DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: AMERICAN SAMOA ENVIRONMENTAL PROTECTION AGENCY

Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 2

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

Report Status: Submission Accepted by CO (Revision #2)

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
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- 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 Submis Plan	ssion:	* 1.b. Frequency: • Annual	Explana 2. Date 3. Appli 4a. Unic NNB4L	onsolidated A unding Reques ation: Received: icant Identifie que Entity Ide KMQFQN5 eral Award Id	r: entifier (UEI)	* 1.d. Version: C Initial C Resubmission Revision Update State Use Only: 5. Date Received By State: 6. State Application Identifier:
7. APPLICANT INFO	ORMATION					
* a. Legal Name: An	nerican Samoa (Government Territorial Energy Office				
* b. Address:			-11	-		
* Street 1:	Samoa Energ	y House, Tafuna	Stree	et 2:	American Sa	moa Government
* City:	Pago Pago		Cour	nty:	Maoputasi	
* State:	AS		Prov			
* Country:	American Sam	noa	* Zip Code:	o / Postal	96799 -	
c. Organizational	Unit:					
Department Name Community Assistan			Divis LIHEA	sion Name: AP		
d. Name and contact Awards and on the U	information of .S. Departmen	person to be contacted on matters in t of Health and Human Services' LII	nvolving t HEAP co	his application	n: (person will page)	be listed on Notice of Funding
* First Name: Malelega			* Last N Tuiolos			
Title: Grants Program Man	ager		Organiz Govern	zational Affilia nment	ation:	
* Telephone Number (684) 699-1101	:		Fax Nu	mber		
* Email: malelega.tuiolosega@	teo.as.gov					
* 8. TYPE OF APPL F: U.S. Territory or Po						
* a. Is the applican	ıt a Tribal Con	sortium: O Yes O No				
		ne the following documentation:				
		Catalog of Federal Domes Assistance Number:	stic		C	FDA Title:
9. CFDA Numbers and	Titles	93.568		Low-Income I	Home Energy A	Assistance Program
		PLICANT'S PROJECT: useholds: cooling, crisis intervention, v	weatheriza	ation		
11. AREAS AFFECT Island-wide	TED BY FUND	ING:				
12. CONGRESSION. Territory-wide	AL DISTRICT	S OF APPLICANT:				
13. FUNDING PERI	OD:					
a. Start Date: 10/01/2025			b. End 1 09/30/20			
* 14. IS SUBMISSIO	N SUBJECT T	O REVIEW BY STATE UNDER EX	XECUTI	VE ORDER 1	2372 PROCES	SS?
a. This submission	was made avai	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 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 **17c.** Telephone (area code, number and extension) (684) 699-1101 17a. Typed or Printed Name and Title of Authorized Certifying Official Malelega Tuiolosega 17d. Email Address malelega.tuiolosega@teo.as.gov 17b. Signature of Authorized Certifying Official 17e. Date Report Submitted (Month, Day, Year) 09/25/2025 Sign

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

coll	ection of information unless it displays a currently valid OMB control number.		
	Section 1 Program Componer	nts	
Pro	gram Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)		
(No	Check which components you will operate under the LIHEAP program. te: You must provide information for each component designated here as requested elsewhere in plan.)		Operation
		Start Date	End Date
	Heating assistance		
>	Cooling assistance	10/01/2025	09/30/2026
>	Summer crisis assistance	10/01/2025	09/30/2026
>	Winter crisis assistance	10/01/2025	09/30/2026
>	Year-round crisis assistance	10/01/2025	09/30/2026
>	Weatherization assistance	10/01/2025	09/30/2026
Pro	vide further explanation for the dates of operation, if necessary	<u> </u>	
	Cooling: will pay a percentage of the household's electricity bill, only. Crisis intervention: assist household(s) by paying arrearages, reconnect service. Weatherization: assist household(s) with an energy audit, install weatherization measures.		
Esti	mated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16		
	Estimate what amount of available LIHEAP funds will be used for each component that you will operate: total of all percentages must add up to 100%.	Percentage (%)	Prior year totals
Н	leating assistance	0.00%	0.00%
C	cooling assistance	50.00%	50.00%
S	ummer crisis assistance	5.00%	5.00%
V	Vinter crisis assistance	5.00%	5.00%
Y	ear-round crisis assistance	10.00%	10.00%
V	Veatherization assistance	15.00%	15.00%
C	arryover to the following federal fiscal year	0.00%	0.00%
A	dministrative and planning costs	10.00%	10.00%
S	ervices to reduce home energy needs including needs assessment (Assurance 16)	5.00%	5.00%
U	sed to develop and implement leveraging activities	0.00%	0.00%
TOT	'AL	100.00%	100.00%

