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

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

**Grantee Name: STATE OF WISCONSIN DEPT OF ADMIN** 

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

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

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

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

Expiration Date: 02/28/2027

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

| * 1.a. Type of Submission:  Plan        |                                    | * 1.b. Frequency:  Annual   | 2. Date 3. Appl 4a. Uni EQL7F             | Plan/Funding Request? Explanation:  2. Date Received: 3. Applicant Identifier: 4a. Unique Entity Identifier (UEI) EQL7FFLJRC99 |                          | * 1.d. Version:  © Initial  C Resubmission  C Revision  Update  State Use Only:  5. Date Received By State:  6. State Application Identifier: |
|---|------------------------------------|---|---|--|--------------------------|---|
| 7. APPLICANT INI * a. Legal Name: S     |                                    | of Administration   |   |  |                          |   |
| * b. Address:                           |                                    |   |   |  |                          |   |
| * Street 1:                             | 101 E WILS                         | ON 10TH FLOOR   | Stre                                      | et 2:  |                          |   |
| * City:                                 | MADISON                            |   | Cou                                       | nty:   |                          |   |
| * State:                                | WI                                 |   | Prov                                      | vince:   |                          |   |
| * Country:                              | United States                      |   | * Zi<br>Code:                             | p / Postal   | 53703 - 8944             |   |
| c. Organizationa                        | l Unit:                            |   |   |  |                          |   |
| Department Nan                          | ne:                                |   | Division Name:                            |  |                          |   |
| d. Name and contac<br>Awards and on the | t information of<br>U.S. Departmen | person to be contacted on matters in<br>t of Health and Human Services' LII | nvolving<br>HEAP co                       | this applicatio<br>ntact list webp   | n: (person will<br>page) | be listed on Notice of Funding  |
| * First Name:<br>Jennifer               |                                    |   | * Last Name:<br>Heaton-Amrhein            |  |                          |   |
| Title:<br>WHEAP Section C               | hief                               |   | Organizational Affiliation:               |  |                          |   |
| * Telephone Number 608-261-6535         | er:                                |   | Fax Number                                |  |                          |   |
| * Email:<br>jennifer.heatonamrh         | nein@wisconsin.                    | gov   |   |  |                          |   |
| * 8. TYPE OF APP<br>A: State Government |                                    |   |   |  |                          |   |
| * a. Is the applica                     | nt a Tribal Con                    | sortium: O Yes O No   |   |  |                          |   |
| * b. If yes please                      | attach at least oi                 | ne the following documentation:   |   |  |                          |   |
|   |                                    | Catalog of Federal Dome:<br>Assistance Number:                              | stic                                      | CFDA Title:  |                          |   |
| 9. CFDA Numbers an                      | d Titles                           | 93.568  | Low-Income Home Energy Assistance Program |  |                          |   |
| 10. DESCRIPTIVE<br>Low Income Energy    |                                    | PLICANT'S PROJECT:<br>gram  |   |  |                          |   |
| 11. AREAS AFFEC<br>State of WI - Status |                                    | ING:  |   |  |                          |   |
| 12. CONGRESSION<br>02 - Statewide       | NAL DISTRICT                       | S OF APPLICANT:   |   |  |                          |   |
| 13. FUNDING PER                         | IOD:                               |   |   |  |                          |   |
| a. Start Date:<br>10/01/2025            |                                    |   | <b>b. End Date:</b> 09/30/2026            |  |                          |   |
| * 14. IS SUBMISSION                     | ON SUBJECT T                       | O REVIEW BY STATE UNDER EX  | XECUTI                                    | VE ORDER 1   | 2372 PROCES              | SS?   |
| a. This submissio                       | n was made ava                     | ilable 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) Jennifer Heaton-Amrhein 17d. Email Address jennifer.heatonamrhein@wisconsin.gov 17b. Signature of Authorized Certifying Official 17e. Date Report Submitted (Month, Day, Year) 08/22/2025 sign

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

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

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

|          | Section 1 Program Components   |                  |                   |  |  |  |
|----------|--|------------------|-------------------|--|--|--|
| Pro      | ogram Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)   |                  |                   |  |  |  |
| (Not     | Check which components you will operate under the LIHEAP program.<br>te: You must provide information for each component designated here as requested elsewhere in<br>s plan.) |                  | Operation         |  |  |  |
|          |  | Start Date       | End Date          |  |  |  |
| <b>'</b> | Heating assistance   | 10/01/2025       | 05/15/2026        |  |  |  |
|          | Cooling assistance   |                  |                   |  |  |  |
|          | Summer crisis assistance   |                  |                   |  |  |  |
|          | Winter crisis assistance   |                  |                   |  |  |  |
| >        | Year-round crisis assistance   | 10/01/2025       | 05/15/2026        |  |  |  |
| >        | Weatherization assistance  | 07/01/2025       | 06/30/2026        |  |  |  |
| Pro      | ovide further explanation for the dates of operation, if necessary   |                  |                   |  |  |  |
|          |  |                  |                   |  |  |  |
| Esti     | imated 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   | 61.00%           | 61.00%            |  |  |  |
| С        | Cooling assistance   | 0.00%            | 0.00%             |  |  |  |
| Sı       | summer crisis assistance   | 0.00%            | 0.00%             |  |  |  |
| W        | Vinter crisis assistance   | 0.00%            | 0.00%             |  |  |  |
| Y        | ear-round crisis assistance  | 9.00%            | 9.00%             |  |  |  |
| W        | Veatherization assistance  | 15.00%           | 15.00%            |  |  |  |
| С        | Carryover to the following federal fiscal year   | 5.00%            |                   |  |  |  |
| A        | Administrative and planning costs  | 10.00%           | 10.00%            |  |  |  |
| -        | services to reduce home energy needs including needs assessment (Assurance 16)   | 0.00%            | 0.00%             |  |  |  |
| _        | Jsed to develop and implement leveraging activities  | 0.00%            | 0.00%             |  |  |  |
| TOT      | ?AL  | 100.00%          | 100.00%           |  |  |  |

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

|  |  | istance Funds, 2605(c)(1)(   |  |  |  |  |
|--|--|--|--|--|--|--|
| 1.3 T  | he funds reserved for  | winter crisis assistance th  | at have not been ex  | pended by March 15 wi  |  |  |
|  |  | Heating assistance   |  |  | Cooling assistan   | ce   |
|  |  | Weatherization assistan  | nce  | >  | Other (specify:)<br>Assistance.  | Continue to use for Crisis   |
| Cate   | gorical Eligibility, 2605  | 5(b)(2)(A) - Assurance 2, 2  | 2605(c)(1)(A), 2605  | (b)(8A) - Assurance 8  |  |  |
|  |  |  |  |  | at least one of the follo  | owing categories of benefits   |
|  | e left column below? 🤇   |  |  |  |  |  |
| If yo  | u answered "Yes" to q  | uestion 1.4, you must con  | nplete the table belo  | w and answer question  | s 1.5 and 1.6.   |  |
|  |  |  | Heating  | Cooling  | Crisis   | Weatherization   |
| TANI   | र  |  | <b>⊙</b> Yes <b>○</b> No   | C Yes O No   | • Yes O No   | ⊙ Yes O No   |
| SSI  |  |  | ⊙ Yes ○ No   | O Yes O No   | ⊙ Yes O No   | • Yes O No   |
| SNAF   | •  |  | ⊙ Yes ○ No   | C Yes O No   | • Yes O No   | ⊙ Yes O No   |
| Mean   | s-tested Veterans Progra   | ms   | O Yes O No   | O Yes O No   | O Yes O No   | C Yes O No   |
| need   | to receive the benefits<br>ication process.  Categorical el<br>determined as categorical   | tion of categorical eligibil<br>or just one member, is th<br>igibility status allows a hou<br>rically eligible, every house<br>rior to the date of application | usehold to pass the in   | e in place?) and how cat<br>accome test if they are abo<br>be a recipient of W-2/TA  | ve the 60% SMI level. I<br>NF, FoodShare, or Supp  | For a household to be plemental Security Income  |
| 1.5 D  | o you automatically er   | aroll households without a   | a direct annual app  | lication? © Yes O No   | ı  |  |
| If Ye  | es, explain:   |  |  |  |  |  |
|  | with automated WHE (COLA) when determ notification letter whi  low do you ensure ther n determining eligibility  All household there is a household n Security Income (SSI | y and benefit amounts?  Is at or below 60% of the st member who receives categ   | required to submit a or Veterans Benefits grights.  reatment of categor ate median income a orical assistance or I (SNAP) in the previous properties of the previous statement | new application. The Difor the upcoming progra<br>rically eligible household are eligible for benefits cannot. Households entirely ones month from the date of | vision applies the Cost of myear. Each applicant ls from those not receivable like the same man composed of persons recoft application are deeme | of Living Adjustment is provided with a  ving other public assistance  nner, regardless of whether seiving Supplemental d to be income eligible, i.e., |
| SNA  | P Nominal Payments   |  |  |  |  |  |
|  |  | AP funds toward a nomin  | al navmant for SN  | A D housaholds? Vos  | <b>©</b> No  |  |
|  |  | uestion 1.7a, you must pr  |  |  |  |  |
| Ě  | Amount of Nominal A  | , , ,  | ovide a response to  | questions 1176, 117c, un   | u 117u   |  |
| _  | Frequency of Assistance  | •  |  |  |  |  |
|  | Once Per Year  |  |  |  |  |  |
| Ľ  |  |  |  |  |  |  |
|  | Once every five years  | 3  |  |  |  |  |
|  | Other - Describe:  |  |  |  |  |  |
| 1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need? |  |  |  |  |  |  |
| _  |  |  |  |  |  | ,  |
| Dete   | rmination of Eligibility   | y - Countable Income   |  |  |  |  |
| 1.8. I   | n determining a house  | hold's income eligibility f  | or LIHEAP, do you  | ı use gross income or ne   | t income?  |  |
| >  | Gross Income   | Ü ,  | , ,  | -  |  |  |
|  | Net Income   |  |  |  |  |  |
|  | Other - Describe   |  |  |  |  |  |
|  |  |  |  |  |  |  |

