisis Contractor administration of LIHEAP activities including eligibility, benefit determination and corrective action through LIHEAP application reviews and on-site visits. • Over 2,500 LIHEAP applications are randomly selected through data mining techniques and random samples and reviewed annually.
- Independent audit on-site reviews to reduce potential bias in the monitoring process. • Investigation and appropriate and timely escalation of information that suggests potential misuse, misrepresentation, or abuse.
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- Development and implementation of year-round program changes to increase program accuracy and integrity through collaboration with other bureaus. Examples include working with Staff Development in the development of LIHEAP training for the next LIHEAP season to incorporate situations found to be prone to error.

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

**Site Visits:**

All agencies, aside from the largest processing locations are reviewed in a two year rotation. The largest processing locations are reviewed yearly. Size is determined by prior year volume. Some additional CAOs are reviewed, as needed, based on extenuating circumstances such as a change in processing style or prior year results

**Desk Reviews:**

Small processing locations, defined as those processing less than 5000 applications yearly, are monitored by desk review.

**10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.**

Biannually

**10.9. How many local agencies are currently on corrective action plans? 10**

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN**

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

**11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.**

*Note: Tribes do not need to hold a public hearing but must ensure participation through other means.*

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

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

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

	Date	Event Description
1	06/24/2025	Virtual Public Hearing
2	07/01/2025	Virtual Public Hearing

**11.3. How many parties commented on your plan at the hearing(s)? 4**

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

The document attached summarizes and consolidates the comments received at the public hearings and through the entire public comment period

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

The season end date was extended one week.

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

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

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

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 6056

12.2 How many of those fair hearings resulted in the initial decision being reversed? 5

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

None

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

- The client must appeal within 30 days from the date of the written notice of a CAO decision or action. They may appeal by completing and signing the appeal section of any notice, sending a written or faxed request to the CAO, telling the CAO and following it up with a written request within 3 days, or sending a written request to the agency which notified the client of the decision.

- The CAO/agency will offer the client and his representative the opportunity to have a prehearing conference. This conference may be by telephone or face-to face. A prehearing conference is an effort to resolve an issue between the client and the CAO/agency before going to a hearing. If the issue can be resolved at the prehearing conference, the work and expense of an appeal hearing can be eliminated. The prehearing conference does not affect the client's right to have a hearing and it does not affect the requirements for submitting requests timely to Bureau of Hearings and Appeals (BHA).

- The BHA will designate an Administrative Law Judge (ALJ) who has the authority to make a decision on an appeal. The Director of BHA will affirm, amend, reverse, or remand the decision. The CAO, administering agency, or provider agency is bound by the decision, but may request reconsideration by the Secretary of Human Services. Only the client has the right to appeal to Commonwealth Court.

12.5 When and how are applicants informed of these rights?

Applicants sign a certification page as a condition of application. It states, "I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application." The explanation of the right to appeal also appears on the notice they receive informing them of the decision on their request for benefits

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

In accordance with Pub. L. 97-35, Section 2605(b) as amended by Title III of the Health and Human Services Amendments of 1994, Pub. L. 103-252, Pennsylvania chooses not to exercise its option to use up to five percent of its allotment to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance. The funds will be used for LIHEAP benefits to families

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

n/a

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

n/a

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

n/a

**13.5 How many households received these services? 0**

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



## Section 14 - Leveraging Incentive Program ,2607A

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

☐ Yes ☒ No

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

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			

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

## Section 15 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 15: Training

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

**a. Grant recipient Staff:**

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

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☐ Other, describe:

**b. Local Agencies:**

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

How often?

☐ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☒ On-site training

How often?

☒ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☒ Other, describe:

Weekly LIHEAP Knowledge Reinforcement Sessions are required of assistance office staff and remain available throughout the season as a reference resource. There are also biweekly support conference calls held between assistance office coordinators, policy staff, operations staff and computer systems staff.

**c. Vendors**

☐ Formal training conference

How often?

☐ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☒ Policies communicated through vendor agreements

<input type="checkbox"/> Policies are outlined in a vendor manual
<input type="checkbox"/> Other, describe:
15.2 Does your training program address fraud reporting and prevention? <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

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

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

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

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

Pennsylvania's Department of Human Services (DHS) created a semi-automated system in 2015 to gather energy data and generate performance measures reports. The system takes the following steps each FY:

1. A database is populated with data from LIHEAP-eligible households whose heating and electricity providers are known to DHS.
2. Files are generated from this database and securely sent to all providers who participate in performance measures data collection. The file contains identifying information for each household served by the provider.
3. The provider enters the annual energy costs for each household in the file, when available, and returns it securely to DHS.
4. The database is populated with the annual energy data returned by the providers. 5. Using this data, the system generates the Energy Burden Targeting Report.
6. Using data stored in the eligibility system, the system also generates the two additional reports: Restoration of Home Energy Service and Prevention of Loss of Home Energy Service.