up to plann	l grant recipients: direct-g 20% of the funds payable. ing and administration pu in excess of these limits mu	Grant recipients that a rposes up to 20% of the	re direct grant tribes, to first \$20,000 (or \$4,000	ribal organizations, or t	erritories with	allotments o	ver \$20,000 may use for
	nate Use of Crisis Assista	•					
1.3 T	he funds reserved for win	nter crisis assistance th	nat have not been expe	ended by March 15 wi	ll be reprogra	ammed to:	
		Heating assistance		~	C	Cooling assis	tance
>		Weatherization assist	tance		C	Other (specif	y:)
Cate	gorical Eligibility, 2605(b	o)(2)(A) - Assurance 2,	2605(c)(1)(A), 2605(b)(8A) - Assurance 8	<u> </u>		
	o you consider household e left column below? 🔘 Y		e if at least one househ	nold member receives	at least one of	f the followin	ng categories of benefits
If you	answered "Yes" to que	stion 1.4, you must cor	nplete the table below	and answer questions	s 1.5 and 1.6.		
			Heating	Cooling	Cri		Weatherization
TANE	•		C Yes C No	O Yes O No	O _{Yes} (C Yes C No
SSI			C Yes C No	C Yes C No	O _{Yes} (O Yes O No
SNAP			C Yes C No	C Yes C No	C Yes		C Yes C No
Mean	s-tested Veterans Programs		O Yes O No	O Yes O No	C Yes	O No	O Yes O No
need appli	a. Provide your definition to receive the benefits or cation process.	just one member, is th	nere a data exchange i	n place?) and how cat			
1.5 D	o you automatically enro	oll households without	a direct annual applic	ation? O Yes O No			
If Ye	s, explain:						
	ow do you ensure there i determining eligibility a		reatment of categoric	ally eligible household	s from those	not receivin	g other public assistance
	P Nominal Payments				_		
	Do you allocate LIHEAP						
<u> </u>	answered "Yes" to que		rovide a response to q	uestions 1.7b, 1.7c, an	d 1.7d.		
	Amount of Nominal Assistance	stance: \$0.00					
1./01	Once Per Year						
H	Once every five						
		•					
	Other - Describe	e:					
1.7d	How do you confirm that NA	the household receiving	ng a nominal paymen	t has an energy cost or	need?		
Dota	minotion of Elicikilia	Countable Income					
	mination of Eligibility -		for LIHEAP do you r	se gross income or ne	t income?		
1.0.1	Gross Income	s meeme engionity		- 5. 000 meonie or ne	- meome :		
	Net Income						
	Other - Describe						
1.9.5	elect all the applicable fo	orms of countable inco	me used to determine	a household's income	eligihility for	·LIHEAP	
<u>✓</u>	Wages	or countaine into	used to determine	a nousenou s meome	engionity 101	. Zamenia	
>	Self - Employment Inco	me					
	Contract Income						
	Payments from mortgage or Sales Contracts						