| 1.9. S      | elect all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP |
|-------------|--|
| >           | Wages  |
| >           | Self - Employment Income   |
| <b>&gt;</b> | 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  |
| <b>&gt;</b> | Income from employment through Workforce Investment Act (WIA)  |
| >           | Income from work study programs  |
| >           | Alimony  |
| <b>&gt;</b> | Child support  |
| <b>&gt;</b> | Interest, dividends, or royalties  |
| <b>&gt;</b> | Commissions  |
|             | Legal settlements  |
|             | Insurance payments made directly to the insured  |
|             | Insurance payments made specifically for the repayment of a bill, debt, or estimate                              |
| <b>&gt;</b> | 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)  |
| <b>&gt;</b> | A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.  |
| <b>&gt;</b> | A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.                          |
|             | One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.        |
| >           | Online application that is also mobile friendly   |
|             | Other, please describe  |
| Pleas       | e include a link(s) to a statewide application, if available:   |
|             | https://energybenefit.wi.gov/OnlineApps   |
| 1.10b       | Can all program components be applied for online?   |
| If no       | explain which components can and cannot be applied for online.  |
| 1.11        | Do you have a process for conducting and completing applications by phone 💽 Yes 🔘 No  |
| 1.12        | Do you or any of your subrecipients require in person appointments in order to apply C Yes O No   |
| If yes      | s, please provide more information regarding why in-person appointments are required and in what circumstances they are required.                               |
| 1.13        | How can applicants submit documentation for verification? Select all that apply:  |
| >           | In-person   |
| <b>&gt;</b> | Mail  |
| <b>&gt;</b> | Email   |
| <b>&gt;</b> | Portal application  |
|             |   |
| >           | Other, please describe  |

### Hidden for Section 1

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

Expiration Date: 02/28/2027

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

|  | Sec  | tion 2 - I      | Heating Assistance              |  |                       |
|--|--|-----------------|---------------------------------|--|-----------------------|
| Eligibility, 2605(   | b)(2) - Assurance 2  |                 |                                 |  |                       |
| 2.1 Designate the  | e income eligibility threshold used for                                      | the heating co  | omponent:                       |  |                       |
| Add  | Household size   |                 | Eligibility Guideline           |  | Eligibility Threshold |
| 1  | All Household Sizes  |                 | State Median Income             |  | 60.00%                |
| 2.2 Do you have<br>Heating Assistan  | additional eligibility requirements for<br>ace?                              | C Yes           | <b>⊙</b> No                     |  |                       |
| 2.3 Check the ap   | propriate boxes below and describe t   | he policies for | each.                           |  |                       |
| Do you require a   | nn Assets test?  | C Yes           | <b>⊙</b> No                     |  |                       |
| If yes, describe:  | If yes, describe: Do you have additional/differing eligibility policies for: |                 |                                 |  |                       |
| Renters?   |  | C Yes           | € No                            |  |                       |
| If yes, describe:  |  |                 |                                 |  |                       |
| Renters Li   | ving in subsidized housing?  | C Yes           | € No                            |  |                       |
| If yes, describe:  |  |                 |                                 |  |                       |
| Renters wi   | th utilities included in the rent?   | Yes             | C No                            |  |                       |
| If yes, describe:  Renters with Utilities Included in the Rent, please see section 4.4.16  Landlord and/or management company contact information is essential to Weatherization referrals. For all rental situations, agencies shall enter, in the system, the landlord or management company contact information.  Workers shall not allow an application to deny if the customer does not provide landlord information within 30 days of the application date. Applications may need to be reinstated if denied incorrectly for not providing landlord information.  Customers are required to provide verification for the following payment methods and the means of verification must be indicated in Home Energy Plus (HE+) System Notes:  • Rental payment includes energy in the monthly rent.  • Separate payment is made to the landlord, mobile home park owner.  • Do not pay |  |                 |                                 |  |                       |
|  | hat verification in notes.   |                 |                                 |  |                       |
|  | rity in eligibility to:  | -               | 0                               |  |                       |
|  | lts (60 years or older)?   | <b>⊙</b> Yes    | ∪ No                            |  |                       |
| section. 9.  | iority in eligibility to elderly, disabled a<br>2.3<br>atreach               | nd households   | with young children, please see |  |                       |

- 1) Agencies are required to provide outreach services to maximize participation of eligible persons for WHEAP benefits. Outreach activities must target households with disabled persons, elderly persons, children under six years old, and persons working at low-wage jobs (working poor). The "outreach indicator" is a question on the paper and system application. See Section 3.4.4 for more information about the outreach indicator.
- 2) Agencies are required to prominently display the Home Energy Plus Weatherization/WHEAP Co-Branding Poster in the agency's main waiting area for WHEAP intake if in-person intake is available. WHEAP agencies are encouraged to also consider displaying the poster in intake workers' offices, outreach locations, and other appropriate areas. Agencies may choose to develop and display their own WHEAP posters provided they contact the HE+ logo and the county/tribe specific Co-Branding logo.
- 3) Agencies are encouraged to play the Home Energy Plus Weatherization/WHEAP video(s)\* in agencies' main customer service waiting areas. Agencies shall make the Home Energy Plus video(s) accessible via electronic media such as Facebook, Twitter and/or the agency website, if feasible.
- 4) Agencies shall reference and provide the Online Application link (energybenefit.wi. gov) via electronic media such as Facebook, Twitter, and/or the agency website, if feasible.
- 5) Agencies are required to ensure that persons with limited English proficiency (LEP) have meaningful and equal access to benefits and services. The agency is required to provide spoken interpretation in addition to translated written publications as some individuals may not read English or other language. The agency must have a mechanism to communicate orally with people with LEP. Providing the Spanish version of the Home Energy Plus (HE+) Application is not fulfilling this policy requirement. If the applicant requires spoken communication and/or explanation in addition to the translated application, agencies shall ensure verbal interpretation is available
- 6) Agencies are required to provide services to the disabled and impaired, including but not limited to assisting applicants with the completion of the application form, translation of material, interpretation services for deaf, and reading services for blind.
- 7) Agencies must establish HE+ application methods that are accessible to targeted households and process submitted Online Applications within a reasonable time.
- 8) Agencies must comply with Federal Law and provide an alternate intake method separate from a site which administers W-2/TANF. All agencies are compliant due to the implementation of Online Applications.
- 9) Agencies must provide assistance with the preparation and submittal of applications by persons who are homebound.
- $10)\,$   $\,$  Agencies must arrange an early application period for persons in targeted groups and high-risk households.
- 11) Agencies are required to complete a Program Operations and Community Service Plan (POCS) Plan. The Division provided template is available on the HE+ Training & Technical Assistance website under WHEAP>Forms. Each agency is required to review their current Plan and update the date reviewed section on the Plan before the start of each program year. The goal of this plan is to provide agencies with a means to describe how the agency will conduct outreach, how they will identify and enroll eligible households in their communities and explain how the agency will reach targeted households. The POCS Plan should indicate what other community resources/ stakeholders play a role in this outreach effort and identify key stakeholders that the agency coordinates efforts/referrals with. In addition, the list should indicate the local agency's contact person and the resource services provided. The plan must be made available to the Division upon request.
- 12) Agencies may establish interagency agreements with other low-income program offices to perform some of the outreach activities to targeted groups.

\*The Home Energy Plus videos are on the Home Energy Plus Training and Technical Website (HE+ TTA) under Administration > HE+ Videos.

Individuals with a disability?

€ Yes C No

### If yes, describe:

Priority in eligibility to elderly, disabled and households with young children, please see section. 9.2.3

### Outreach

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- 9) Agencies must provide assistance with the preparation and submittal of applications by persons who are homebound.
- $10)\,$   $\,$  Agencies must arrange an early application period for persons in targeted groups and high-risk households.
- 11) Agencies are required to complete a Program Operations and Community Service Plan (POCS) Plan. The Division provided template is available on the HE+ Training & Technical Assistance website under WHEAP>Forms. Each agency is required to review their current Plan and update the date reviewed section on the Plan before the start of each program year. The goal of this plan is to provide agencies with a means to describe how the agency will conduct outreach, how they will identify and enroll eligible households in their communities and explain how the agency will reach targeted households. The POCS Plan should indicate what other community resources/ stakeholders play a role in this outreach effort and identify key stakeholders that the agency coordinates efforts/referrals with. In addition, the list should indicate the local agency's contact person and the resource services provided. The plan must be made available to the Division upon request.
- 12) Agencies may establish interagency agreements with other low-income program offices to perform some of the outreach activities to targeted groups.

\*The Home Energy Plus videos are on the Home Energy Plus Training and Technical Website (HE+ TTA) under Administration > HE+ Videos.

Young children?

### If yes, describe:

Priority in eligibility to elderly, disabled and households with young children, please see section. 9.2.3

### Outreach

- 1) Agencies are required to provide outreach services to maximize participation of eligible persons for WHEAP benefits. Outreach activities must target households with disabled persons, elderly persons, children under six years old, and persons working at low-wage jobs (working poor). The "outreach indicator" is a question on the paper and system application. See Section 3.4.4 for more information about the outreach indicator.
- 2) Agencies are required to prominently display the Home Energy Plus Weatherization/WHEAP Co-Branding Poster in the agency's main waiting area for WHEAP intake if in-person intake is available. WHEAP agencies are encouraged to also consider displaying the poster in intake workers' offices, outreach locations, and other appropriate areas. Agencies may choose to develop and display their own WHEAP posters provided they contact the HE+ logo and the county/tribe specific Co-Branding logo.
- 3) Agencies are encouraged to play the Home Energy Plus Weatherization/WHEAP video(s)\* in agencies' main customer service waiting areas. Agencies shall make the Home Energy Plus video(s) accessible via electronic media such as Facebook, Twitter and/or the agency website, if feasible.
- 4) Agencies shall reference and provide the Online Application link (energybenefit.wi. gov) via electronic media such as Facebook, Twitter, and/or the agency website, if feasible.
- 5) Agencies are required to ensure that persons with limited English proficiency (LEP) have meaningful and equal access to benefits and services. The agency is required to provide spoken interpretation in addition to translated written publications as some individuals may not read English or other language. The agency must have a mechanism to communicate orally with people with LEP. Providing the Spanish version of the Home Energy Plus (HE+) Application is not fulfilling this policy requirement. If the applicant requires spoken communication and/or explanation in addition to the translated application, agencies shall ensure verbal interpretation is

available.

