DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: STATE OF RHODE ISLAND OFFICE OF ENERGY RESOURCES

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2025 to 09/30/2026 **Report Status:** Submission Accepted by CO

Report Sections

- 1. Mandatory Grant Application SF-424
- 2. Section 1 Program Components
- 3. Section 2 HEATING ASSISTANCE
- 4. Section 3 COOLING ASSISTANCE
- 5. Section 4 CRISIS ASSISTANCE
- 6. Section 5 WEATHERIZATION ASSISTANCE
- 7. Section 6 Outreach, 2605(b)(3) Assurance 3, 2605(c)(3)(A)
- 8. Section 7 Coordination, 2605(b)(4) Assurance 4
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- 10. Section 9 Energy Suppliers,, 2605(b)(7) Assurance 7
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- 14. Section 13 Reduction of home energy needs, 2605(b)(16) Assurance 16
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- 18. Section 17 Program Integrity, 2605(b)(10)
- 19. Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- 20. Section 19: Certification Regarding Drug-Free Workplace Requirements
- 21. Section 20: Certification Regarding Lobbying
- 22. Assurances
- 23. Plan Attachments

Mandatory Grant Application SF-424

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

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

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

* 1.a. Type of Submission: Plan		* 1.b. Frequency: Annual	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation: 2. Date Received: 3. Applicant Identifier: 4a. Unique Entity Identifier (UEI)		r:	* 1.d. Version: Initial Resubmission Revision Update State Use Only:	
				RCJMS47	entiner (UE1)	5. Date Received By State:	
				eral Award Id 00522A3	lentifier:	6. State Application Identifier:	
7. APPLICANT INF							
* a. Legal Name: Th	ne State of Rhod	e Island					
* b. Address: * Street 1:	25 Howard A		Stre	nt 2.	Γ		
* Street 1:	CRANSTON				Providence		
* State:	RI		Cou	ince:	Flovidence		
* Country:	United States		* Zi	p / Postal	02920		
			Code:				
c. Organizational			Dini	oion Nomes			
Department Nam RI Department of H		OHS)	Division Name: Community Partnerships				
d. Name and contact Awards and on the U	information of J.S. Departmen	person to be contacted on matters in t of Health and Human Services' LII	nvolving HEAP co	this application	n: (person will page)	be listed on Notice of Funding	
* First Name: Deirdre			* Last Name: Nunes				
Title: Assistant Administra	ator		Organizational Affiliation: State of Rhode Island, DHS				
* Telephone Number 4014626424	r:		Fax Number				
* Email: Deirdre.nunes@dhs.	ri.gov						
* 8. TYPE OF APPI A: State Government							
* a. Is the applican	nt a Tribal Con	sortium: O Yes O No					
* b. If yes please a	ttach at least oi	e the following documentation:					
		Catalog of Federal Domes Assistance Number:	stic		C	FDA Title:	
9. CFDA Numbers and	Titles	93.568	Low-Income Home Energy Assistance Program				
10. DESCRIPTIVE Low Income Home		PLICANT'S PROJECT: ce Program					
11. AREAS AFFEC'S Statewide	FED BY FUND	ING:					
12. CONGRESSION 1	AL DISTRICT	S OF APPLICANT:					
13. FUNDING PERI	IOD:						
a. Start Date: 10/01/2025			b. End Date: 09/30/2027				
* 14. IS SUBMISSIO	ON SUBJECT T	O REVIEW BY STATE UNDER EX	XECUTI	VE ORDER 1	2372 PROCES	SS?	
a. This submission	was made ava	lable to the State under Executive O	rder 123	72			

Process for review on: b. Program is subject to E.O. 12372 but has not been selected by State for review. c. Program is not covered by E.O. 12372. *15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? NO
 NO If Yes, explain: 16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree 🗹 ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 17a. Typed or Printed Name and Title of Authorized Certifying Official 17c. Telephone (area code, number and extension) Deirdre Weedon 17d. Email Address Deirdre.Weedon@dhs.ri.gov 17b. Signature of Authorized Certifying Official 17e. Date Report Submitted (Month, Day, Year) 08/13/2025 sign

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

coll	collection of information unless it displays a currently valid OMB control number.					
	Section 1 Program Componer	nts				
Pro	gram Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)					
(No	Check which components you will operate under the LIHEAP program. te: You must provide information for each component designated here as requested elsewhere in plan.)	Dates of (Operation			
		Start Date	End Date			
>	Heating assistance	10/01/2025	04/15/2026			
	Cooling assistance					
	Summer crisis assistance					
>	Winter crisis assistance	10/01/2025	04/15/2026			
	Year-round crisis assistance					
>	Weatherization assistance	10/01/2025	09/30/2026			
Pro	vide further explanation for the dates of operation, if necessary					
	Cooling assistance will be added if funding is available at end of the heating season. However, assistance in FFY 2026.	er, we are not planning t	o offer cooling			
Esti	mated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16					
	Estimate what amount of available LIHEAP funds will be used for each component that you will operate: total of all percentages must add up to 100%.	Percentage (%)	Prior year totals			
Н	leating assistance	57.00%	56.00%			
C	ooling assistance	0.00%	0.00%			
S	ummer crisis assistance	0.00%	0.00%			
V	Vinter crisis assistance	15.00%	11.00%			
Y	ear-round crisis assistance	0.00%	0.00%			
V	Veatherization assistance	10.00%	12.00%			
C	arryover to the following federal fiscal year	8.00%	10.00%			
A	dministrative and planning costs	9.00%	8.00%			
S	ervices to reduce home energy needs including needs assessment (Assurance 16)	1.00%	3.00%			
U	sed to develop and implement leveraging activities	0.00%	0.00%			
TOT	FAL	100.00%	100.00%			

_	ing and administration purposes up to 20% of the in excess of these limits must be paid from non-federal control of the contro		1,000) plus 10% of the fund	s payable that exceeds	\$20,000. Any administrative
Alter	nate Use of Crisis Assistance Funds, 2605(c)(1)((C)			
1.3 T	he funds reserved for winter crisis assistance th	at have not been	expended by March 15 w	ill be reprogrammed t	to:
	Heating assistance			Cooling assistance	
	Weatherization assistanc	e	V	Other (specify:) Cr certified through Ap	isis assistance grants can be ril 15, 2026.
1.4 D	gorical Eligibility, 2605(b)(2)(A) - Assurance 2, o you consider households categorically eligible			at least one of the foll	owing categories of benefits
	e left column below? O Yes O No		 		
If you	answered "Yes" to question 1.4, you must con	-11-			
		Heating	Cooling	Crisis	Weatherization
TANE	'	O Yes O No	O Yes O No	O Yes O No	O Yes O No
SSI		O Yes O No	O Yes O No	C Yes C No	C Yes C No
SNAP		C Yes C No	C Yes C No	C Yes C No	C Yes C No
Mean	s-tested Veterans Programs	O Yes O No	C Yes C No	C Yes C No	O Yes O No
	o you automatically enroll households without a	a direct annual ap	pplication? OYes 6 No	o	
If Ye	s, explain:				
when	ow do you ensure there is no difference in the to determining eligibility and benefit amounts? P Nominal Payments Do you allocate LIHEAP funds toward a nomin				iving other public assistance
	answered "Yes" to question 1.7a, you must pr				
_	Amount of Nominal Assistance: \$20.01	ovide a response	to questions 1.7b, 1.7c, ar	lu 1.7u.	
	Frequency of Assistance				
>	Once Per Year				
	Once every five years				
	Other - Describe:				
1.7d	How do you confirm that the household receiving	ng a nominal payr	ment has an energy cost of	or need?	
	The eligibility system used for SNAP appenergy cost or need. All households that receive therefore these households have an energy cost.				
Determination of Eligibility - Countable Income					
1.8. I	n determining a household's income eligibility f	or LIHEAP, do y	ou use gross income or n	et income?	
Gross Income					
Net Income					
Other - Describe					
1.9. S	elect all the applicable forms of countable inco	ne used to determ	nine a household's incom	e eligibility for LIHEA	P
>	Wages				
>	Self - Employment Income				
	Contract Income				