	1			
	Unen	nployment insurance		
	Strik	e Pay		
		c 1 ay		
~	Socia	l Security Administration (SS	SA) be	nefits
	K	Including MediCare		Excluding MediCare deduction
		deduction		
>	Supp	lemental Security Income (SS	<u></u>	
	Бирр	iomental security income (ss	,_,	
	D 4			
~	Ketir	ement / pension benefits		
	Gene	ral Assistance benefits		
	Tem	oorary Assistance for Needy F	amilie	es (TANF) benefits
	Loon	s that need to be repaid		
	Loan	s that need to be repaid		
	Cash	gifts		
	Savir	gs account balance		
	One	tima lumn-cum navmante cue	h ac r	ebates/credits, winnings from lotteries, refund deposits, etc.
	One-	ume tump-sum payments, suc	n as i	bates/creates, withings from fotteries, retaind deposits, etc.
	_			
	Jury	duty compensation		
	Renta	al income		
	Incor	ne from employment through	Work	force Investment Act (WIA)
	T		_	
	Incor	ne from work study programs	S	
	Alim	ony		
	Child	l support		
	Inter	est, dividends, or royalties		
		,, 0. 10,41110		
	Com	missions		
	Legal	settlements		
	Insur	ance payments made directly	to the	insured
		<u> </u>		
	Inc	once norments me de enecte	oller £	r the renovment of a hill debt, or activate
	msur	ance payments made specific	ану 10	r the repayment of a bill, debt, or estimate
\blacksquare				
	Veter	cans Administration (VA) ben	efits	
V	Earn	ed income of a child under the	e age o	f 18
	Balar	nce of retirement pension or	annui	y accounts where funds cannot be withdrawn without a penalty.
	valai	ice of remement, pension, or	amul	of accounts where funds calmot be withthawn without a penalty.
	Incor	ne tax refunds		
	Stipe	nds from senior companion p	rograi	ns, such as VISTA
	Fund	s received by household for th	ne care	of a foster child
	"""			· · · · · · · · · · · · · · · · · · ·

	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
	Reimbursements (for mileage, gas, lodging, meals, etc.)
	Other
	ny of the above questions require further explanation or clarification that could not be made in fields provided, attach a document with said explanation here.
1.10	Do you have an online application process Yes No
1.1	0a If yes, describe the type of online application (Select all boxes that apply)
>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
	Online application that is also mobile friendly
	Other, please describe
Pleas	e include a link(s) to a statewide application, if available:
1.10b	Can all program components be applied for online? © Yes O No
If no	explain which components can and cannot be applied for online.
1.11	Do you have a process for conducting and completing applications by phone 💽 Yes 🔼 No
1.12	Do you or any of your subrecipients require in person appointments in order to apply C Yes 🕟 No
If yes	s, please provide more information regarding why in-person appointments are required and in what circumstances they are required.
1.13	How can applicants submit documentation for verification? Select all that apply:
>	In-person
	Mail
>	Email
	Portal application
>	Other, please describe
	We make arrangements to pick-up applications and support documents at the home or another location suggested by the applicant (health clinic, senior citizen center, etc.).

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

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

	Section	on 2 - 1	Heating Assistance		
Eligibility, 2605((b)(2) - Assurance 2				
2.1 Designate the	e income eligibility threshold used for the	heating c	component:		
Add	Household size		Eligibility Guideline	Eligibility Thresho	old
1	All Household Sizes		HHS Poverty Guidelines		0.00%
2.2 Do you have Heating Assistar	additional eligibility requirements for nce?	C Yes	⊙ No		
2.3 Check the ap	propriate boxes below and describe the p				
Do you require a	an Assets test?	C Yes	⊙ No		
If yes, describe:	Do you have additional/differing eligibili	ty policies	s for:		
Renters?		C Yes	⊙ No		
If yes, describe:					
Renters Li	iving in subsidized housing?	C Yes	⊙ No		
If yes, describe:					
Renters wi	ith utilities included in the rent?	C Yes	⊙ No		
If yes, describe:					
Do you give prio	ority in eligibility to:				
Older Adu	ılts (60 years or older)?	C Yes	⊙ No		
If yes, describe:					
Individual	s with a disability?	C Yes	⊙ No		
If yes, describe:		·			
Young chi	ldren?	C Yes	⊙ No		
If yes, describe:					
Household	ls with high energy burdens?	C Yes	⊙ _{No}		
If yes, describe:					
Other?		C Yes	⊙ _{No}		
If yes, describe:					
Explanations of	policies for each "yes" checked above:				
Determination o	f Benefits 2605(b)(5) - Assurance 5, 2605	(c)(1)(B)			
2.4 Describe how etc.	v you prioritize the provision of heating a	ssistance	to vulnerable populations, e.g., benefit amou	unts, early application pe	eriods,
2.5 Check the va	riables you use to determine your benefit	t levels. (C	Check all that apply):		
Income					
Family (ho	usehold) size				
Home ener	gy cost or need:				
Fue Fue	l type				
Clin	nate/region				
Indi	ividual bill				
Dwe	elling type				
Ene	ergy burden (% of income spent on home	energy)			