- 6) Agencies are required to provide services to the disabled and impaired, including but not limited to assisting applicants with the completion of the application form, translation of material, interpretation services for deaf, and reading services for blind.
- 7) Agencies must establish HE+ application methods that are accessible to targeted households and process submitted Online Applications within a reasonable time.
- 8) Agencies must comply with Federal Law and provide an alternate intake method separate from a site which administers W-2/TANF. All agencies are compliant due to the implementation of Online Applications.
- 9) Agencies must provide assistance with the preparation and submittal of applications by persons who are homebound.
- $10)\,$   $\,$  Agencies must arrange an early application period for persons in targeted groups and high-risk households.
- 11) Agencies are required to complete a Program Operations and Community Service Plan (POCS) Plan. The Division provided template is available on the HE+ Training & Technical Assistance website under WHEAP>Forms. Each agency is required to review their current Plan and update the date reviewed section on the Plan before the start of each program year. The goal of this plan is to provide agencies with a means to describe how the agency will conduct outreach, how they will identify and enroll eligible households in their communities and explain how the agency will reach targeted households. The POCS Plan should indicate what other community resources/ stakeholders play a role in this outreach effort and identify key stakeholders that the agency coordinates efforts/referrals with. In addition, the list should indicate the local agency's contact person and the resource services provided. The plan must be made available to the Division upon request.
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\*The Home Energy Plus videos are on the Home Energy Plus Training and Technical Website (HE+ TTA) under Administration > HE+ Videos.

| Households with high energy burdens?                          | • Yes O No                                    |  |
|---|---|--|
| If yes, describe:   |   |  |
| The benefit formula is weighted to award a hig energy burden. | ther benefit to those househoolds with a high |  |
| Other?  | C Yes O No                                    |  |
| If ves describe:  |   |  |

### Explanations of policies for each "yes" checked above:

Priority in eligibility to elderly, disabled and households with young children, please see section. 9.2.3

### Outreach

- 1) Agencies are required to provide outreach services to maximize participation of eligible persons for WHEAP benefits. Outreach activities must target households with disabled persons, elderly persons, children under six years old, and persons working at low-wage jobs (working poor). The "outreach indicator" is a question on the paper and system application. See Section 3.4.4 for more information about the outreach indicator.
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- 7) Agencies must establish HE+ application methods that are accessible to targeted households and process submitted Online Applications within a reasonable time.
- 8) Agencies must comply with Federal Law and provide an alternate intake method separate from a site which administers W-2/TANF. All agencies are compliant due to the implementation of Online Applications.
  - 9) Agencies must provide assistance with the preparation and submittal of applications by persons who are homebound.
  - 10) Agencies must arrange an early application period for persons in targeted groups and high-risk households.

- 11) Agencies are required to complete a Program Operations and Community Service Plan (POCS) Plan. The Division provided template is available on the HE+ Training & Technical Assistance website under WHEAP>Forms. Each agency is required to review their current Plan and update the date reviewed section on the Plan before the start of each program year. The goal of this plan is to provide agencies with a means to describe how the agency will conduct outreach, how they will identify and enroll eligible households in their communities and explain how the agency will reach targeted households. The POCS Plan should indicate what other community resources/stakeholders play a role in this outreach effort and identify key stakeholders that the agency coordinates efforts/referrals with. In addition, the list should indicate the local agency's contact person and the resource services provided. The plan must be made available to the Division upon request.
- 12) Agencies may establish interagency agreements with other low-income program offices to perform some of the outreach activities to targeted groups.

\*The Home Energy Plus videos are on the Home Energy Plus Training and Technical Website (HE+ TTA) under Administration > HE+ Videos.

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

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

There is no differentiation in the formula for calculating benefits however, funds are allocated specifically to allow for outreach to vulnerable households including those with elderly, disabled or young children as residents. These households are encouraged and assisted to apply for LIHEAP benefits.

The benefit formula for the State of Wisconsin provides a 4:1 ratio for households with high energy burdens. Households with the highest energy burden and the lowest income receive the highest benefit. The State of Wisconsin rounds down the median income guidelines for determining income eligibility.

In addition, there is an early application period targeted to households with fixed income (Social Security Benefits, Pensions, dividends/interest income and/or Veteran's Benefits) which allows them to apply in the summer months for the following Federal Fiscal Year.

| 2.5 Check the variables you use to determine                                   | your benefit levels. (Check a | all that apply):  |                                |
|--|-------------------------------|---|--------------------------------|
| <b>✓</b> Income  |                               |   |                                |
| Family (household) size  |                               |   |                                |
| <b>✓</b> Home energy cost or need:   |                               |   |                                |
| <b>✓</b> Fuel type   |                               |   |                                |
| Climate/region   |                               |   |                                |
| ☑ Individual bill  |                               |   |                                |
| <b>✓</b> Dwelling type   |                               |   |                                |
| Energy burden (% of income spe   | nt on home energy)            |   |                                |
| Energy need  |                               |   |                                |
| Other - Describe:  |                               |   |                                |
|  |                               |   | ·                              |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605                                 | (c)(1)(B)                     |   |                                |
| 2.6 Describe estimated benefit levels for the fis shown in the payment matrix. | scal year for which this plan | applies. Please note: the maximum and min                         | imum benefits must be          |
| Minimum Benefit  | \$30                          | Maximum Benefit   | \$2,147                        |
| 2.7 Do you provide in-kind (e.g., blankets, spa                                | ce heaters) and/or other for  | ms of benefits?2 • Yes O No                                       |                                |
| If yes, describe.  |                               |   |                                |
| Wisconsin Home Energy Assistar<br>stripping, LED's, etc. LIHEAP funds are      |                               | cies can provide additional services such as bla<br>nal services. | unkets, space heaters, weather |
|  |                               |   |                                |

### **Section 3 - COOLING ASSISTANCE**

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

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

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

| Section 3 - Cooling Assistance |   |              |                                       |                               |        |
|--------------------------------|---|--------------|---------------------------------------|-------------------------------|--------|
| Eligibility, 2605(             | c)(1)(A), 2605 (b)(2) - Assurance 2         |              |                                       |                               |        |
| 3.1 Designate Th               | e income eligibility threshold used for the | e Cooling c  | omponent:                             |                               |        |
| Add                            | Household size                              |              | Eligibility Guideline                 | Eligibility Thresho           | ld     |
| 1                              |   |              |                                       |                               | 0.00%  |
| 3.2 Do you have a              | additional eligibility requirements for ce? | C Yes        | Ō No                                  |                               |        |
| 3.3 Check the ap               | propriate boxes below and describe the p    | olicies for  | each.                                 |                               |        |
| Do you require a               | n Assets test?                              | O Yes        | O No                                  |                               |        |
| If yes, describe:              |   |              |                                       |                               |        |
| Do you have add                | itional/differing eligibility policies for: |              |                                       |                               |        |
| Renters?                       |   | O Yes        | ○ No                                  |                               |        |
| If yes, describe:              |   | •            |                                       |                               |        |
| Renters Li                     | ving in subsidized housing?                 | O Yes        | Ō No                                  |                               |        |
| If yes, describe:              |   | •            |                                       |                               |        |
| Renters wi                     | th utilities included in the rent?          | O Yes        | Ō No                                  |                               |        |
| If yes, describe:              |   |              |                                       |                               |        |
| Do you give prio               | rity in eligibility to:                     |              |                                       |                               |        |
| Older Adu                      | lts (60 years or older)?                    | O Yes        | Ō No                                  |                               |        |
| If yes, describe:              |   |              |                                       |                               |        |
| Individuals                    | s with a disability?                        | O Yes        | Ō No                                  |                               |        |
| If yes, describe:              |   |              |                                       |                               |        |
| Young chil                     | dren?                                       | O Yes        | Ō No                                  |                               |        |
| If yes, describe:              |   | •            |                                       |                               |        |
| Household                      | s with high energy burdens?                 | O Yes        | Ō No                                  |                               |        |
| If yes, describe:              |   |              |                                       |                               |        |
| Other?                         |   | O Yes        | Ō No                                  |                               |        |
| If yes, describe:              |   |              |                                       |                               |        |
| Explanations of 1              | policies for each "yes" checked above:      |              |                                       |                               |        |
| 3.4 Describe how etc.          | you prioritize the provision of cooling as  | ssistance to | vulnerable populations, e.g., benefit | amounts, early application pe | riods, |
|                                |   |              |                                       |                               |        |
|                                |   |              |                                       |                               |        |
| Determination of               | f Benefits 2605(b)(5) - Assurance 5, 2605(  | (c)(1)(B)    |                                       |                               |        |
| 3.5 Check the va               | riables you use to determine your benefit   | levels. (Ch  | eck all that apply):                  |                               |        |
| Income                         |   |              |                                       |                               |        |
| Family (household) size        |   |              |                                       |                               |        |
| Home energy cost or need:      |   |              |                                       |                               |        |
| Fuel                           | type  |              |                                       |                               |        |
|                                | 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                                | 5(c)(1)(B)                    |   |                   |        |  |  |
| 3.6 Describe estimated benefit levels for the fi shown in the payment matrix. | scal year for which this plan | applies. Please note: the maximum and minin | num benefits must | be     |  |  |
| Minimum Benefit   | \$0                           | Maximum Benefit                             | \$0               |        |  |  |
| 3.7 Do you provide in-kind (e.g., fans, air con                               | ditioners) and/or other forms | s of benefits? O Yes O No                   |                   |        |  |  |
| If yes, describe.   | If yes, describe.             |   |                   |        |  |  |
| If any of the above questions re  | •                             |   | ıld not be ma     | ade in |  |  |