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

>	Funds received by household for the care of a foster child
>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
	Reimbursements (for mileage, gas, lodging, meals, etc.)
	Other
	ny of the above questions require further explanation or clarification that could not be made in fields provided, attach a document with said explanation here.
1.10	Do you have an online application process Yes No
1.1	0a If yes, describe the type of online application (Select all boxes that apply)
~	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
~	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
	Online application that is also mobile friendly
	Other, please describe
Pleas	e include a link(s) to a statewide application, if available:
Pleas	e include a link(s) to a statewide application, if available: https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc.
Pleas	
	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc.
1.10b	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website.
1.10b	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website. Can all program components be applied for online? \(\tilde{\mathbb{C}}\) Yes \(\tilde{\mathbb{O}}\) No
1.10b If no,	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website. Can all program components be applied for online? Yes No explain which components can and cannot be applied for online. Crisis request cannot be made online. Weatherization requests cannot be made online. There are questions about each component on the LIHEAP online, pdf/paper application that will prompt LIHEAP intake or Weatherization staff to reach out to applicant.
1.10b If no.	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website. Can all program components be applied for online? Yes No explain which components can and cannot be applied for online. Crisis request cannot be made online. Weatherization requests cannot be made online. There are questions about each component on the LIHEAP online, pdf/paper application that will prompt LIHEAP intake or Weatherization staff to reach out to applicant. Do you have a process for conducting and completing applications by phone Yes No
1.10b If no,	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website. Can all program components be applied for online? Yes No explain which components can and cannot be applied for online. Crisis request cannot be made online. Weatherization requests cannot be made online. There are questions about each component on the LIHEAP online, pdf/paper application that will prompt LIHEAP intake or Weatherization staff to reach out to applicant.
1.10b If no. 1.11 1 1.12 1 If yes	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website. Can all program components be applied for online? Yes No explain which components can and cannot be applied for online. Crisis request cannot be made online. Weatherization requests cannot be made online. There are questions about each component on the LIHEAP online, pdf/paper application that will prompt LIHEAP intake or Weatherization staff to reach out to applicant. Do you have a process for conducting and completing applications by phone Yes No Do you or any of your subrecipients require in person appointments in order to apply Yes No
1.10b If no. 1.11 1 1.12 1 If yes	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website. Can all program components be applied for online? Yes No explain which components can and cannot be applied for online. Crisis request cannot be made online. Weatherization requests cannot be made online. There are questions about each component on the LIHEAP online, pdf/paper application that will prompt LIHEAP intake or Weatherization staff to reach out to applicant. Do you have a process for conducting and completing applications by phone Yes No Do you or any of your subrecipients require in person appointments in order to apply Yes No s, please provide more information regarding why in-person appointments are required and in what circumstances they are required.
1.10h If no. 1.11 1 1.12 1 If yes 1.13 1	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website. Can all program components be applied for online? Yes No explain which components can and cannot be applied for online. Crisis request cannot be made online. Weatherization requests cannot be made online. There are questions about each component on the LIHEAP online, pdf/paper application that will prompt LIHEAP intake or Weatherization staff to reach out to applicant. Do you have a process for conducting and completing applications by phone Yes No Do you or any of your subrecipients require in person appointments in order to apply Yes No s, please provide more information regarding why in-person appointments are required and in what circumstances they are required. How can applicants submit documentation for verification? Select all that apply:
1.10b If no. 1.111 1.12 If yes 1.13	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website. Can all program components be applied for online? Yes No explain which components can and cannot be applied for online. Crisis request cannot be made online. Weatherization requests cannot be made online. There are questions about each component on the LIHEAP online, pdf/paper application that will prompt LIHEAP intake or Weatherization staff to reach out to applicant. Do you have a process for conducting and completing applications by phone Yes No Do you or any of your subrecipients require in person appointments in order to apply Yes No s, please provide more information regarding why in-person appointments are required and in what circumstances they are required. How can applicants submit documentation for verification? Select all that apply: In-person
1.10b If no, 1.111 1.12 If yes 1.13 V	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website. Can all program components be applied for online? Yes No explain which components can and cannot be applied for online. Crisis request cannot be made online. Weatherization requests cannot be made online. There are questions about each component on the LIHEAP online, pdf/paper application that will prompt LIHEAP intake or Weatherization staff to reach out to applicant. Do you have a process for conducting and completing applications by phone Yes No Do you or any of your subrecipients require in person appointments in order to apply Yes No s, please provide more information regarding why in-person appointments are required and in what circumstances they are required. How can applicants submit documentation for verification? Select all that apply: In-person Mail
1.10b If no. 1.111 1.12 If yes 1.13 V	https://pro.hancocksoftware.com/RI_ClientSelfIntake/?Agency=DHSe, Inc. We use QR code on our outreach material and there is a link on each agency website. Can all program components be applied for online? Yes No explain which components can and cannot be applied for online. Crisis request cannot be made online. Weatherization requests cannot be made online. There are questions about each component on the LIHEAP online, pdf/paper application that will prompt LIHEAP intake or Weatherization staff to reach out to applicant. Do you have a process for conducting and completing applications by phone Yes No Do you or any of your subrecipients require in person appointments in order to apply Yes No e, please provide more information regarding why in-person appointments are required and in what circumstances they are required. How can applicants submit documentation for verification? Select all that apply: In-person Mail Email

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

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	Section	on 2 - 1	Heating Assistance	
Eligibility, 2605((b)(2) - Assurance 2			
2.1 Designate the	e income eligibility threshold used for the	e heating o	component:	
Add	Household size		Eligibility Guideline	Eligibility Threshold
1	All Household Sizes		State Median Income	60.00%
2.2 Do you have Heating Assistan	additional eligibility requirements for nce?	• Yes	C _{No}	
2.3 Check the ap	propriate boxes below and describe the p	policies fo	r each.	
Do you require a	an Assets test?	O Yes	⊙ No	
If yes, describe:	Do you have additional/differing eligibili	ty policies	for:	
Renters?		O Yes	⊙ No	
If yes, describe:		~		
Renters Li	ving in subsidized housing?	O Yes	⊙ No	
If yes, describe:		•		
Renters wi	ith utilities included in the rent?	C Yes	⊙ No	
If yes, describe:				
Do you give prio	ority in eligibility to:		-	
Older Adu	llts (60 years or older)?	Yes	C No	
If yes, describe:				
prioritizes of crisis g	funding for LIHEAP grants is expected to r to households with an elderly, disabled, or rants available to these households for seve o households without a vulnerable member	young chi ral weeks	ld member by having the first round	
Individual	s with a disability?	• Yes	C No	
If yes, describe:				
prioritizes of crisis g	funding for LIHEAP grants is expected to r to households with an elderly, disabled, or rants available to these households for seve o households without a vulnerable member	young chi ral weeks	ld member by having the first round	
Young chil	ldren?	• Yes	O _{No}	
If yes, describe:		-		
prioritizes of crisis g	funding for LIHEAP grants is expected to r to households with an elderly, disabled, or rants available to these households for seve o households without a vulnerable member	young chi ral weeks	ld member by having the first round	
Household	s with high energy burdens?	Oyes	⊙ No	
If yes, describe:		~		
Other?		O Yes	⊙ No	
If yes, describe:				
Explanations of	policies for each "yes" checked above:			
disabled, o	funding for LIHEAP grants is expected to r or young child member by having the first r tts are open to households without a vulner	round of cr	isis grants available to these household	