Energy need			
Other - Describe:			
Benefit Levels, 2605(b)(5) - Assurance 5, 260	25(c)(1)(B)	_	
2.6 Describe estimated benefit levels for the shown in the payment matrix.	fiscal year for which this plan	n applies. Please note: the maximum and mi	inimum benefits must be
Minimum Benefit	\$0	Maximum Benefit	\$0
Minimum Benefit 2.7 Do you provide in-kind (e.g., blankets, sp			\$0
			\$0
2.7 Do you provide in-kind (e.g., blankets, sp			\$0

Section 3 - COOLING ASSISTANCE

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

	Section	on 3 - (Cooling Assistance	
Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2			
3.1 Designate Th	e income eligibility threshold used for th	ne Cooling o	component:	
Add	Household size		Eligibility Guideline	Eligibility Threshold
1	All Household Sizes		HHS Poverty Guidelines	150.00%
3.2 Do you have Cooling assistance	additional eligibility requirements for ce?	C Yes	€ No	
3.3 Check the ap	propriate boxes below and describe the	policies for	each.	
Do you require a	n Assets test?	C Yes	⊙ No	
If yes, describe:				
Do you have add	itional/differing eligibility policies for:			
Renters?		C Yes	⊙ No	
If yes, describe:				
Renters Li	ving in subsidized housing?	C Yes	⊙ No	
If yes, describe:				
Renters wi	th utilities included in the rent?	C Yes	⊙ No	
If yes, describe:				
Do you give prio	rity in eligibility to:			
Older Adu	lts (60 years or older)?	Yes	C No	
If yes, describe:				
W	e provide LIHEAP assistance to houeshold	ls with elder	ly members ages 60 and over.	
Individual	s with a disability?	Yes	O _{No}	
If yes, describe:				
We	e provide LIHEAP assistance to household	ls with disab	eled household member(s).	
Young chil	dren?	Yes	O _{No}	
If yes, describe:		-		
We	e provide LIHEAP assistnce to households	with childre	en ages 9 - 18 years.	
Household	s with high energy burdens?	Yes	O _{No}	
If yes, describe:				
We	e provide LIHEAP assistance to household	with a 6%	or greater energy burden.	
Other?		C Yes	⊙ _{No}	
If yes, describe:				
Explanations of	policies for each "yes" checked above:			
3.4 Describe how etc.	you prioritize the provision of cooling a	assistance to	o vulnerable populations, e.g., benefit amo	unts, early application periods,
	ouseholds with vulnerable population move hours. Whereas, all others are viewed in the		of the pile. These applications are placed in the y are received.	priority file and would be viewed
Determination of	f Benefits 2605(b)(5) - Assurance 5, 2605	5(c)(1)(B)		