### **Section 4 - CRISIS ASSISTANCE**

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

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

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

|   | Section 4: CR   | ISIS ASSISTANCE   |                                |   |                                |
|---|---|---|--------------------------------|---|--------------------------------|
| Eligibility - 2604                            | (c), 2605(c)(1)(A)  |   |                                |   |                                |
| 4.1 Designate the                             | e income eligibility threshold used for the crisis com  | ponent  |                                |   |                                |
| Add   | Household size  | Eligibility Guideline   |                                | Eligibility                             | Threshold                      |
| 1   | All Household Sizes   | State Median Income   |                                |   | 60.00%                         |
|   | LIHEAP program's definition for determining a cond), Include all program definitions.   | risis. If you administer multiple c   | risis assistan                 | ce programs (w                          | inter, summer,                 |
| While ther<br>No househ<br>authorizati<br>A l | puseholds must have existing/imminent lack of adequate is not a formal asset test, consideration may be giver hold is eligible for crisis cooling assistance without a distriction is given by the Department of Administration. Thousehold may receive more than one crisis assistance eletermination of eligibility for regular heating assistance of the program period. | n to resources available to the house<br>eclaration by a local or state public<br>payment.                        | ehold before p<br>health agenc | orevention assista<br>y of a heat emerg | ance is provided.<br>gency and |
| 4.3 What constitu                             | utes a <u>life-threatening crisis?</u>  |   |                                |   |                                |
| the househ<br>temperatur<br>elderly,          | qualify for a potentially life-threatening crisis, the we<br>nold's residents. Determination of a threat to urgent saf-<br>re, condition of the dwelling unit (habitable, operable f<br>handicapped, children under six, etc.), and alternatives<br>e persons may affect the amount and type of benefit pro-  | Tety concern of an eligible househo<br>furnace, etc.), presence of vulnerables available to the household (place) | d is based on<br>e persons (pe | four factors: exp<br>rsons with medic   | ected low<br>cal need for heat |
| Crisis Requirem                               | ent, 2604(c)  |   |                                |   |                                |
| 4.4 Within how r                              | nany hours do you provide an intervention that wil  | l resolve the energy crisis for elig  | ible househo                   | lds? 48Hours                            |                                |
| 4.5 Within how r<br>situations? 18Ho          | nany hours do you provide an intervention that wil<br>ours  | l resolve the energy crisis for elig  | ible househo                   | lds in life-threat                      | ening                          |
| Crisis Eligibility,                           | . 2605(c)(1)(A)   |   |                                |   |                                |
| 3 0,  |   |   | Winter<br>Crisis               | Summer<br>Crisis                        | Year-Round<br>Crisis           |
| 4.6 Do you have                               | additional eligibility requirements for Crisis Assista  | ance?   |                                |   | <b>✓</b>                       |
| 4.7 Check the ap                              | propriate boxes below to indicate type(s) of assistan   | nce provided  |                                |   | <u> </u>                       |
| Do you require a                              | nn Assets test?   |   |                                |   |                                |
| Do you give prio                              | rity in eligibility to:   |   | <u> </u>                       |   |                                |
| Older Adu                                     | lts (60 years or older)?  |   |                                |   | ~                              |
| Individuals                                   | s with a disability?  |   |                                |   | <b>V</b>                       |
| Young Chi                                     | ildren?   |   |                                |   | <b>V</b>                       |
| Household                                     | s with high energy burdens?   |   |                                |   | <b>~</b>                       |
| Other (Spe                                    | ecify):   |   |                                |   |                                |
| In Order to recei                             | ive crisis assistance:  |   | <u>41</u>                      |   |                                |
| Must the h                                    | ousehold have received a shut-off notice or have a r  | near empty tank?  |                                |   |                                |
| Must the h                                    | ousehold have been shut off or have an empty tank   | ?   |                                |   |                                |

| Must the hous  | ehold 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 hous  | ehold have non-working heating or cooling equipment?   |                    |                   |                  |  |  |
| Other (Specify   | y):  |                    |                   |                  |  |  |
| Do you have addition   | nal/differing eligibility policies for:  | .!!                |                   |                  |  |  |
| Renters?   |  |                    |                   |                  |  |  |
| Renters living   | in subsidized housing?   |                    |                   |                  |  |  |
| Renters with t   | ntilities included in the rent?  |                    |                   | <b>✓</b>         |  |  |
| Explanations of poli   | cies for each "yes" checked above:   | "                  | •                 | "                |  |  |
|  | by in eligibility to elderly, disabled, young children, and households with high energy election 2). Crisis Assistance needs a direct pay relationship with a participating energ  |                    | see sections: 9.2 | .3 and 4.4.16    |  |  |
| Determination of Bo  |  |                    |                   |                  |  |  |
| 4.8 How do you han   | dle crisis situations?  Separate component   |                    |                   |                  |  |  |
|  | Benefit Fast Track, no separate amount of crisis funds is issued. Rather benef   | its are issued to  | crisis customer   | s within crisis  |  |  |
|  | response time frames.  | its are issued to  | Crisis customer   | S WICHIN CI ISIS |  |  |
|  | Other - Describe:  |                    |                   |                  |  |  |
| 4.9 If you have a sep  | parate component, how do you determine crisis assistance benefits?   |                    | 1                 |                  |  |  |
|  | Amount to resolve the crisis. \$0 Other - Describe:  |                    |                   |                  |  |  |
|  | Section 5.2.1.2: Agencies shall work with customers to determine the amount needed to prevent and/or restore an energy loss. The maximum amount allowed for deliverable fuel requests is the minimum fill plus trip charge (when applicable). The maximum amount for natural gas and electric requests is the utility's required amount to prevent a disconnection and/or restore services. The worker should document, in HE+ System Notes, the requirement for each crisis request. If an exception is needed to these maximum amounts, contact the HE+ Help Desk.  The Department of Administration (Wisconsin Home Energy Assistance Program) has contracted with the Keep Wisconsin Warm Fuel Fund and/or Heat for Heroes. Once the fuel fund has raised match funds, LIHEAP matched funds are awarded. These funds are another resource made available to local sub-grantees for eligible low-income customers.  Section 2.2.2.3: A homeless applicant who has proof of a permanent address they will be moving into may be eligible for an energy assistance benefit if the following conditions are met:  • Verification of a move to a permanent address. This should be verified by a lease agreement, phone call to the landlord, or information from a homeless shelter.  • The applicant must have selected a vendor to provide service in their new residence unless energy service is included in the rent or paid to the landlord in a separate payment.  • If the homeless applicant cannot secure a home energy account due to large arrearages on a previous account, or does not have the money for a deposit, prevention services may be used to assist them with securing energy services. |                    |                   |                  |  |  |
| Crisis Requirement   | s, 2604(c)   |                    |                   |                  |  |  |
|  | applications for energy crisis assistance at sites that are geographically accessible  | e to all househol  | lds in the area t | o be served?     |  |  |
| ● Yes ○ No   | Explain.   |                    |                   |                  |  |  |
|  | tate of Wisconsin allows applications to be taken via the phone, in office, mail, altern corically and geographically diverse.   | ative locations, a | and online. Outre | each locations   |  |  |
|  | individuals who are individuals with a disability the means to:  |                    |                   |                  |  |  |
| Yes O No   | ons for crisis benefits without leaving their homes?   |                    |                   |                  |  |  |
| If No, explain.  |  |                    |                   |                  |  |  |
|  | at which applications for crisis assistance are accepted?  |                    |                   |                  |  |  |
| ⊙ Yes ○ No   | •  |                    |                   |                  |  |  |
| If No, explain.  |  |                    |                   |                  |  |  |
| If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled? |  |                    |                   |                  |  |  |