Determination of Panafita 2605(b)(5) As	curones 5 2605(s)(1)(P)			
Determination of Benefits 2605(b)(5) - As	, ,,,,,,	Inerable populations, e.g., benefit amount		
etc.	non of heating assistance to vu	merable populations, e.g., benefit amount	s, early application pe	rious,
	having the first round of heating	heating season, Rhode Island prioritizes to ho crisis grants available to these households for er.		
2.5 Check the variables you use to determ	ine your benefit levels. (Check	all that apply):		
✓ Income				
Family (household) size				
✓ Home energy cost or need:				
✓ Fuel type				
Climate/region				
Individual bill				
Dwelling type				
Energy burden (% of income	spent on home energy)			
Energy need				
Other - Describe:				
			,	
Benefit Levels, 2605(b)(5) - Assurance 5, 2	2605(e)(1)(B)			
2.6 Describe estimated benefit levels for the shown in the payment matrix.	ne fiscal year for which this pla	n applies. Please note: the maximum and m	inimum benefits must	be
Minimum Benefit	\$50	Maximum Benefit	\$861	
2.7 Do you provide in-kind (e.g., blankets	, space heaters) and/or other fo	rms of benefits?2 © Yes 💿 No		
If yes, describe.				
If any of the above questions	require further expl	anation or clarification that o	could not be ms	ade in

Section 3 - COOLING ASSISTANCE

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

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	Section 3 - Cooling Assistance				
Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2				
3.1 Designate Th	e income eligibility threshold used for th	e Cooling	component:		
Add	Household size		Eligibility Guideline	Eligibility Thresho	old
1					0.00%
3.2 Do you have a Cooling assistant	additional eligibility requirements for ce?	C Yes	⊙ No		
3.3 Check the ap	propriate boxes below and describe the	policies for	each.		
Do you require a	n Assets test?	C Yes	O _{No}		
If yes, describe:					
Do you have add	itional/differing eligibility policies for:				
Renters?		C Yes	C _{No}		
If yes, describe:					
Renters Li	ving in subsidized housing?	C Yes	O _{No}		
If yes, describe:					
Renters wi	th utilities included in the rent?	C Yes	CNo		
If yes, describe:					
Do you give prior	rity in eligibility to:				
Older Adu	lts (60 years or older)?	C Yes	CNo		
If yes, describe:					
Individuals	s with a disability?	C Yes	C _{No}		
If yes, describe:					
Young chil	dren?	C Yes	C _{No}		
If yes, describe:					
Households	s with high energy burdens?	Oyes	C _{No}		
If yes, describe:					
Other?		C Yes	C _{No}		
If yes, describe:					
	policies for each "yes" checked above:				
3.4 Describe how etc.	you prioritize the provision of cooling a	ssistance t	o vulnerable populations, e.g., benefit amou	ınts, early application pe	eriods,
Determination of	f Benefits 2605(b)(5) - Assurance 5, 2605	(c)(1)(B)			
3.5 Check the var	riables you use to determine your benefi	t levels. (C	Theck all that apply):		
Income					
	usehold) size				
	gy cost or need:				
Fuel	type				
Clim	nate/region				
	vidual bill				

Dwelling type					
Energy burden (% of income spent on home energy)					
Energy need			·		
Other - Describe:					
	·				
Benefit Levels, 2605(b)(5) - Assurance 5, 2605((c)(1)(B)				
3.6 Describe estimated benefit levels for the fis shown in the payment matrix.	cal year for which this plan	applies. Please note: the maximum and min	imum benefits must	be	
Minimum Benefit	Minimum Benefit \$0 Maximum Benefit \$0				
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? C Yes C No					
If yes, describe.					
If any of the above questions require further explanation or clarification that could not be made in					

Section 4 - CRISIS ASSISTANCE

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	Section 4: CF	RISIS ASSISTANCE				
Eligibility - 260	4(c), 2605(c)(1)(A)					
4.1 Designate th	ne income eligibility threshold used for the crisis co	mponent				
Add	Household size	Eligibility Guideline		Eligibility T	Threshold	
1	All Household Sizes	State Median Income			60.00%	
	r LIHEAP program's definition for determining a and), Include all program definitions.	crisis. If you administer multiple o	erisis assistance	programs (win	nter, summer,	
1. 2.	crisis is considered to occur when a household is unal. Heat is shut off due to failure to pay a regulated utility. Inability to pay for deliverable fuel.		his may be the re	esult of:		
	. The breakdown of a heating system.					
4.3 What consti	tutes a <u>life-threatening crisis?</u>					
	life-threatening crisis is considered to occur when the tly at or is forecasted to be below 20 degrees Fahrenhe					
T	his may be the result of:					
1.	. Heat is shut off due to failure to pay a regulated utilit	y bill.				
	. Inability to pay for deliverable fuel.	•				
	The breakdown of a heating system.					
- ·	The breakdown of a heading system.					
Crisis Requiren	nent. 2604(c)					
	many hours do you provide an intervention that w	ill resolve the energy crisis for elig	ible households	s? 48Hours		
	many hours do you provide an intervention that w				ening	
Crisis Eligibility	y, 2605(c)(1)(A)					
			Winter Crisis	Summer Crisis	Year-Round Crisis	
4.6 Do you have	e additional eligibility requirements for Crisis Assis	tance?	~			
4.7 Check the a	4.7 Check the appropriate boxes below to indicate type(s) of assistance provided					
Do you require	o you require an Assets test?					
Do you give pri	ority in eligibility to:		<u> </u>		"	
Older Adı	ults (60 years or older)?		~			
Individua	ls with a disability?		~			
Young Ch	nildren?		~			
Househole	ds with high energy burdens?					
Other (Sp	pecify):					
In Order to reco	eive crisis assistance:		40		47	
Must the	household have received a shut-off notice or have a	near empty tank?	~			

Must the hou	sehold have been shut off or have an empty tank?	~				
Must the hou	schold have exhausted their regular heating benefit?					
Must renters	with heating costs included in their rent have received an eviction notice?					
Must heating	/cooling be medically necessary?					
Must the hou	sehold have non-working heating or cooling equipment?					
Other (Speci	fy):					
	onal/differing eligibility policies for:					
Renters?	onarumering engionity policies for.					
Renters livin	g in subsidized housing?					
	utilities included in the rent?					
Explanations of po	licies for each "yes" checked above:					
balance of th Utilit making a pay Heati In ca or young chi	Deliverable fuel crisis grants are issued if a household has less than 1/4 tank of deliverable fuel left (or equivalent) and \$300 or less balance of their non crisis grant. Utility crisis grants are issued if a client has a utility shut off or has moved to a new residence and cannot get utilities turned on without making a payment towards back balance. Heating systems crisis assistance is issued if heating system is inoperable. In cases of funding anticipated to run out prior to end of the heating season, priority will be given to households with an elderly, disabled, or young child member. One way this is done is by allowing households with a vulnerable member to request a crisis grant for several weeks before households without a vulnerable member can request a crisis grant.					
Determination of B						
	ndle crisis situations?					
_	Separate component					
	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefit response time frames.	s are issued to	crisis customer	s within crisis		
	Other - Describe:					
4.9 If you have a se	parate component, how do you determine crisis assistance benefits?					
	Amount to resolve the crisis. \$0					
~	Other - Describe:		-1			
	Recipients of a deliverable fuel crisis grant receive 100 gallons of fu	el				
	Recipients of a utility crisis grant receive the percentage of funds need	eded to have the	ir utilities restor	ed.		
	To receive a crisis grant, a household must first have applied and been certified for a primary grant. Therefore, a household would only need to call the subrecipient to request a crisis grant and not need travel to the subrecipient's location. In addition, all household can apply for a primary grant online or through the mail.					
Crisis Requiremen	ts. 2604(c)					
	applications for energy crisis assistance at sites that are geographically accessible	to all househol	ds in the area to	o be served?		
⊙ Yes ○ No	Explain.					
To receive a crisis grant, a household must first have applied and been certified for a primary grant. This can be done through the mail, online, or in person at geographically accessible places. To request a crisis grant, a household only needs to call the subrecipient to request and does not need travel to the subrecipient's location.						
4.11 Do you provide individuals who are individuals with a disability the means to:						
Submit applications for crisis benefits without leaving their homes?						
⊙ Yes ○ No						
If No, explain. To receive a crisis grant, a household must first have applied and been certified for a primary grant. This can be done through the mail, online, or in person at geographically accessible places. To request a crisis grant, a household only needs to call the subrecipient to request and does not need travel to the subrecipient's location.						
does not nee			subrecipient to	request and		
			subrecipient to	request and		
	d travel to the subrecipient's location.		subrecipient to	request and		