3.5 Check the variables you use to determine your benefit levels. (Cl	heck all that apply):	
✓ Income		
Family (household) size		
✓ Home energy cost or need:		
Fuel type		
Climate/region		
Individual bill		
Dwelling type		
Energy burden (% of income spent on home energy)		
Energy need		
Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)		
3.6 Describe estimated benefit levels for the fiscal year for which this shown in the payment matrix.	s plan applies. Please note: the maximum and n	inimum benefits must be
Minimum Benefit \$30	Maximum Benefit	\$500
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other	forms of benefits? • Yes No	
If yes, describe. Due to random power outages in the territory, we will purchase generate	ors for households prioritizing those with vulneral	le population.
If any of the above questions require further e the fields provided, attach a document with sa		could not be made in

Section 4 - CRISIS ASSISTANCE

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

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

	Section 4: CR	ISIS ASSISTANCE			
Eligibility - 2604	c(c), 2605(c)(1)(A)				
4.1 Designate the	e income eligibility threshold used for the crisis com	ponent			
Add	Household size	Eligibility Guidelin	e	Eligibility	Threshold
1	All Household Sizes	HHS Poverty Guidelines			150.00%
	LIHEAP program's definition for determining a cond), Include all program definitions.	risis. If you administer multiple	e crisis assistan	ce programs (w	inter, summer,
No	otice of disconnection of services, arrearages, reconnec	tion fees.			
	atural disasters: cyclones, floods, heavy rains, tsunamis				
	an-made: fires, power-outages.	, randondes, carriquates			
1410	an made. mes, power outages.				
4.3 What constit	utes a <u>life-threatening crisis?</u>				
Ро	wer outage and a home where a family member is on a	a ventilation machine, medicine the	hat require refri	geration.	
Crisis Requirem	ent, 2604(c)				
4.4 Within how 1	many hours do you provide an intervention that wil	l resolve the energy crisis for el	igible househo	lds? 72 hoursHo	ours
4.5 Within how i situations? 24 ho	many hours do you provide an intervention that wil oursHours	l resolve the energy crisis for el	igible househo	lds in life-threat	ening
Crisis Eligibility	, 2605(c)(1)(A)				
			Winter Crisis	Summer Crisis	Year-Round Crisis
4.6 Do you have	additional eligibility requirements for Crisis Assista	ance?			>
4.7 Check the ap	propriate boxes below to indicate type(s) of assistan	nce provided			
Do you require a	nn Assets test?				
Do you give prio	rity in eligibility to:		II.		- !!
Older Adu	lts (60 years or older)?				~
Individual	s with a disability?				✓
Young Chi	ildren?				✓
Household	s with high energy burdens?				~
Other (Spe	ecify):				
In Order to rece	ive crisis assistance:		.!!		<u>"</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	?			V
Must the h	ousehold have exhausted their regular heating bend	efit?			
Must rente	ers with heating costs included in their rent have red	ceived an eviction notice?			
Must heati	ing/cooling be medically necessary?				
Must the h	ousehold have non-working heating or cooling equi	ipment?			