DHS has been successful in working with large utilities and energy providers to improve the process of collecting energy data. These organizations have the staff and technical expertise to expedite the collection and transmittal of data to DHS. The top 6 electric providers and the top 6 natural gas providers currently participate in the performance measures process. The top 12 fuel oil and top 11 propane providers also participate. Data collection remains a challenge for smaller providers, especially wood and coal providers. These small businesses often do not have the capability to provide the necessary data or are unable to follow technical instructions to receive and transmit the data securely. DHS is not currently attempting to add additional wood or coal providers to the process, since only a small percentage of Pennsylvania's LIHEAP recipients use these fuel types. DHS will, however, attempt to maintain the participation of the 5 providers who are already involved.

Report generation is entirely automated.

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

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

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

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

### 17.1 Fraud Reporting Mechanisms

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



Online Fraud Reporting



Dedicated Fraud Reporting Hotline



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



Report to State Inspector General or Attorney General



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



Other - Describe:

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:

### 17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Other		Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required
1						

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**17.3. Citizenship/Legal Residency Verification**

What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.

<input checked="" type="checkbox"/>	Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen
<input type="checkbox"/>	Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.
<input checked="" type="checkbox"/>	Non-Citizens must provide documentation of immigration status
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport
<input checked="" type="checkbox"/>	Non-Citizens are verified through the SAVE system
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card
<input type="checkbox"/>	Other - Describe:

**17.4. Income Verification**

What methods does your agency utilize to verify household income? Select all that apply.

<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input checked="" type="checkbox"/>	Bank statements
<input checked="" type="checkbox"/>	Tax statements
<input checked="" type="checkbox"/>	Zero-income statements
<input checked="" type="checkbox"/>	Unemployment Insurance letters
<input checked="" type="checkbox"/>	Other - Describe:
<p style="margin: 0;">If applicants are recipients of another type of benefit in the state computer system (TANF, Medicaid, or SNAP) and state that there is no change in their income, they are not required to re-verify their income for LIHEAP.</p>	
<input checked="" type="checkbox"/>	Computer data matches:
<input checked="" type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/>	Social Security income verified with SSA
<input checked="" type="checkbox"/>	Utilize state directory of new hires
<input type="checkbox"/>	Other - Describe:

b. Describe any exceptions to the above policies.

**17.5 Identification Verification**

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply

<input checked="" type="checkbox"/>	Verify SSNs with Social Security Administration
<input checked="" type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input checked="" type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Match with state Department of Labor system
<input checked="" type="checkbox"/>	Match with state and/or federal corrections system
<input checked="" type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal Grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input type="checkbox"/>	Other - Describe:

**17.6. Protection of Privacy and Confidentiality**

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Electronic files are protected in a secure location.
<input type="checkbox"/> Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> 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.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe: Data exchange is not set up for all utilities and not all utilities provide all the verifications listed above
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
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.
<input checked="" type="checkbox"/> Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/> Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input checked="" type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
<b>17.10. Investigations and Prosecutions</b>
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.
<input checked="" type="checkbox"/> Refer to state Inspector General
<input type="checkbox"/> Refer to local prosecutor or state Attorney General
<input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input type="checkbox"/> Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grant recipient attempts collection of improper payments. If so, describe the recoupment process  <p>Vendors sign the Vendor Agreement stating that they will return funds as required by check or electronic recoupment within 30 days after the basis for return is known. Examples include but are not limited to: instances where a customer's whereabouts are unknown or a customer changes vendors, dies, or departs the area serviced by the vendor, or receives a duplicate payment if a security deposit was erroneously paid with LIHEAP funds, or a billing error is detected. DHS is authorized to recoup past due LIHEAP balances from vendors by debiting any current or future LIHEAP payment to the vendor for an amount equal to the outstanding unrefunded balance that is due to DHS from the vendor. DHS will send the vendor up to three notices requesting payment of the funds. If the vendor has failed to respond after the third notice, the amount of the balance of funds owed to DHS will be deducted from the vendor's next payment(s) until the funds are repaid.</p>
<input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/> Other - Describe:
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>



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

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

**Instructions for Certification**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grant recipients workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The Grant recipients policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a

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

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

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

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

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

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

Department of Human Services <b>* Address Line 1</b>		
625 Forster St Address Line 2		
Rm 333, Health and Human Services Building Address Line 3		
Harrisburg <b>* City</b>	PA <b>* State</b>	17105 <b>* Zip Code</b>

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

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

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

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

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

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

## Section 20: Certification Regarding Lobbying

### Section 20: Certification Regarding Lobbying

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

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

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

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

#### Statement for Loan Guarantees and Loan Insurance

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

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

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



## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

**(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");**

**(11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;**

**(12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);**

**(13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and**

**(14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.**

**(15) \* beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.**

**\* This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.**

**(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and**

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



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

## Plan Attachments

PLAN ATTACHMENTS
The following documents must be attached to this application
<ul style="list-style-type: none"><li>• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</li></ul>
<ul style="list-style-type: none"><li>• Heating component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Cooling component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Minutes, notes, or transcripts of public hearing(s).</li></ul>
<ul style="list-style-type: none"><li>• Policy Manual.</li></ul>
<ul style="list-style-type: none"><li>• Subrecipient Contract.</li></ul>
<ul style="list-style-type: none"><li>• Model Plan Participation Notes for Tribes.</li></ul>