To receive a crisis grant, a household must first have applied and been certified for a primary grant. This can be done through the mail, online, or in person at geographically accessible places. To request a crisis grant, a household only needs to call the subrecipient to request and does not need travel to the subrecipient's location. If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically Benefit Levels, 2605(c)(1)(B) 4.12 Indicate the maximum benefit for each type of crisis assistance offered. Winter Crisis \$1,500.00 maximum benefit **Summer Crisis** \$0.00 maximum benefit Year-round Crisis \$0.00 maximum benefit 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits? C Yes No If yes, Describe 4.14 Do you provide for equipment repair or replacement using crisis funds? Yes □ No If you answered "Yes" to question 4.14, you must complete question 4.15. 4.15 Check appropriate boxes below to indicate type(s) of assistance provided. Winter **Year-round Crisis** Summer Crisis Crisis Heating system repair V Heating system replacement V Cooling system repair Cooling system replacement Wood stove purchase Pellet stove purchase Solar panel(s) Utility poles / gas line hook-ups Other (Specify): 4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? Yes No If you responded "Yes" to question 4.16, you must respond to question 4.17. 4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period. Between November 1 and April 15 each year, households deemed eligible for the discounted rate cannot have their utilities shut off by RI Energy, the state's largest utility provider of electricity and natural gas. 4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? 🔘 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

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	Section	on 5: WEATH	ERIZATION ASSISTAN	NCE		
Eligibility, 2605((c)(1)(A), 2605(b)(2) - Assu	ırance 2				
5.1 Designate the	e income eligibility thresho	old used for the Weath	erization component			
Add	Househ	old Size	Eligibility Guideline	Eligibility Threshold		
1	All Household Sizes		State Median Income	60.00%		
5.2 Do you enter No	into an interagency agree	ment to have another	government agency administer a WEAT	THERIZATION component? O Yes		
5.3 If yes, name	the agency and attach a co	ppy of the Internal Agr	reement or Contract.			
5.4 Is there a sep	parate monitoring protoco	l for weatherization? (Yes ONo			
WEATHERIZA	TION - Types of Rules					
5.5 Under what	rules do you administer L	IHEAP weatherization	? (Check only one.)			
Entirely u	nder LIHEAP (not DOE)	rules				
Entirely u	nder DOE WAP (not LIH	EAP) rules				
Mostly une	der LIHEAP rules with th	e following DOE WAP	Prule(s) where LIHEAP and WAP rules	differ (Check all that apply):		
	me Threshold					
			1 110 11 1660 0 1	(700/ 1 0 0 4 1/1 1/1 1/1)		
	therization of entire multi will become eligible within		ure is permitted if at least 66% of units	50% in 2- & 4-unit buildings) are		
Wea care facilities).	therize shelters temporari	ly housing primarily lo	ow income persons (excluding nursing h	omes, prisons, and similar institutional		
Othe	er - Describe:					
Mostly une	der DOE WAP rules, with	the following LIHEA	P rule(s) where LIHEAP and WAP rules	s differ (Check all that apply.)		
✓ Inco	me Threshold					
✓ Wea	therization not subject to	DOE WAP maximum	statewide average cost per dwelling unit	:.		
✓ Wea	therization measures are 1	not subject to DOE Sav	vings to Investment Ration (SIR) standa	ards.		
Othe	er - Describe:					
Eligibility, 2605((b)(5) - Assurance 5					
5.6 Do you requi	ire an assets test?	C Yes O No				
5.7 Do you have	additional/differing eligib	ility policies for :				
Renters						
Renters liv	ring in subsidized	€ Yes C No				
Renters wi	ith utilities included in the	C Yes O No				
5.8 Do you give p	priority in eligibility to:					
Older Adu	llts?	⊙ Yes ○ No				
Individual	s with a disability?	⊙ Yes ○ No				
Young Chi	ildren?	• Yes O No				
House hold	ds with high energy	C Yes ⊙ No				

Other?	O Yes O No		
If you selected "Yes" for any of the option below.	s in questions 5.6, 5.7, or 5.8, y	you must provide further explanation of these policies in the text field	
Work orders are prioritized in disabled, young child), the household		sehold make up. If a household member meets one of the criteria (elderly, g list.	
Benefit Levels			
5.9 Do you have a maximum LIHEAP wea	therization benefit/expenditu	re per household? O Yes O No	
5.9a If yes, what is the maximum? \$0			
5.10 Do you use an Average Cost per Unit	(ACPU). O Yes O No		
5.10a If so, what is the ACPU amount? \$0			
Types of Assistance, 2605(c)(1), (B) & (D)			
5.11 What LIHEAP weatherization measu	res do you provide ? (Check a	ll categories that apply.)	
Weatherization needs assessments/	audits	Energy related roof repair	
☑ Caulking and insulation		Major appliance repairs	
Storm windows		Major appliance replacement	
Furnace/heating system modification	ons/repairs	Windows/sliding glass doors	
Furnace replacement		Doors	
Cooling system modifications/repair	rs	Water Heater	
Water conservation measures		Cooling system replacement	
Roof top solar		Community solar projects	
Compact florescent light bulbs		Other - Describe:	
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

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Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) 6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available: 4 Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. V Publish articles in local newspapers or broadcast media announcements. 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. V Web Posting Email Texting Events • Social Media Other (specify): In our social media we use QR codes that take applicants to the online application. We also use hash tags. We offer training for community partners and government offices so that they can better direct their constituents to apply. In addition to holding other outreach events, we hold LIHEAP clinics at municipalities, schools, and non-profits where people can apply

for assistance from LIHEAP. These clinics are sometimes combined with other benefit programs.

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

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

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Section 7: Coordination, 2605(b)(4) - Assurance 4 7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.). Joint application for multiple programs (indicate programs included) Intake referrals to/from other programs (indicate programs included) Recipients of other assistance programs are informed of LIHEAP. DHS field offices provide information about applying for LIHEAP to the individuals and families they serve. LIHEAP outreach staff works with community partners, such as schools, health centers, and housing, letting them know how to refer the people they serve to LIHEAP. One - stop intake centers Other - Describe:

We have a process in place with the RI SNAP office (both LIHEAP and SNAP are within RI DHS) to outreach SNAP households who have a heating bill. SNAP household records including household income are migrated to the LIHEAP software system. Once the records are in the LIHEAP system, letters to the SNAP households are generated letting SNAP recipients know that they are income-eligible for LIHEAP. An abbreviated LIHEAP application is sent to them since we have their income migrated to our LIHEAP system. If their SNAP household size does not match their LIHEAP household size on the abbreviated application, the household fills out a full application. Otherwise, they can be certified with an abbreviated application.