Other (Specify):						
Do you have addition	nal/differing eligibility policies	s for:					
Renters?							
Renters living	in subsidized housing?						
Renters with u	tilities included in the rent?						
Explanations of police	cies for each "yes" checked ab	oove:			<u></u>		
Determination of Be	nefits						
4.8 How do you hand	dle crisis situations?						
✓	Separate component						
	Benefit Fast Track, no separ	ate amount	of crisis fun	ds is issued. Rather benefit	s are issued to	crisis custome	ers within crisis
	response time frames.						
<u> </u>	Other - Describe:	:		lidas assessas Othan ariais			b-1.d
	Some crisis ass.	istance is iss	ued to the uti	lities company. Other crisis	assistance is pi	rovided to the r	lousenoid.
	arate component, how do you		risis assista	nce benefits?			
>	Amount to resolve the crisis.	. \$2,000					
	Other - Describe:						
Cuicia Requinementa	2604(a)						
Crisis Requirements 4.10 Do you accept a	applications for energy crisis as	ssistance at	sites that ar	geographically accessible	to all househo	lds in the area	to be served?
© Yes O No 1		ssistance at	52005 C1140 H1	geograpmeany accessione	to all housello	100 111 0110 011 00	
2 103 2 110 1	sapiam.						
We ass	sist households island-wide.						
4.11 Do you provide	individuals who are individua	als with a dis	sability the n	neans to:			
	ns for crisis benefits without le	eaving their	homes?				
⊙ Yes O No							
If No, explain.							
	at which applications for crisi	is assistance	are accepte	d?			
⊙ Yes O No							
If No, explain.							
If you answered ''No disabled?	o" to both options in question a	4.11, please	explain alte	native means of intake to t	those who are l	homebound or	physically
D	(-)(1)(D)						
Benefit Levels, 2605((c)(1)(B) ximum benefit for each type o	f cricic occio	tanco offers	ч			
Winter Crisis	\$0.00 maximum benefit	01 C11515 a5515	tance offere	u.			
Summer Crisis	\$0.00 maximum benefit						
Year-round Crisis		efit					
4.13 Do you provide	in-kind (e.g. blankets, space h	eaters, fans) and/or oth	er forms of benefits?			
C Yes O No If y	yes, Describe						
	for equipment repair or repla	cement usin	g crisis fund	ls?			
⊙ Yes O No							
If you answered "Ye	es" to question 4.14, you must	complete qu	estion 4.15.				
4.15 Check appropri	iate boxes below to indicate ty	pe(s) of assis	stance provi	ded.			
		Winter Crisis	Summer Crisis	Year-round Crisis			
Heating system repa	ir		J. 1.J.15				
Heating system repla	leating system replacement						

Cooling system repair					
Cooling system replacement			✓		
Wood stove purchase					
Pellet stove purchase					
Solar panel(s)					
Utility poles / gas line hook-ups					
Other (Specify): we also provide a refrigerator for crisis assistance			✓		
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?					
4.16 Do any of the utility vendors you work with en	ıforce a moı	ratorium on	hut offs?		
4.16 Do any of the utility vendors you work with en	ıforce a moı	ratorium on	hut offs?		
	respond to	question 4.1		ne moratorium period.	
☐ Yes	respond to	question 4.1		ne moratorium period.	
Yes No If you responded "Yes" to question 4.16, you must 4.17 Describe the terms of the moratorium and any 4.18 If you experience a natural disaster, do you in	respond to	question 4.1	eived by LIHEAP clients during or after tl		
Yes No If you responded "Yes" to question 4.16, you must 4.17 Describe the terms of the moratorium and any 4.18 If you experience a natural disaster, do you in	respond to	question 4.1	eived by LIHEAP clients during or after tl		
C Yes No If you responded "Yes" to question 4.16, you must 4.17 Describe the terms of the moratorium and any 4.18 If you experience a natural disaster, do you in No If yes, describe	respond to y special disp tend to utili	question 4.1 pensation re	eived by LIHEAP clients during or after tl		
C Yes No If you responded "Yes" to question 4.16, you must 4.17 Describe the terms of the moratorium and any 4.18 If you experience a natural disaster, do you in No If yes, describe	respond to y special disp tend to utilis	question 4.1 pensation re ze LIHEAP	eived by LIHEAP clients during or after the risis funds to address disaster related crisis disaster with vulnerable population member(s).		