| Benefit Levels, 2605(c)(              | (1)(B)   |                  |                  |                        |                       |                             |               |
|---------------------------------------|--|------------------|------------------|------------------------|-----------------------|-----------------------------|---------------|
| 4.12 Indicate the maxim               | num benefit for each type of   | f crisis assis   | tance offere     | d.                     |                       |                             |               |
| Winter Crisis                         | \$0.00 maximum benefit   |                  |                  |                        |                       |                             |               |
| Summer Crisis                         | \$0.00 maximum benefit   |                  |                  |                        |                       |                             |               |
| Year-round Crisis                     | \$1,200.00 maximum ben   |                  |                  |                        |                       |                             |               |
|                                       | kind (e.g. blankets, space h   | eaters, fans)    | ) and/or othe    | er forms of benefits   | ;?                    |                             |               |
| • Yes O No If yes,                    | , Describe   |                  |                  |                        |                       |                             |               |
| WHEAP г                               | agencies' in-kind provisions i   | include blanl    | kets, space he   | eaters, fans, and tem  | porary lodging.       |                             |               |
|                                       | r equipment repair or repla  | cement usin      | g crisis fund    | ls?                    |                       |                             |               |
| • Yes O No                            |  |                  |                  |                        |                       |                             |               |
| If you answered "Yes"                 | to question 4.14, you must o   | complete qu      | estion 4.15.     |                        |                       |                             |               |
| 4.15 Check appropriate                | e boxes below to indicate typ  | pe(s) of assis   | stance provi     | ded.                   |                       |                             |               |
|                                       |  | Winter<br>Crisis | Summer<br>Crisis | Year-round Crisis      | s                     |                             |               |
| Heating system repair                 |  |                  |                  | >                      |                       |                             |               |
| Heating system replaces               | ment   |                  |                  | V                      |                       |                             |               |
| Cooling system repair                 |  |                  |                  |                        |                       |                             |               |
| Cooling system replaces               | ment   |                  |                  |                        |                       |                             |               |
| Wood stove purchase                   |  |                  |                  |                        |                       |                             |               |
| Pellet stove purchase                 |  |                  |                  |                        |                       |                             |               |
| Solar panel(s)                        |  |                  |                  |                        |                       |                             |               |
| Utility poles / gas line ho           | ook-ups  |                  |                  | ~                      |                       |                             |               |
| Other (Specify):                      |  |                  |                  | <b>~</b>               |                       |                             |               |
| Temporar                              | y lodging.   |                  |                  |                        |                       |                             |               |
| 4.16 Do any of the utilit             | ty vendors you work with er  | nforce a mor     | ratorium on      | shut offs?             |                       |                             |               |
| <b>⊙</b> Yes <b>○</b> No              |  |                  |                  |                        |                       |                             |               |
| If you responded "Yes"                | ' to question 4.16, you must   | respond to       | question 4.1     | 7.                     |                       |                             |               |
| 4.17 Describe the terms               | of the moratorium and any  | y special dis    | pensation re     | eceived by LIHEAF      | clients during or aft | ter the morat               | orium period. |
| The State                             | of Wisconsin institutes a mor  | ratorium on o    | disconnection    | ns for regulated utili | ties from November 1  | st to April 15 <sup>t</sup> | h             |
| <b>4.18 If you experience a</b><br>No | a natural disaster, do you in  | tend to utili    | ze LIHEAP        | crisis funds to add    | ress disaster related | crisis situatio             | ons? © Yes    |
| If yes, describe                      |  |                  |                  |                        |                       |                             |               |
|                                       | vernor declares a state of eme<br>nergy conservation measures of<br>lan. |                  | -                | •                      |                       |                             | •             |
| If any of the abo                     | ove questions requi  | re furth         | er expla         | nation or cla          | rification that       | could no                    | t be made in  |

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

### **Section 5 - WEATHERIZATION ASSISTANCE**

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

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

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

| Section 5: WEATHERIZATION ASSISTANCE   |  |   |  |  |
|--|--|---|--|--|
| Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assur                                   | rance 2  |   |  |  |
| 5.1 Designate the income eligibility threshol                                    | ld used for the Weatheriz  | zation component                        |  |  |
| Add Househo  | ld Size  | Eligibility Guideline                   | Eligibility Threshold                    |  |
| 1 All Household Sizes  |  | State Median Income                     | 60.00%                                   |  |
| 5.2 Do you enter into an interagency agreem No                                   | nent to have another gov   | ernment agency administer a WEAT        | HERIZATION component? C Yes              |  |
| 5.3 If yes, name the agency and attach a cop                                     | y of the Internal Agreen   | nent or Contract.                       |  |  |
| 5.4 Is there a separate monitoring protocol                                      | for weatherization? 💽 \  | es O No                                 |  |  |
| WEATHERIZATION - Types of Rules  |  |   |  |  |
| 5.5 Under what rules do you administer LII                                       | HEAP weatherization? (   | Check only one.)                        |  |  |
| Entirely under LIHEAP (not DOE) r  | ules   |   |  |  |
| Entirely under DOE WAP (not LIHE   | (AP) rules   |   |  |  |
| Mostly under LIHEAP rules with the   |  | le(c) whom I IHEAD and WAD unles        | differ (Cheek all that apply).           |  |
|  | Tonowing DOE WAT TO  | ie(s) where LittleAt and WAI Tules      | uniei (Check an that apply).             |  |
| Income Threshold   |  |   |  |  |
| Weatherization of entire multi-<br>eligible units or will become eligible within |  | is permitted if at least 66% of units ( | 50% in 2- & 4-unit buildings) are        |  |
| Weatherize shelters temporarily care facilities).                                | y housing primarily low  | income persons (excluding nursing ho    | omes, prisons, and similar institutional |  |
| Other - Describe:  |  |   |  |  |
| Mostly under DOE WAP rules, with   | the following LIHEAP ru  | ule(s) where LIHEAP and WAP rules       | differ (Check all that apply.)           |  |
| ✓ Income Threshold   |  |   |  |  |
| Weatherization not subject to D  | Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.                |   |  |  |
| Weatherization measures are n  | <b>✓</b> Weatherization measures are not subject to DOE Savings to Investment Ration (SIR ) standards. |   |  |  |
| Other - Describe:  |  |   |  |  |
| 50% eligibility qualifications for   | or multi-unit buildings  |   |  |  |
| Eligibility, 2605(b)(5) - Assurance 5  |  |   |  |  |
| 5.6 Do you require an assets test?   | C Yes O No   |   |  |  |
| 5.7 Do you have additional/differing eligibil                                    | 5.7 Do you have additional/differing eligibility policies for :  |   |  |  |
| Renters  | € Yes C No   |   |  |  |
| Renters living in subsidized housing?  | • Yes O No   |   |  |  |
| Renters with utilities included in the rent?                                     | ⊙ Yes O No   |   |  |  |
| 5.8 Do you give priority in eligibility to:                                      |  |   |  |  |
| Older Adults?  | € Yes € No   |   |  |  |
| Individuals with a disability?   | ⊙ Yes ◯ No   |   |  |  |
| Young Children? © Yes O No   |  |   |  |  |

| House holds with high energy burdens?                         | € Yes C No   |  |  |
|---|--|--|--|
| Other? Tribal Referrals                                       | ⊙ Yes ○ No   |  |  |
| If you selected "Yes" for any of the options below.           | s in questions 5.6, 5.7, or 5.8,   | you must provide further explanation of these policies in the text field   |  |
| Tribal referrals are given prior                              | ity by Weatherization grantees.  |  |  |
|   | Renters who receive rental assistance (Section 8 or other government assisted housing) and their heat and/or electric is included in their rent and renters who pay neither rent or heating/electric cost because of an in-kind rental agreement are not eligible for energy assistance or weatherization. |  |  |
| •   | 9  | ouseholds with elderly, disabled or children under six years old and person users, and our statewide computer system automatically refers tribal residents |  |
| 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 measure                       | res do you provide ? (Check a  | ll categories that apply.)   |  |
| Weatherization needs assessments/a                            | nudits   | Energy related roof repair   |  |
| Caulking and insulation                                       |  | Major appliance repairs  |  |
| Storm windows   |  | Major appliance replacement  |  |
| Furnace/heating system modification                           | ns/repairs   | Windows/sliding glass doors  |  |
| Furnace replacement   |  | Doors  |  |
| Cooling system modifications/repair                           | rs   | <b>✓</b> Water Heater  |  |
| Water conservation measures                                   |  | Cooling system replacement   |  |
| Roof top solar  |  | Community solar projects   |  |
| Compact florescent light bulbs                                |  | Other - Describe: Light-emitting diode (LEDs)  |  |
| If any of the above questions the fields provided, attach a c |  | lanation or clarification that could not be made in explanation here.  |  |

Other (specify):

Gas Station TV (GSTV)

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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: V 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 lowincome programs. Execute interagency agreements with other low-income program offices to perform outreach to target groups. 4 Web Posting **✓** Email 4 Texting ~ **Events** V Social Media

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

|   | Section 7. Coordination, 2000(8)(1) Tissurance 1   |  |  |  |
|---|--|--|--|--|
|   | 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) Weatherization  |  |  |  |
| > | Intake referrals to/from other programs (indicate programs included) Weatherization, Economic Support Programs, Utility Programs                       |  |  |  |
| > | One - stop intake centers  |  |  |  |
| > | Other - Describe:  |  |  |  |

Wisconsin administers LIHEAP, DOE, Public Benefit weatherization programs and housing programs through the same state office, the Department of Administration, Division of Energy, Housing and Community Resources (DEHCR). LIHEAP is coordinated at the state level with income maintenance programs through agreements and data collection/sharing with the Department of Children and Families (DCF) and Department of Health Services (DHS). DCF operates the Temporary Assistance to Needy Families (TANF), W-2, including the jobs and welfare to work program as well as other assistance programs. DHS operates Medicaid, FoodShare (SNAP), and Aging and Disability Resource Centers.

State of Wisconsin Public Benefits funds are utilized to make non-heating payments to eligible recipients. Public Benefit funds are fully integrated into the Wisconsin Home Energy Assistance Program, WHEAP. LIHEAP funding may be used to sustain non-heating payments to eligible recipients.

Coordination between the state and local level is achieved by including representation from a variety of private and government agencies interested in energy services and/or services for low-income persons on the Low-Income Energy Advisory Committee (LIEAC). Wisconsin also utilizes a workgroup from the Wisconsin Home Energy Assistance Program (WHEAP) agencies to provide input on new policy and system related changes.

WHEAP agencies coordinate their programs with each other, with utility-operated programs and with other government and nonprofit programs operated within their service area. WHEAP Agencies are required to develop a local coordination plan annually to show what is being done to coordinate with weatherization agencies, fuel providers (utility and bulk fuels), and other local groups.