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2605(b)(6)

recipients and the Commonwealth of Puerto Rico)					
8.1 Ho	w would you categorize the primary respons	sibility of your State ag	ency?		
	Administration Agency				
	Commerce Agency				
	Community Services Agency				
	Energy/Environment Agency				
	Housing Agency				
>	State Department of Welfare (administers TANF, SNAP, and/or Medicaid)				
	Economic Development Agency				
	Other - Describe:				
	e current list of subrecipient name, main off umber. <i>Used for Near hotline and OCS Servic</i>			ber, county(s) served, Co	ngressional District, and
If you	ate Outreach and Intake, 2605(b)(15) - Assu selected "State Department of Welfare (adm 8.4, as applicable.		and/or Medicaid)" in o	question 8.1, you must co	omplete questions 8.2, 8.
8.2 How do you provide alternate outreach and intake for heating assistance?					
Community Action Agencies provide outreach and intake assistance for applicants seeking heating assistance.					
8.3 How do you provide alternate outreach and intake for cooling assistance?>					
RI DHS is not planning to offer a cooling component in FFY 2026.					
8.4 How do you provide alternate outreach and intake for crisis assistance?					
Community Action Agencies provide outreach and intake for applicants seeking crisis assistance. LIHEAP fuel vendors are notified of crisis assistance.					
8.5 LII	HEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
	The determines client eligibility?	Community Action Agencies	Non-Applicable	Community Action Agencies	Community Action Agencies
8.5b W electri	Tho processes benefit payments to gas and evendors?	Community Action Agencies	Non-Applicable	Community Action Agencies	
8.5c w	8.5c who processes benefit payments to bulk fuel				

vendors?	Agencies		Agencies		
8.5d Who performs installation of weatherization	rigeneies		rigeneres	Community Action	
measures?				Agencies	
Include a current list of subrecipie number, county(s) served, Congres				Box), phone	
If any of your LIHEAP components are not centra applicable, 8.9.				7, 8.8, and, if	
8.6 What is your process for selecting local admini	stering agencies?				
The State currently uses delegated auth Action Agencies.	nority for LIHEAP contract	cts. The process follows f	ederal guidelines for sele	ecting Community	
8.7 How many local administering agencies do you	use? 7				
8.8 Have you changed any local administering age Yes No	ncies in the last year?				
8.9 If so, why?					
Agency was in noncompliance with Grant recipient requirements for LIHEAP -					
Agency is under criminal investigation					
Added agency					
Agency closed					
Other - describe					
8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? Yes No					
8.10a If yes, please explain.					
8.10b If you are aware, were other federal progr Weatherization funding, etc. Yes No	rams impacted such as C	SBG, SSBG, Head Star	t, TANF, and Departm	ent of Energy	
8.10c If yes, please explain.					
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.					

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Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7				
9.1 Do you make payments directl	y to home energy suppliers?			
Heating C Yes	⊙ No			
Cooling C Yes	⊙ No			
Crisis C Yes	⊙ No			
Are there exceptions?	⊙ No			
If yes, Describe.				
9.2 How do you notify the client of Confirmation letters a in the letter.	-	roval and certification of their applicat	tion. The amount of the assistance is provided	
Participating vendors grant funds. Using delivery t balances these are used to the utility accounts for other reas grant in their confirmation le	agree to this in the annual vendor ickets, remaining balances are trace next delivery to the recipient. Utions so issue can be resolved (spel	agreement. Deliverable fuel vendors a sked by the subrecipient in state softwa- ility vendors notify subrecipients of cl ling or account number issue). Grant r amount was credited to their utility acc	submit delivery tickets for fuel delivered with are system and if there are remaining grant losed accounts and of grants not applied to recipients are informed of the amount of their count or deliveried to their home. In the	
assistance? Participating vendors households they service will	agree to this in the annual vendor be treated the same as their other rable fuel, we check the delivery t	agreement. In the agreement, each ve	endor agrees that to ensure that LIHEAP d at required annual meeting/training. In non LIHEAP household from the same day to	
9.5. Do you make payments continhouseholds? Yes No	gent on unregulated vendors tal	king appropriate measures to allevia	ate the energy burdens of eligible	
If so, describe the measures unr Attach a copy of the template stat assurances.		licy that indicates local agreements	must adhere to statewide policies and	

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

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

An Excel spreadsheet is maintained to track obligations (earmarking) based on award restrictions and limits set by the submitted RI State Plan with expenditures broken down by categories, and drawdowns. This spreadsheet is reconciled to the state's financial system monthly.

10.1a Provide your definitions of the following:

Obligation

When used in connection with a non-Federal entity's utilization of funds under a Federal award, obligations means orders placed for property and services, contracts and subawards made, and similar transactions during a given period that require payment by the non-Federal entity during the same or a future period.

Expenditures

Costs incurred during the fiscal year related to the acquisition of goods and services whether or not payment has been made.

Expenditure timeframe

Expenditures should be recognized upon the delivery of goods or services, including personal services, contractual services, capital outlay, interest on fund liabilities, materials and supplies, insurance, and rent.

Administrative costs

Administrative costs are expenses incurred by grant recipients or sub-recipients in support of the day-to-day operations of their organization. These overhead costs are the expenses that are not directly tied to a specific program purpose.

Audit Process

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

O Vec O No

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

The last completed, Single Audit was SFY23. LIHEAP was audited as a major program. The threshold for major programs varies year to year. For SFY23, LIHEAP was audited as a major program. The threshold for SFY23 was \$21,087,467 and can change annually to cover 66% of federal expenses in accordance with federal uniform guidance.

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'	A-133 or other independent audits	are reviewed by Grant recipi	ent as part of compliance process.

V	Grant recipient conducts fiscal and program monitoring of local agencies/district offices

Compliance Monitoring
10.5. Describe your monitoring process for compliance at each level below. Check all that apply.
Grant recipients have a policy in place for appropriate separation of duties and internal controls.
Internal program review
✓ Departmental oversight
Secondary review of invoices and payments
Other program review mechanisms are in place. Describe:
Local Administering Agencies/District Offices:
On - site evaluation
Annual program review
Monitoring through central database
Desk reviews
Client File Testing/Sampling
Other program review mechanisms are in place. Describe:
Financial transactions are reviewed and tested. A policy and procedure checklist is filed. Program client files are reviewed for completeness. Agency managers meet with program staff to check in regarding processes and policy.
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
We maintain an active and structured oversight process for all LIHEAP subrecipient agencies.
Monthly Program Engagement: DHS host ten (10) monthly meetings each year with program managers of all LIHEAP subrecipient agencies. These meetings provide consistent engagement, featuring updates on policy and program operations, technical training, and open forums for agencies to share challenges, questions, and best practices.
Annual Pre-Season Training: A comprehensive half-day training is held for all subrecipients prior to the start of the LIHEAP season. This training covers policy updates, intake procedures, software use, fiscal processes, and compliance expectations. Attendance is required and monitored.
Daily Oversight and System Monitoring: DHS staff monitors the LIHEAP intake software and subrecipient portals daily to ensure timely data entry, accurate invoicing, and adherence to program guidelines. This ongoing, real-time oversight allows for immediate intervention if issues arise.
Ongoing Technical Assistance: Customized support and individualized training are offered to agencies throughout the year based on performance data, staff turnover, software challenges, or specific requests. This ensures consistent service delivery and compliance.
Formal Monitoring Visits: DHS conducts formal monitoring visits to two to three subrecipient agencies each year. These reviews include assessment of client files, fiscal documentation, intake procedures, and adherence to federal and state requirements.
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.
Site Visits:
Site Visits: Two to three Community Action Agencies have a fiscal and program monitoring visit every year. Agencies are selected for monitoring on a rotating basis. If there are concerns about an agency or there were findings at the previous year's monitoring, that agency will be monitored again the following year.
Desk Reviews: A risk assessment is completed for each program. If subrecipients are considered low-risk, a desk review or site visit is performed every three years or more frequently if needed.
Desk Reviews:
A risk assessment is completed for each program. If a subrecipient is considered medium risk, a site visit or desk audit is mandatory durin the first six months of the fiscal year. If a subrecipient is high risk, our agency conducts at least two site visits or desk reviews.

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

10.9. How many local agencies are currently on corrective action plans? 1

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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 developm Note: Tribes do not need to hold a public hearing but must ensur		at apply.		
Tribal Council meeting(s)				
Public Hearing(s)				
☑ Draft Plan posted to website and available for comme	ent			
Hard copy of plan is available for public view and co	mment			
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:				
May 2025: A draft summary of the FFY 2026 State meeting and we encouraged managers to share feedback ab submit formal testimony. June 2025 - Reminded LIHEAP managers at the Jun proposed plan. Also, reminded them of the hearing date (Jun July 2025: Sent notice to stakeholders with a summ included the directors of the Community Action Agencies a plan was posted on the DHS website in July 2025. The pub	ne LIHEAP managers meeting to share an ly 29) and explained again how to give or ary of the proposed plan and an invitation and advocacy organizations. A notice of the	about the hearing date and how to give or y feedback they have about the FFY 2026 submit formal testimony at the hearing. to the public hearing. The stakeholders		
Public Hearings, 2605(a)(2) - For States and the Commonwealt		of your LIHEAP funds?		
	Date	Event Description		
1 07/2	9/2025	Public Hearing for FFY 2026 LIHEAP State Plan held at Rhode Island Department of Human Services at 25 Howard Ave, Cranston, RI at 10:00 AM. This location has parking and is on a busline.		

11.3. How many parties commented on your plan at the hearing(s)? $\,0\,$

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

We did not receive any comments at the Public Hearing. One attendee came to listen and did not want to give testimony.

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

There was no testimony given at the public hearing. There were no comments throughout the public participation process. No changes were made to the LIHEAP FFY 2026 Model Plan as a result.

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

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

We did not make any changes to policy and/or procedural as a result of a fair hearing.

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

Households determined ineligible are notified by letter by the Community Action Agency (subrecipient) where they applied. In the denial letter, they are given the reason their household is ineligible and information explaining the Appeals process, including a form to appeal. To request an appeal hearing, the applicant must submit the form within fifteen business days of the receipt of a denial letter.

In addition, after it is determined that the applicant is to be denied the subrecipient checks their eligibility for another heating assistance program (Good Neighbor Energy Fund) and notifies them if they are eligbile.

If a denied applicant wishes to appeal, the applicant is offered a hearing with an impartial representative of the subrecipient. The applicant is allowed to bring representation and/or present oral or written evidence. The applicant has the right to review the case file. The subrecipient will communicate its decision regarding the appeal within five business days of the appeal hearing. If the applicant is not satisfied with the outcome of the appeal, the applicant has the right to a second Appeal with the Rhode Island Department of Human Services.

12.5 When and how are applicants informed of these rights?

If a household is denied, they receive a denial letter from the subrecipient where they applied. They are told the reason for their denial and provided detailed information about how to appeal along with an appeal form. If after the first appeal, the applicant is not satisfied with the outcome, they can request a second appeal with the Department of Human Services. They are sent this form with the denial letter. The form explains how to appeal.

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

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

Households are offered help addressing their need for energy assistance. Participants must have received a LIHEAP grant to participate. Through casework and coaching, households are guided on ways to reduce their energy usage and improve their financial stability.

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

Assurance 16 funds are earmarked in the Community Action Agency contracts so that no more than 5% is allocated. The amount is obligated in the subrecipients contracts and the subrecipients submit a monthly A-16 invoice for program expenses. RI plans to obligate 2% or less in FFY 2026.

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

Participants have appliance and weatherization audits. A caseworker assists them with energy saving and household budget strategies. Resume writing/applying for jobs, career planning, and information about free or affordable training programs are provided to all household members.

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

Direct benefits for participating households in FFY 2025, included weatherization audits of their homes. All participating households are LIHEAP clients so they receive the LIHEAP primary heating grant and can be eligible for heating crisis grants. Households receive a \$60 gift card to a home improvement or grocery store upon completion of each tier (energy savings, financial education, and workforce are the three tiers).

13.5 How many households received these services? 170

Section 14 - Leveraging Incentive Program ,2607A

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 14:Leveraging Incentive Program, 2607(A)

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

Section 15 - Training

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

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

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:
Grantee staff are encouraged to participate in relevant trainings, conferences, and workgroups.
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:
One on one training to subrecipient LIHEAP managers is given as needed, particularly with new managers. We conduct ten meetings with subrecipient LIHEAP managers to review policies and procedures. Some of these trainings and monthly meetings are held in person and some are held virtually. Subrecipients are encouraged to send LIHEAP staff to conferences covering topics relevant to LIHEAP.
c. Vendors
Formal training conference
How often?
Annually
Biannually
As needed
Other, describe:

Policies communicated through vendor agreements
Policies are outlined in a vendor manual
Other, describe:
Deliverable fuel vendors are required to attend a training meeting prior to the new season starting as a condition of being a LIHEAP vendor. There are multiple opportunities for the vendors to attend a meeting which are held in person and virtually.
15.2 Does your training program address fraud reporting and prevention? Yes No

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Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

Timeframes and plans for meeting the Performance Goals and Measures requirements in the coming federal fiscal year.

Benefit Targeting and Burden Reduction Targeting

- 1. October December 2025
- a) Utility heating data collection for FFY 2025.
- b) Utility non heating data collection FFY 2025.
- c) Deliverable fuel heating FFY 2025.

January 2026

a) Compile the data from these spreadsheets returned to determine the energy burden for the households--broken down further into the highest energy burden households.

January 2026

- a) Run reports using LIHEAP software to determine the number of utility crisis grants (restoration of home energy) and deliverable crisis grants (prevention of home energy) during the specified FFY.
- b) Run reports using LIHEAP/Weatherization software showing the number of repaired and replaced inoperable heating equipment (restoration of home energy) and operable heating equipment (prevention of home energy).

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

	5	Section 17: Program	In	tegrity, 2605(b)(10)		
17.1 Fraud Reporting Mechanisms	3					
a. Describe all mechanisms availab	le to	the public for reporting cases of	susp	pected waste, fraud, and abuse. S	elect	all that apply.
Online Fraud Reportin	g					
✓ Dedicated Fraud Repor	rting	Hotline				
Report directly to local	ager	cy/district office or Grant recipi	ient o	office		
Report to State Inspect	or G	eneral or Attorney General				
Forms and procedures	in pl	ace for local agencies/district off	ices a	and vendors to report fraud, was	te, aı	nd abuse
Other - Describe:						
b. Describe strategies in place for a	ıdver	tising the above-referenced reso	urce	s. Select all that apply		
Printed outreach mater	ials					
Posted in local adminis	terin	g agencies offices.				
Addressed on LIHEAP	appl	lication				
Website						
Other - Describe:						
Reporting Fraud state	ment	is on:				
All benefit confirmati	on le	tters that are sent to clients upon b	eing	certified for a grant.		
DHS website; Report	Frau	d RI Department of Human Servi	ces			
Ways to report fraud	are po	osted on the subrecipients' website	s and	or in their intake offices.		
Ways to report fraud	is cov	vered at our annual vendor meeting	g and	distributed as part of the meeting i	mater	ials.
17.2. Identification Documentation	Req	uirements				
a. Indicate which of the following f	orms	s of identification are required o	r req	uested to be collected from LIHI	EAP :	applicants or their household
members.						
Type of Identification Collected			u-	Collected from Whom?		
Type of identification concered		Applicant Only		All Adults in Household		All Household Members
Social Security Card is		Required		Required		Required
photocopied and retained						
	Š	Requested	>	Requested	>	Requested
	>		>		~	
Social Society Number (Without		Required		Required	. 4	Required
Social Security Number (Without actual Card)	•		>		>	
		Requested		Requested		Requested
Government-issued identification	>	Required		Required		Required