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

|                                      | recipients a   | and the Commo                  | onwealth of P         | uerto 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 M           | Medicaid)             |                                |                           |
|                                      | Economic Development Agency  |                                |                       |                                |                           |
|                                      | Other - Describe:  |                                |                       |                                |                           |
|                                      | le current list of subrecipient name, main off<br>umber. Used for Near hotline and OCS Servio                    |                                |                       | nber, county(s) served, Con    | ngressional District, and |
| If you                               | ate Outreach and Intake, 2605(b)(15) - Assu<br>selected "State Department of Welfare (adn<br>8.4, as applicable. |                                | and/or Medicaid)'' in | question 8.1, you must co      | mplete questions 8.2, 8.  |
| 8.2 Ho                               | w do you provide alternate outreach and int  | ake for heating assista        | nce?                  |                                |                           |
| 8.3 Ho                               | w do you provide alternate outreach and int  | ake for cooling assistar       | nce?>                 |                                |                           |
| 8.4 Ho                               | w do you provide alternate outreach and int  | ake for crisis assistance      | e?                    |                                |                           |
| 8.5 LIHEAP Component Administration. |  | Heating                        | Cooling               | Crisis                         | Weatherization            |
| 8.5a W                               | ho determines client eligibility?  | Other                          | Non-Applicable        | Other                          | Other                     |
|                                      | Who processes benefit payments to gas and c vendors?   | State Administration<br>Agency | Non-Applicable        | State Administration<br>Agency |                           |
| 8.5c w                               | ho processes benefit payments to bulk fuel rs?   | State Administration<br>Agency | Non-Applicable        | State Administration<br>Agency |                           |
|                                      | 8.5d Who performs installation of weatherization measures?  Non-profits  |                                |                       |                                |                           |
|                                      |  |                                |                       |                                |                           |

Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone

| number, county(s) served, Congressional District, and UEI number.  |
|--|
| If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.   |
| 8.6 What is your process for selecting local administering agencies?   |
| State of Wisconsin Statute requires the contracts for administering the program be with Wisconsin counties, tribal governments, or non-profits. Existing contracted agencies may elect to continue to administer the program if contract terms are met. If a contracted agency decides to relinquish the program, the state selects a new agency based on an internal review of the situation that includes the location and size of the applicant pool of the relinquished territory and interest from and performance of other contracted or related agencies. |
| 8.7 How many local administering agencies do you use? 31   |
| 8.8 Have you changed any local administering agencies in the last year?  Yes No  |
| 8.9 If so, why?  |
| Agency was in noncompliance with Grant recipient requirements for LIHEAP -   |
| Agency is under criminal investigation   |
| Added agency   |
| Agency closed  |
| Other - describe   |
| Agency chose to relinquish administering the program due to funding limitations.   |
| 8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? Tyes No   |
| 8.10a If yes, please explain.  |
| 8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. C Yes No  |
| 8.10c If yes, please explain.  |
| If any of the characteristic require forther applanation on clarification that could not be used a   |

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

| 9.1 Do you make payments directly to home energy suppliers? |                |  |  |
|---|----------------|--|--|
| Heating   | ⊙ Yes ○ No     |  |  |
| Cooling   | C Yes   No     |  |  |
| Crisis  | • Yes O No     |  |  |
| Are there exception   | ns? • Yes • No |  |  |
|   |                |  |  |

#### If ves, Describe.

For all of the items requiring policy references, please access the Wisconsin Home Energy Assistance Program (WHEAP) Manual at: https://energyandhousing.wi.gov/Pages/AgencyResources/energy-assistance.aspx and access the following sections:

- 1. Heating, please see sections 2.3.1, 8.1, 8.2, and 8.8
- 2. Crisis, please see sections 2.1.2, 5.2.1, and 8.2
- 3. Exceptions, please see sections 8.1, 8.3, and 8.4

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

At the time the LIHEAP payment is sent to the vendor, a payment notification is generated and sent to the customer, indicating the amount of the payment and the vendor to whom the payment was made. When applications are completed interactively, customers are informed at the conclusion of the interview the benefit amount that will be paid to their energy provider. Additionally, each Wednesday, the Wisconsin system processes all completed applications and the system mails customer notification letters.

Households receiving weatherization and/or energy related repairs receive a written work agreement of work to be performed.

### 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

The Department of Administration requires vendors to register for participation in the heating assistance program by completing and signing a Vendor Agreement/Contract. To register, fuel suppliers agree that clients will be: treated equally with non-LIHEAP households, not be adversely affected, e.g., the eligible household will be charged in the supplier's normal billing process, the price charged will be the price normally charged non- LIHEAP eligible households, invoices will clearly indicate the amount and cost of home energy provided, and no discrimination will occur against eligible households with respect to terms, deferred payment plans, credit, conditions of sales or discounts offered other home energy customers.

In addition, Vendor Desktop Monitoring is conducted which includes a review of LIHEAP payments and fuel provided, in comparison with non-LIHEAP customers.

Crisis assistance payments are only made to vendors registered for heating assistance. In addition to signing assurances guaranteeing that LIHEAP customers will be treated equally with non-LIHEAP households and will not be adversely affected, registered vendors are required to provide information on costs and procedures for emergency fuel delivery.

Energy related home repair and weatherization purchases made by LIHEAP weatherization providers follow appropriate state or federal procurement guidelines and applicable material standards.

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

The Department of Administration requires vendors to register for participation in the heating assistance program by completing and signing a Vendor Agreement/Contract. To register, fuel suppliers agree that customers will be: treated equally with non-LIHEAP households, not be adversely affected, e.g., the eligible household will be charged in the supplier's normal billing process, the price charged will be the price normally charged non-LIHEAP eligible households, invoices will clearly indicate the amount and cost of home energy provided, and no discrimination will occur against eligible households with respect to terms, deferred payment plans, credit, conditions of sales or discounts offered other home energy customers.

In addition, Vendor Desktop Monitoring process is conducted which includes a review of LIHEAP payments and fuel provided, in comparison with non-LIHEAP customers.

Crisis assistance payments are only made to vendors registered for heating assistance. In addition to signing assurances guaranteeing that LIHEAP customers will be treated equally with non-LIHEAP households and will not be adversely affected, registered vendors are required to provide information on costs and procedures for emergency fuel delivery.

Energy related home repair and weatherization purchases made by LIHEAP weatherization providers follow appropriate state or federal

procurement guidelines and applicable material standards.

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

If so, describe the measures unregulated vendors may take.

Unregulated vendors are subject to the same program operation policies as regulated vendors. All vendors must register with the Wisconsin Home Energy Assistance Program (WHEAP) by submitting a complete and signed vendor agreement/contract before any payments are made to the vendor. Vendor access to the Home Energy Plus System is limited and does not allow vendors to enter information into the system. Vendor payments are Home Energy Plus System generated and based on approved applications.

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

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

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

Each federal award is established in the State's PeopleSoft System (STAR) with own unique accounting codes (chart fields). This unique funding string tracks the grant award information, expenditures, benefit refunds, and is used for the fiscal reporting process.

Assistance expenditures for the Low Income Energy Assistance Program (LIHEAP) are initiated in the Home Energy Plus System (HE+) and uploaded to STAR, all other expenditures (i.e. payroll, supplies and services, etc.) are directly created within STAR.

Vendor benefit refunds are tracked by the application number in HE+ and associated vendor with that application. Refunds are processed through HE+ to STAR where refunds are posted to the correct accounting codes.

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

#### Obligation

All LIHEAP funds are considered obligated at the state level or through (subgrantee) contracts when they are expended except for the administrative funds which are also considered obligated if they are encumbered on a purchase order in year one. Per Wis. Stats. s. 16.27(3)(e)(1) he 15% transfer to weatherization of the funding received each federal fiscal year is considered obligated to weatherization upon receipt of the Federal award.

### Expenditures

Eligible costs per 2 CFR 200 that have been expended in support of the LIHEAP Program.

### Expenditure timeframe

The expenditure timeframe is the federal fiscal year from October 1 through September 30 for a duration of five years with a 120-day closeout period.

### Administrative costs

Any expenditure incurred by the State or subrecipient normally associated with the support of the LIHEAP program and consists of staff salaries, fringe, indirect, travel, supplies and services, space rent, data processing other admin and operating expenses.

### Audit Process

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?  $\bigodot$   $_{Yes}$   $\bigcirc$   $_{No}$ 

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

The audit and auditor (Wisconsin Legislative Audit Bureau) selection is statutorily directed per Wis. Stats. s. 13.94(1)(b)

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 |
|             |      |               |           |              |

### 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.

| <b>~</b> | Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133 |
|----------|---|
|----------|---|

Local agencies/district offices are required to have an annual audit (other than A-133)

| Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.  |
|--|
| Grant recipient conducts fiscal and program monitoring of local agencies/district offices  |
| Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133  |
| Compliance Monitoring  |
| 10.5. Describe your monitoring process for compliance at each level below. Check all that apply.   |
| Grant recipients have a policy in place for appropriate separation of duties and internal controls.  |
| ☑ Internal program review  |
| <b>✓</b> Departmental oversight  |
| Secondary review of invoices and payments  |
| Other program review mechanisms are in place. Describe:  |
| Monitor details of at least one invoice per contract year.   |
| 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:  |
| Local agencies are required to conduct internal quality assurance reviews. Quality Assurance reviews ensure that workers are correctly interpreting and applying program requirements, policies, and eligibility determination.  |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.  |
| Prior to each program year, the Division conducts an evaluation that is based primarily on prior program year monitoring activities. The evaluation outputs are used to establish a provisional schedule for Desktop and Fiscal Monitoring and Training and Technical Assistance activities. |
| 10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.   |
| Site Visits:   |
| All agencies are monitored for programmatic and fiscal compliance on an annual basis. An onsite Training and Technical Assistance session is conducted for agencies with a higher risk assessment score.   |
| Desk Reviews:  |
| Desktop Monitoring reviews are conducted on all agencies at least annually.  |
| 10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.  Annually   |
| 10.9. How many local agencies are currently on corrective action plans? 0  |
|  |

None

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|  | WODEL PLAN  |  |
|--|---|--|
| Section 11: Timely and Meani   | ingful Public Participation   | n, 2605(b)(12), 2605(C)(2)   |
| 11.1 How did you obtain input from the public in the de<br>Note: Tribes do not need to hold a public hearing but mus   |   | 11 0   |
| Tribal Council meeting(s)  |   |  |
| Public Hearing(s)  |   |  |
| ✓ Draft Plan posted to website and available for   | comment   |  |
| Hard copy of plan is available for public view   | and comment   |  |
| Comments from applicants are recorded  |   |  |
| Request for comments on draft Plan is adverti  | sed   |  |
| Stakeholder consultation meeting(s)  |   |  |
| Comments are solicited during outreach activi  | ities   |  |
| Other - Describe:  |   |  |
| In addition to the Public Hearing for LIHEA Weatherization agencies annually. One of those med held prior to the start of the new program year. We and Weatherization agencies. This, along with the L input regarding administering Energy Assistance/He  Public Hearings, 2605(a)(2) - For States and the Common | etings is conducted in person at our Annual<br>also have 3 work groups that we regularly a<br>low Income Energy Advisory Committee (ione Energy Plus programs. Additional med | Home Energy Plus Training conference and one is<br>meet with and 2 of which have Energy Assistance<br>LIEAC) is where we receive the majority of our |
| 11.2 List the date and location(s) that you held public he   | earing(s) on the proposed use and distrib   | oution of your LIHEAP funds?   |
|  | Date  | Event Description  |
| 1  | 08/04/2025  | LIHEAP Public Hearing  |
| 2  | 08/06/2025  | Low Income Energy Advisory Committee (LIEAC) Meeting   |
| 3  | 05/01/2025  | Monthly WHEAP Workgroup Meetings   |
| 11.3. How many parties commented on your plan at the   | hearing(s)? 0   |  |
| 11.4 Summarize the comments you received at the heari No comments.   | ing(s).   |  |
| 11.5 What changes did you make to your LIHEAP plan   | as a result of public participation and so  | olicitation of input?  |

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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? 6
- 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?

None

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

Households have 45 days from the date the application process was completed to file a fair hearing if they believe their application was incorrectly denied, the application received no action in the appropriate timeframe or incorrect facts or improper procedures were used to determine eligibility, assistance amounts, or services provided. The fair hearing procedures follows three steps:

- Step 1: Local WHEAP Agency reviews the appeal request and works with the household to try to resolve the issue. If the household is not satisfied with the outcome of the WHEAP Agency's response, a written formal appeal may be submitted to the Division.
- Step 2: The Division reviews the formal appeal to ensure compliance with the WHEAP policies, procedures, and applicable statutes. Once DEHCR completes their review, a written appeal decision is sent to the household. If the household is still not satisfied with the outcome of DEHCR's decision, a written formal appeal may be submitted to the Division of Hearings and Appeals (DHA).
- Step 3: DHA receives an appeal request and sends an email with a copy of that request, along with a Summary of Action Leading to Appeal form "summary form" and a Request Withdrawal form to the local WHEAP agency contact. The local WHEAP agency completes the summary form and emails it back to DHA.

If the local WHEAP agency is able to resolve the issue with the household, the WHEAP agency indicates that the issue was resolved and explains the actions taken in the Explanation of Action section of the summary form and advises the household to withdraw the appeal.

If the matter has not been resolved between the local WHEAP agency and household, DHA uses the information provided in the summary form to schedule the hearing.

DHA sends a letter to the household notifying them of receipt of the appeal, a letter when the hearing date is sent, and a letter with outcome results.

### 12.5 When and how are applicants informed of these rights?

Applicants are provided these rights upon application through signing a Certification Page and via the People Letter that is sent to the customers directly.

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

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

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

The State of Wisconsin may, through contract with local LIHEAP providers and/or under contract with the Wisconsin Community Action Program and/or through arrangements with other service providers, engage in the following activities:

- 1. Budget counseling, energy conservation training, advocacy with fuel suppliers, household energy assessments and referrals.

  2. Support for services provided by leveraged funds. These services will include those provided under regular crisis assistance, but only when non-federal funds are used toward copayments, etc.
- 3. Intensive case management targeted to households selected from those as "high heating costs compared to household income" and "high heating costs for dwelling type".
- 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?

Wisconsin does not utilize funds under Assurance 16. The State of Wisconsin conducts similar activities that are reported via the Outreach and Crisis Assistance components of the program.

- 13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year.
- 13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.
- 13.5 How many households received these services?

### Section 14 - Leveraging Incentive Program ,2607A

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

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## 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.

If leveraging funds become available, Wisconsin would apply for them.

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

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

| Section 15: Training   |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| 15.1 Describe the training you provide for each of the following groups:   |  |  |  |  |  |  |  |  |  |
| a. Grant recipient Staff:  |  |  |  |  |  |  |  |  |  |
| Formal training provided virtually, on-site, and/or formal training conference   |  |  |  |  |  |  |  |  |  |
| How often?   |  |  |  |  |  |  |  |  |  |
| Annually   |  |  |  |  |  |  |  |  |  |
| Biannually   |  |  |  |  |  |  |  |  |  |
| As needed  |  |  |  |  |  |  |  |  |  |
| Other, describe:   |  |  |  |  |  |  |  |  |  |
| Employees are provided with policy manual  |  |  |  |  |  |  |  |  |  |
| ✓ Other, describe:   |  |  |  |  |  |  |  |  |  |
| New employees receive extensive on the job training from management and coworkers. Other employees attend NEADA, NEUAC and other related conferences.        |  |  |  |  |  |  |  |  |  |
| b. Local Agencies:   |  |  |  |  |  |  |  |  |  |
| Formal training provided virtually, on-site, and/or formal training conference   |  |  |  |  |  |  |  |  |  |
| How often?   |  |  |  |  |  |  |  |  |  |
| Annually   |  |  |  |  |  |  |  |  |  |
| Biannually   |  |  |  |  |  |  |  |  |  |
| As needed  |  |  |  |  |  |  |  |  |  |
| Other, describe: Training is provided via ongoing help desk and monitoring activities.   |  |  |  |  |  |  |  |  |  |
| ✓ On-site training   |  |  |  |  |  |  |  |  |  |
| How often?   |  |  |  |  |  |  |  |  |  |
| Annually   |  |  |  |  |  |  |  |  |  |
| Biannually   |  |  |  |  |  |  |  |  |  |
| ✓ As needed  |  |  |  |  |  |  |  |  |  |
| Other, describe: Training is provided via ongoing help desk and monitoring activities.   |  |  |  |  |  |  |  |  |  |
| Employees are provided with policy manual  |  |  |  |  |  |  |  |  |  |
| Other, describe:   |  |  |  |  |  |  |  |  |  |
| Wisconsin maintains an online Learning Management System that provides self-guided modules and is successful completion is required before intake may begin. |  |  |  |  |  |  |  |  |  |
| 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:                                |  |  |  |  |  |  |
| 15.2 Does your training program address fraud reporting and prevention?  • Yes  • No  |   |  |  |  |  |  |  |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |   |  |  |  |  |  |  |

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

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

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

The State of Wisconsin has implemented the required LIHEAP Performance Measures into our web-based application intake system, as well as the paper application process. Every applicant provides a response to the performance measures questions and that information is retained and made available for reporting purposes. All required data elements will be reported by the annual deadline.

Wisconsin is an active member of the PMIWG where at least twice per month related discussions occur with other states and APPRISE. Wisconsin reviews Performance Measures to ensure no outliers exist that may prompt a need to adjust policy, processes, and data collection.

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

| Section 17: Program Integrity, 2605(b)(10)   |  |   |                            |                           |                    |                            |                            |        |                          |                          |  |
|--|--|---|----------------------------|---------------------------|--------------------|----------------------------|----------------------------|--------|--------------------------|--------------------------|--|
| 17.1   | Fraud Reporting Mechanisms                 | s   |                            |                           |                    |                            |                            |        |                          |                          |  |
| a. D   | escribe all mechanisms availal             | ole to  | the public for repor       | ting cases of             | susp               | ected waste, frau          | ıd, and abuse. S           | elect  | all that apply.          |                          |  |
|  | Online Fraud Reportin                      | Online Fraud Reporting  |                            |                           |                    |                            |                            |        |                          |                          |  |
|  | Dedicated Fraud Repo                       | Dedicated Fraud Reporting Hotline   |                            |                           |                    |                            |                            |        |                          |                          |  |
|  | Report directly to local                   | Report directly to local agency/district office or Grant recipient office |                            |                           |                    |                            |                            |        |                          |                          |  |
|  | Report to State Inspect                    | Report to State Inspector General or Attorney General                     |                            |                           |                    |                            |                            |        |                          |                          |  |
|  | Forms and procedures                       | in pl   | lace for local agencie     | s/district off            | ices a             | and vendors to re          | port fraud, was            | te, ar | nd abuse                 |                          |  |
|  | ✓ Other - Describe:                        |   |                            |                           |                    |                            |                            |        |                          |                          |  |
|  | WHEAP approved ve                          | endor   | s provide referrals for    | cases to revi             | ew as              | s well.                    |                            |        |                          |                          |  |
| b. D   | escribe strategies in place for a          | adve  | rtising the above-ref      | erenced reso              | urce               | s. Select all that a       | pply                       |        |                          |                          |  |
|  | Printed outreach mater                     | rials   |                            |                           |                    |                            |                            |        |                          |                          |  |
|  | Posted in local adminis                    | terin   | g agencies offices.        |                           |                    |                            |                            |        |                          |                          |  |
|  | Addressed on LIHEAP                        | app   | lication                   |                           |                    |                            |                            |        |                          |                          |  |
|  | Website                                    |   |                            |                           |                    |                            |                            |        |                          |                          |  |
|  | Other - Describe:                          |   |                            |                           |                    |                            |                            |        |                          |                          |  |
| 15.0   |  | ъ   |                            |                           |                    |                            |                            |        |                          |                          |  |
| 17.2   | 2. Identification Documentation            | ı Rec   | quirements                 |                           |                    |                            |                            |        |                          |                          |  |
|  | ndicate which of the following t<br>mbers. | form  | s of identification ar     | e required o              | r req              | uested to be colle         | cted from LIHE             | EAP :  | applicants or the        | eir household            |  |
| Т  | o of Identification Collected              |   |                            |                           |                    | Collected from             | Whom?                      |        |                          |                          |  |
| Type of Identification Collected   |  |   | Applicant Only             |                           |                    | All Adults in Household    |                            |        | All Household Members    |                          |  |
| Social Security Card is  |  |   | Required                   |                           |                    | Required                   |                            |        | Required                 |                          |  |
|  | tocopied and retained                      |   |                            |                           |                    |                            |                            |        |                          |                          |  |
|  |  |   | Requested                  |                           | Requested          |                            |                            |        | Requested                |                          |  |
|  |  |   |                            |                           |                    |                            |                            |        |                          |                          |  |
| Social Security Number (Without actual Card)   |  |   | Required  Requested        |                           | Required Requested |                            |                            | ~      | Required                 |                          |  |
|  |  |   |                            |                           |                    |                            |                            |        |                          |                          |  |
|  |  |   |                            |                           |                    |                            |                            |        | Requested                |                          |  |
|  |  |   |                            |                           |                    |                            |                            |        | _                        |                          |  |
| Government-issued identification [card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) |  |   | Required   Requested       |                           | Required Requested |                            |                            |        | Required                 |                          |  |
|  |  |   |                            |                           |                    |                            |                            |        |                          |                          |  |
|  |  |   |                            |                           |                    |                            |                            |        | Requested                |                          |  |
|  |  |   |                            |                           |                    |                            |                            |        |                          |                          |  |
|  | Other                                      |   | Applicant Only<br>Required | Applicant On<br>Requested |                    | All Adults in<br>Household | All Adults in<br>Household |        | All Household<br>Members | All Household<br>Members |  |