care										
	driver's license, state ID, pal ID, passport, etc.)		Requested			Requested			Requested	
		A			>			>		
						All Adults in	All Adults in	1	All Household	All Household
	Other		Applicant Only Required	Applicant On Requested	ly	Household Required	Household Requested		Members Required	Members Requested
1										
17.	3. Citizenship/Legal Residency	Veri	fication							
	at are your procedures for ensefits? Select all that apply.	urin	g LIHEAP recipie	nts are U.S. cit	izens	s or qualified no	on-citizens who	are e	ligible to receive	LIHEAP
S	Clients sign an attestation	of c	itizenship or U.S. (Citizen or Qua	lified	l Non-Citizen				
	Client's submission of cer	tain	Social Security Ad	ministration c	ards	is accepted as pr	oof of U.S. Citiz	zen o	r Qualified Non-	-Citizen.
- 5	Non-Citizens must provid	le do	cumentation of im	migration statı	ıs					
	Citizens must provide a c	ору с	of their birth certif	icate, naturali	zatio	n papers, or pass	sport			
	Non-Citizens are verified	thro	ugh the SAVE syst	em						
	Tribal members are verif	ied tl	hrough Tribal enro	ollment record	s/Tr	ibal ID card				
	Other - Describe:									
	Applicants attest that	every	ything on their appli	cation is true a	nd ac	curate. This inclu	des the social sec	curity	numbers they pr	ovide.
	Applicants must provinumbers. Proof may be a copon it.									
	For each Household M	Meml	per besides the Appl	icant, provide o	one o	of the following do	ocuments:			
	- Official Birth Certif	icate								
	- United States Passpo	ort								
	- A driver's license									
	- Any official docume	ent fr	om a government ag	gency						
	- State identification of	card								
	- Certificate of U.S. C	itize	nship							
	- U.S. Military photo	ident	ification							
	- Certificate of Natura	alizat	ion							
	- Other immigration d	locun	nentation							
17.	1. Income Verification									
—	at methods does your agency u	ıtiliz	e to verify househo	ld income? Sel	ect a	all that apply.				
_	Require documentation of	inco	me for all adult ho	usehold memb	ers					
	Pay stubs									
_	Social Security awa	rd le	tters							
_	✓ Bank statements									
L	✓ Tax statements									
L	Zero-income statem	ents								
L	Unemployment Inst	ıran	ce letters							
	Other - Describe:									
	If a household member phone number, as well as the							form	n stating their nam	ne, address,
	Computer data matches:									
	Income information	mat	ched against state	computer syst	em (e.g., SNAP, TAN	F)			
	Proof of unemployn	nent	benefits verified w	ith state Depar	tme	nt of Labor				
	Social Security inco	me v	erified with SSA							
	Utilize state director	ry of	new hires							

✓ Other - Describe:
Currently, we do not have electronic data match capability but in FFY 2026, we plan to do a pilot process where the subrecipients will upload their applicant files to one of the verification data systems that RI DHS uses in their eligibility system. This pilot was planned for FFY
2025 but was delayed.
b. Describe any exceptions to the above policies.
17.5 Identification Verification
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
Verify SSNs with Social Security Administration
Match SSNs with death records from Social Security Administration or state agency
Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
Match with state Department of Labor system
Match with state and/or federal corrections system
Match with state child support system
Verification using private software (e.g., The Work Number)
In-person certification by staff (for tribal Grant recipients only)
Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
✓ Other - Describe:
Currently, we do not have an electronic identification verification process but in FFY 2026, we plan to do a pilot process where the
subrecipients will upload their applicant files to one of the verification data systems that RI DHS uses in their eligibility system. This pilot was planned for FFY 2025 but was delayed.
17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
Policy in place prohibiting release of information without written consent
Policy in place prohibiting release of information without written consent
Grant recipient LIHEAP database includes privacy/confidentiality safeguards
Totally in place promoting receive or information without content
Grant recipient LIHEAP database includes privacy/confidentiality safeguards
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for:
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees
✓ Grant recipient LIHEAP database includes privacy/confidentiality safeguards ✓ Employee training on confidentiality for: ✓ Grant recipient employees ✓ Local agencies/district offices
✓ Grant recipient LIHEAP database includes privacy/confidentiality safeguards ✓ Employee training on confidentiality for: ✓ Grant recipient employees ✓ Local agencies/district offices ✓ Employees must sign confidentiality agreement
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees
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□ Grant recipient LIHEAP database includes privacy/confidentiality safeguards □ Employee training on confidentiality for: □ Grant recipient employees □ Local agencies/district offices □ Employees must sign confidentiality agreement □ Grant recipient employees □ Local agencies/district offices □ Local agencies/district offices □ Physical files are stored in a secure location
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees Local agencies/district offices Physical files are stored in a secure location Electronic files are protected in a secure location. Other - Describe:
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees Local agencies/district offices Physical files are stored in a secure location Electronic files are protected in a secure location. Other - Describe:
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees Local agencies/district offices Physical files are stored in a secure location Electronic files are protected in a secure location. Other - Describe: 17.7. Verifying the Authenticity What policies are in place for verifying vendor authenticity? Select all that apply.
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees Local agencies/district offices Physical files are stored in a secure location Electronic files are protected in a secure location. Other - Describe: 17.7. Verifying the Authenticity What policies are in place for verifying vendor authenticity? Select all that apply. All vendors must register with the State/Tribe.
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees Local agencies/district offices Physical files are stored in a secure location Electronic files are protected in a secure location. Other - Describe: 17.7. Verifying the Authenticity What policies are in place for verifying vendor authenticity? Select all that apply. All vendors must register with the State/Tribe. All vendors must supply a valid SSN or TIN/W-9 form
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees Local agencies/district offices Physical files are stored in a secure location Physical files are protected in a secure location. Other - Describe: 17.7. Verifying the Authenticity What policies are in place for verifying vendor authenticity? Select all that apply. All vendors must register with the State/Tribe. All vendors must supply a valid SSN or TIN/W-9 form Vendors are verified through energy bills provided by the household
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees Local agencies/district offices Physical files are stored in a secure location Electronic files are protected in a secure location. Other - Describe: 17.7. Verifying the Authenticity What policies are in place for verifying vendor authenticity? Select all that apply. All vendors must register with the State/Tribe. All vendors must supply a valid SSN or TIN/W-9 form Vendors are verified through energy bills provided by the household Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
Grant recipient LHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees Local agencies/district offices Physical files are stored in a secure location Electronic files are protected in a secure location. Other - Describe: 17.7. Verifying the Authenticity What policies are in place for verifying vendor authenticity? Select all that apply. All vendors must register with the State/Tribe. All vendors must supply a valid SSN or TIN/W-9 form Vendors are verified through energy bills provided by the household Grant recipient and/or local agencies/district offices perform physical monitoring of vendors Other - Describe and note any exceptions to policies above:
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees Local agencies/district offices Physical files are stored in a secure location Electronic files are protected in a secure location. Other - Describe: 17.7. Verifying the Authenticity What policies are in place for verifying vendor authenticity? Select all that apply. All vendors must register with the State/Tribe. All vendors must supply a valid SSN or TIN/W-9 form Vendors are verified through energy bills provided by the household Grant recipient and/or local agencies/district offices perform physical monitoring of vendors Other - Describe and note any exceptions to policies above: Heating oil vendors are required to supply a copy of their Rhode Island Petroleum Dealer's License with their vendor agreement each year.
Grant recipient LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grant recipient employees Local agencies/district offices Employees must sign confidentiality agreement Grant recipient employees Local agencies/district offices Physical files are stored in a secure location Electronic files are protected in a secure location. Other - Describe: 17.7. Verifying the Authenticity What policies are in place for verifying vendor authenticity? Select all that apply. All vendors must register with the State/Tribe. All vendors must supply a valid SSN or TIN/W-9 form Vendors are verified through energy bills provided by the household Grant recipient and/or local agencies/district offices perform physical monitoring of vendors Heating oil vendors are required to supply a copy of their Rhode Island Petroleum Dealer's License with their vendor agreement each year. Propane and wood vendors are required to supply a copy of their resale certificate.

Applicants required to submit proof of physical residency
Applicants must submit current utility bill
Data exchange with utilities that verifies:
Account ownership
Consumption
Balances
Payment history
Account is properly credited with benefit
Other - Describe:
Intake staff has access to utility database to verify the name, residence, and account number of the applicant.
Centralized computer system/database tracks payments to all utilities
Centralized computer system automatically generates benefit level
Separation of duties between intake and payment approval
Payments coordinated among other energy assistance programs to avoid duplication of payments
Payments to utilities and invoices from utilities are reviewed for accuracy
Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
Direct payment to households are made in limited cases only
Procedures are in place to require prompt refunds from utilities in cases of account closure
Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
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 hulk fuel vendors? Select all that apply
and other bulk fuel vendors? Select all that apply. Vendors are checked against an approved vendors list
Vendors are checked against an approved vendors list
 ✓ Vendors are checked against an approved vendors list ✓ Centralized computer system/database is used to track payments to all vendors
✓ Vendors are checked against an approved vendors list ✓ Centralized computer system/database is used to track payments to all vendors ☐ Clients are relied on for reports of non-delivery or partial delivery
 ✓ Vendors are checked against an approved vendors list ✓ Centralized computer system/database is used to track payments to all vendors Clients are relied on for reports of non-delivery or partial delivery Two-party checks are issued naming client and vendor
✓ Vendors are checked against an approved vendors list ✓ Centralized computer system/database is used to track payments to all vendors ☐ Clients are relied on for reports of non-delivery or partial delivery ☐ Two-party checks are issued naming client and vendor ✓ Direct payment to households are made in limited cases only
Vendors are checked against an approved vendors list Centralized computer system/database is used to track payments to all vendors Clients are relied on for reports of non-delivery or partial delivery Two-party checks are issued naming client and vendor Direct payment to households are made in limited cases only Vendors are only paid once they provide a delivery receipt signed by the client
✓ Vendors are checked against an approved vendors list ✓ Centralized computer system/database is used to track payments to all vendors ☐ Clients are relied on for reports of non-delivery or partial delivery ☐ Two-party checks are issued naming client and vendor ✓ Direct payment to households are made in limited cases only ✓ Vendors are only paid once they provide a delivery receipt signed by the client ✓ Conduct monitoring of bulk fuel vendors
Vendors are checked against an approved vendors list Centralized computer system/database is used to track payments to all vendors Clients are relied on for reports of non-delivery or partial delivery Two-party checks are issued naming client and vendor Direct payment to households are made in limited cases only Vendors are only paid once they provide a delivery receipt signed by the client Conduct monitoring of bulk fuel vendors Bulk fuel vendors are required to submit reports to the grant recipient.
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✓ Vendors are checked against an approved vendors list ✓ Centralized computer system/database is used to track payments to all vendors Clients are relied on for reports of non-delivery or partial delivery Two-party checks are issued naming client and vendor ✓ Direct payment to households are made in limited cases only ✓ Vendors are only paid once they provide a delivery receipt signed by the client ✓ Conduct monitoring of bulk fuel vendors Bulk fuel vendors are required to submit reports to the grant recipient. ✓ Vendor agreements specify requirements selected above, and provide enforcement mechanism ✓ Other - Describe: Deliverable vendors must send subrecipients delivery tickets showing that the deliveries were made to the household. These tickets are input into the LIHEAP system and tracked so that any remaining balance is accounted for. Subrecipients send deliverable vendors Remaining Balance Reports. 17.10. Investigations and Prosecutions Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or
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✓ Vendors are checked against an approved vendors list ✓ Centralized computer system/database is used to track payments to all vendors ☐ Clients are relied on for reports of non-delivery or partial delivery ☐ Two-party checks are issued naming client and vendor ✓ Direct payment to households are made in limited cases only ☐ Vendors are only paid once they provide a delivery receipt signed by the client ✓ Conduct monitoring of bulk fuel vendors ☐ Bulk fuel vendors are required to submit reports to the grant recipient. ☐ Vendor agreements specify requirements selected above, and provide enforcement mechanism ✓ Other - Describe: ☐ Deliverable vendors must send subrecipients delivery tickets showing that the deliveries were made to the household. These tickets are input into the LIHEAP system and tracked so that any remaining balance is accounted for. Subrecipients send deliverable vendors Remaining Balance Reports. 17.10. Investigations and Prosecutions Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. ✓ Refer to state Inspector General ☐ Refer to local prosecutor or state Attorney General
✓ Vendors are checked against an approved vendors list ✓ Centralized computer system/database is used to track payments to all vendors Clients are relied on for reports of non-delivery or partial delivery Two-party checks are issued naming client and vendor ✓ Direct payment to households are made in limited cases only ✓ Vendors are only paid once they provide a delivery receipt signed by the client ✓ Conduct monitoring of bulk fuel vendors Bulk fuel vendors are required to submit reports to the grant recipient. ✓ Vendor agreements specify requirements selected above, and provide enforcement mechanism ✓ Other - Describe: Deliverable vendors must send subrecipients delivery tickets showing that the deliveries were made to the household. These tickets are input into the LHEAP system and tracked so that any remaining balance is accounted for. Subrecipients send deliverable vendors Remaining Balance Reports. 17.10. Investigations and Prosecutions Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. ✓ Refer to state Inspector General Refer to local prosecutor or state Attorney General Refer to US DHHS Inspector General (including referral to OIG hotline)

- 1. If subrecipient error results in overpayment of LIHEAP benefits, the subrecipient must recall of overpaid funds. If this results in a household receiving a shut off notice, the subrecipient must use its non-federal funds to repay the vendor the recalled amount, request repayment of excess funds from the household, assure the Household has continual access to heat.
- 2. If vendor error results in overpayment of LIHEAP benefits, subrecipient must recall the LIHEAP funds overpaid to or on behalf of the household.
- 3. If the household received a direct overpayment of LIHEAP benefits, written notification must be provided to the household which includes the following information (as needed): Request repayment of excess funds, clarify the household's rights and responsibilities, offer a meeting, and allow installment payments if needed.

If the household and subrecipient can agree on a reasonable timetable, include this in repayment request to the household. In all cases, if repayment by the household poses a hardship for the household, the subrecipient shall terminate recovery procedures when the household declares and describes the hardship in a written, signed and dated statement. The statement shall be retained in the household file.

- Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? Indefinitely, see notes in other
- Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
- Vendors found to have committed fraud may no longer participate in LIHEAP
- Other Describe:

If a LIHEAP client is found guilty of fraud and the payment of benefits has not exceeded \$1,000, if the client applies the following year, the award will be reduced by 50%. If there is a second instance of fraud, the Applicant will not be eligible for LIHEAP assistance.

Vendor agree in the annual vendor agreement that they understands that if the State of Rhode Island has reason to believe that the Vendor may have misrepresented, violated, or attempted to violate any part of this Agreement, the Vendor is subject to having their participation as a supplier in the energy assistance program immediately suspended. Suspected violations of Rhode Island law shall be investigated, and if appropriate, prosecuted. Vendors found in violation shall be barred from participation in the energy assistance program for five years.

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

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

Instructions for Certification

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

Department of Human Services * Address Line 1		
25 Howard Ave. Address Line 2		
Building 57 Address Line 3		
Cranston * City	RI * State	02920 * Zip Code

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

Alternate II. (Grant recipients Who Are Individuals)

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

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

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

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

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

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

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

(8) provide assurances that,

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

(9) provide that--

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

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

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

Plan Attachments

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