|   |  |                         |                     | Required           | Requested             | Required         | Requested       |  |  |  |
|---|--|-------------------------|---------------------|--------------------|-----------------------|------------------|-----------------|--|--|--|
| 1   |  |                         |                     |                    |                       |                  |                 |  |  |  |
| 17.3. C   | 17.3. Citizenship/Legal Residency Verification   |                         |                     |                    |                       |                  |                 |  |  |  |
| What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply. |  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen. |                         |                     |                    |                       |                  |                 |  |  |  |
| >   | Non-Citizens must provide documentation of immigration status  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Citizens must provide a copy of their birth certificate, naturalization papers, or passport  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Non-Citizens are verified through the SAVE system  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Tribal members are verified t  | through Tribal enro     | ollment records/Ti  | ribal ID card      |                       |                  |                 |  |  |  |
|   | Other - Describe:  |                         |                     |                    |                       |                  |                 |  |  |  |
| 17.4. Iı  | ncome Verification   |                         |                     |                    |                       |                  |                 |  |  |  |
| What  | methods does your agency utiliz  | ze to verify househo    | ld income? Select   | all that apply.    |                       |                  |                 |  |  |  |
| >   | Require documentation of inco  | ome for all adult ho    | usehold members     |                    |                       |                  |                 |  |  |  |
|   | ✓ Pay stubs  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Social Security award le   | etters                  |                     |                    |                       |                  |                 |  |  |  |
|   | Bank statements  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Tax statements   |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Zero-income statements   | 3                       |                     |                    |                       |                  |                 |  |  |  |
|   | Unemployment Insuran   | ice letters             |                     |                    |                       |                  |                 |  |  |  |
|   | Other - Describe:  |                         |                     |                    |                       |                  |                 |  |  |  |
| >   | Computer data matches:   |                         |                     |                    |                       |                  |                 |  |  |  |
|   | ✓ Income information ma  | tched against state     | computer system     | (e.g., SNAP, TAN   | <b>F</b> )            |                  |                 |  |  |  |
|   | Proof of unemployment  | benefits verified w     | ith state Departm   | ent of Labor       |                       |                  |                 |  |  |  |
|   | Social Security income   | verified with SSA       |                     |                    |                       |                  |                 |  |  |  |
|   | Utilize state directory of   | f new hires             |                     |                    |                       |                  |                 |  |  |  |
|   | Other - Describe:  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Local agencies have access   | ss to verify social sec | curity income throu | gh other State Dep | artments' eligibility | management syste | m.              |  |  |  |
| b. Desc   | ribe any exceptions to the above   | e policies.             |                     |                    |                       |                  |                 |  |  |  |
| 17.5 Id   | lentification Verification   |                         |                     |                    |                       |                  |                 |  |  |  |
| Descri<br>apply   | be what methods are used to ve   | rify the authenticity   | y of identification | documents provid   | led by clients or ho  | usehold members. | Select all that |  |  |  |
| >   | Verify SSNs with Social Securi   | ty Administration       |                     |                    |                       |                  |                 |  |  |  |
| >   | Match SSNs with death record   | s from Social Secur     | rity Administratio  | n or state agency  |                       |                  |                 |  |  |  |
| >   |  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Match with state Department  | of Labor system         |                     |                    |                       |                  |                 |  |  |  |
|   | Match with state and/or federal corrections system   |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Match with state child support system  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Verification using private software (e.g., The Work Number)  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | In-person certification by staff (for tribal Grant recipients only)  |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)                           |                         |                     |                    |                       |                  |                 |  |  |  |
|   | Other - Describe:  |                         |                     |                    |                       |                  |                 |  |  |  |
| 17.6. P   | 17.6. Protection of Privacy and Confidentiality  |                         |                     |                    |                       |                  |                 |  |  |  |

| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.             |
|---|
| Policy in place prohibiting release of information without written consent  |
| Grant recipient LIHEAP database includes privacy/confidentiality safeguards   |
| Employee training on confidentiality for:   |
| Grant recipient employees   |
| ✓ Local agencies/district offices   |
| Employees must sign confidentiality agreement   |
| Grant recipient employees   |
| ✓ Local agencies/district offices   |
| Physical files are stored in a secure location  |
| Electronic files are protected in a secure location.  |
| Other - Describe:   |
| 17.7. Verifying the Authenticity  |
| What policies are in place for verifying vendor authenticity? Select all that apply.  |
| All vendors must register with the State/Tribe.   |
| All vendors must supply a valid SSN or TIN/W-9 form   |
| Vendors are verified through energy bills provided by the household   |
| Grant recipient and/or local agencies/district offices perform physical monitoring of vendors   |
| Other - Describe and note any exceptions to policies above:   |
| 17.8. Benefits Policy - Gas and Electric Utilities  |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| Applicants required to submit proof of physical residency   |
| Applicants must submit current utility bill   |
| Data exchange with utilities that verifies:   |
| Account ownership   |
| ✓ Consumption   |
| <b>✓</b> Balances   |
| Payment history   |
| Account is properly credited with benefit   |
| Other - Describe:   |
| ✓ Centralized computer system/database tracks payments to all utilities   |
| Centralized computer system automatically generates benefit level   |
| Separation of duties between intake and payment approval  |
| Payments coordinated among other energy assistance programs to avoid duplication of payments  |
| Payments to utilities and invoices from utilities are reviewed for accuracy   |
| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities  |
| ✓ Direct payment to households are made in limited cases only   |
| ✓ Procedures are in place to require prompt refunds from utilities in cases of account closure  |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism  |
| ✓ Other - Describe:   |
| The State of Wisconsin conducts program vendor monitoring in which a review of payments is conducted.   |
| 17.9. Benefits Policy - Bulk Fuel Vendors   |
| What procedures are in place for exerting fraud and improper payments when dealing with bulk fuel suppliers of heating oil propage wood                     |

| and other bulk fuel vendors? Select all that apply.   |  |  |  |
|---|--|--|--|
| ✓ Vendors are checked against an approved vendors list  |  |  |  |
| Centralized computer system/database is used to track payments to all vendors   |  |  |  |
| Clients are relied on for reports of non-delivery or partial delivery   |  |  |  |
| Two-party checks are issued naming client and vendor  |  |  |  |
| Direct payment to households are made in limited cases only   |  |  |  |
| Vendors are only paid once they provide a delivery receipt signed by the client   |  |  |  |
| Conduct monitoring of bulk fuel vendors   |  |  |  |
| Bulk fuel vendors are required to submit reports to the grant recipient.  |  |  |  |
| <b>V</b> endor agreements specify requirements selected above, and provide enforcement mechanism  |  |  |  |
| Other - Describe:   |  |  |  |
| 17.10. Investigations and Prosecutions  |  |  |  |
| Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.   |  |  |  |
| Refer to state Inspector General  |  |  |  |
| Refer to local prosecutor or state Attorney General   |  |  |  |
| Refer to US DHHS Inspector General (including referral to OIG hotline)  |  |  |  |
| Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public  |  |  |  |
| Grant recipient attempts collection of improper payments. If so, describe the recoupment process  Regular heat benefits canceled during the heating season, and cancelled crisis benefits where "Vendor" is selected in the HE+  System as responsible for paying back will be recouped by the HE+ System through subsequent Regular and crisis heat or PB  payments.  When "Client" is selected in the HE+ System as responsible for paying back benefits, or when the customer still owes  benefits when a single party payment is corrected, the HE+ System recoups repayments owed when subsequent benefits are  determined. When this is not feasible, local agencies shall execute a Repayment Agreement and provide it to the customer for  signature. |  |  |  |
| Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?  |  |  |  |
| Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated  |  |  |  |
| ✓ Vendors found to have committed fraud may no longer participate in LIHEAP   |  |  |  |
| Other - Describe:   |  |  |  |
| If any of the above questions require further explanation or clarification that could not be made in  |  |  |  |

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## 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.)

| 101 E Wilson St  * Address Line 1 |               |                     |  |  |
|-----------------------------------|---------------|---------------------|--|--|
| Address Line 2                    |               |                     |  |  |
| Address Line 3                    |               |                     |  |  |
| Madison  * City                   | wi<br>* State | 53707<br>* 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.  |  |  |