Section 5 - WEATHERIZATION ASSISTANCE

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Section	on 5: WEATHI	ERIZATION ASSISTAN	ICE
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assur	rance 2		
5.1 Designate the income eligibility thresho	ld used for the Weathe	rization component	
Add Househo	old Size	Eligibility Guideline	Eligibility Threshold
1 All Household Sizes		HHS Poverty Guidelines	150.00%
5.2 Do you enter into an interagency agrees No	nent to have another g	overnment agency administer a WEAT	HERIZATION component? C Yes •
5.3 If yes, name the agency and attach a co	py of the Internal Agre	ement or Contract.	
5.4 Is there a separate monitoring protocol	for weatherization? C	Yes No	
WEATHERIZATION - Types of Rules			
5.5 Under what rules do you administer LI		(Check only one.)	
Entirely under LIHEAP (not DOE) r	ules		
Entirely under DOE WAP (not LIHE	EAP) rules		
Mostly under LIHEAP rules with the	following DOE WAP	rule(s) where LIHEAP and WAP rules	differ (Check all that apply):
Income Threshold			
Weatherization of entire multi- eligible units or will become eligible within		re is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are
Weatherize shelters temporaril care facilities).	y housing primarily lov	w income persons (excluding nursing ho	omes, prisons, and similar institutional
Other - Describe:			
LIHEAP's weatherization com	ponent is not a replacem	ent program.	
Mostly under DOE WAP rules, with	the following LIHEAP	rule(s) where LIHEAP and WAP rules	differ (Check all that apply.)
Income Threshold			
Weatherization not subject to I	OOE WAP maximum s	tatewide average cost per dwelling unit.	,
Weatherization measures are n	ot subject to DOE Savi	ngs to Investment Ration (SIR) standa	rds.
Other - Describe:			
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 eligibi	lity policies for :		
Renters	C Yes O No		
Renters living in subsidized housing?	C Yes 🖲 No		
Renters with utilities included in the rent?	C Yes O No		
5.8 Do you give priority in eligibility to:			
Older Adults?	⊙ Yes ○ No		
Individuals with a disability?	• Yes O No		
Young Children?	⊙ Yes ◯ No		

House holds with high energy burdens?						
Other?	C Yes C No					
below.	iouseholds with vulnerable popu	ou must provide further explanation of these policies in the text field alation is given priority.				
Benefit Levels						
5.9 Do you have a maximum LIHEAP wea	therization benefit/expenditu	re per household? • Yes O No				
5.9a If yes, what is the maximum? \$1,00	00					
5.10 Do you use an Average Cost per Unit	(ACPU). Tes No					
5.10a If so, what is the ACPU amount?	\$950					
Types of Assistance, 2605(c)(1), (B) & (D)						
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)						
Weatherization needs assessments/a	nudits	Energy related roof repair				
Caulking and insulation		Major appliance repairs				
Storm windows		Major appliance replacement				
Furnace/heating system modification	ons/repairs	Windows/sliding glass doors				
Furnace replacement		✓ Doors				
Cooling system modifications/repair	rs	Water Heater				
Water conservation measures		Cooling system replacement				
Roof top solar		Community solar projects				
Compact florescent light bulbs		Other - Describe:				
If any of the above questions the fields provided, attach a c		anation or clarification that could not be made in explanation here.				

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Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) 6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available: 4 Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. V Publish articles in local newspapers or broadcast media announcements. Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. Mass mailing(s) to prior-year LIHEAP recipients. Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. V Execute interagency agreements with other low-income program offices to perform outreach to target groups. V Web Posting Email Texting Events Social Media Other (specify): Energy Conservation Day for the territory is scheduled for October 2025. This is the first time such an event is scheduled to bring awareness to energy issues. The Territorial Energy Office recently welcomed an Energy Educator to plan and implement outreach activities.

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

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Section 7: Coordination, 2605(b)(4) - Assurance 4 7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.). | Joint application for multiple programs (indicate programs included) LIHEAP and WAP applications have been combined to one application. | Intake referrals to/from other programs (indicate programs included) | One - stop intake centers | Other - Describe:

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

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

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	Section 8: Agency Designati recipients a	ion, 2605(b)(6) nd the Commo		· -	tate Grant			
8.1 Ho	w would you categorize the primary respons	sibility of your State age	ency?					
	Administration Agency							
	Commerce Agency							
	Community Services Agency							
>	Energy/Environment Agency							
	Housing Agency							
	State Department of Welfare (administers	TANF, SNAP, and/or M	ledicaid)					
	Economic Development Agency							
	Other - Describe:							
Include current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number. Used for Near hotline and OCS Service Provider Tool and clearinghouse.								
Alternate Outreach and Intake, 2605(b)(15) - Assurance 15 If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" in question 8.1, you must complete questions 8.2, 8. 3, and 8.4, as applicable.								
8.2 How do you provide alternate outreach and intake for heating assistance?								
8.3 How do you provide alternate outreach and intake for cooling assistance?>								
8.4 How do you provide alternate outreach and intake for crisis assistance?								
8.5 LII	HEAP Component Administration.	Heating	Cooling	Crisis	Weatherization			
8.5a W	ho determines client eligibility?		State Energy/ Environment Agency	State Energy/ Environment Agency	State Energy/ Environment Agency			
electri	/ho processes benefit payments to gas and c vendors?		State Energy/ Environment Agency	State Energy/ Environment Agency				
8.5c w vendo	no processes benefit payments to bulk fuel rs?		Non-Applicable	Non-Applicable				
8.5d W measu	/ho performs installation of weatherization res?				State Energy/ Environment Agency			

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?
NA
8.7 How many local administering agencies do you use? 0
8.8 Have you changed any local administering agencies in the last year? O Yes No
8.9 If so, why?
Agency was in noncompliance with Grant recipient requirements for LIHEAP -
Agency is under criminal investigation
Added agency
Agency closed
Other - describe
8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? • Yes
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. \(\bigcirc\) Yes \(\bigcirc\) No
8.10c If yes, please explain.
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7 9.1 Do you make payments directly to home energy suppliers? O Yes O No Heating © Yes C No Cooling Tes O No Crisis O Yes O No Are there exceptions? If yes, Describe. 9.2 How do you notify the client of the amount of assistance paid? We notify the client by phone or email. Some times, they call to inquire about their assistance amount. Many times they stop us while out shopping or out and about the community. This is a very small island. 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? There is staff at the energy supplier that is our contact person and she updates us on the payments and provide us with a statement upon request 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? If a household has a complaint we contact our energy supplier contact and try to resolve the issue. 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? If so, describe the measures unregulated vendors may take. Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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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?

See attached summary for financial/fiscal management for LIHEAP & LIHEAP WAP.

10.1a Provide your definitions of the following:

Obligation

Funds committed for a specific purpose, such as a purchase, contract, or planned activity, based on the approved budget. These funds are set aside in the local financial system for a specific purpose (goods, services, activities, etc) until the payment is completed.

Expenditures

Disbursed funds or payments made to cover the costs of goods or services that were previously obligated.

Expenditure timeframe

A specific period during which allocated funds must be spent or expended to ensure compliance with funding agreements and to meet financial obligations.

Administrative costs

Costs associated with effectively managing the program, including expenses for staff performing roles such as intake/eligibility, establishing policies, goals, and objectives, maintenance, fiscal management, reporting, executive management tasks, training, and related meetings.

Audit Process

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

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

See 2024 audit report for the American Samoa Government

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

10.4. Audits of Local Administering Agencies

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

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

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

4	$Local\ agencies/district\ offices'\ A-133\ or\ other\ independent\ audits\ are\ reviewed\ by\ Grant\ recipient\ as\ part\ of\ compliance\ process.$
---	--

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

	Loca	ıl agencies a	and district	t offices are req	juired to h	ave an annua	l audit in	compliance	with Single	Audit A	ct and (OMB	Circulai	· A-13
--	------	---------------	--------------	-------------------	-------------	--------------	------------	------------	-------------	---------	----------	-----	----------	--------

Compliance Monitoring
10.5. Describe your monitoring process for compliance at each level below. Check all that apply.
Grant recipients have a policy in place for appropriate separation of duties and internal controls.
✓ Internal program review
Departmental oversight
Secondary review of invoices and payments
Other program review mechanisms are in place. Describe:
See attached summary
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:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
NA
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.
Site Visits:
NA
Desk Reviews:
NA
10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed. Other
10.9. How many local agencies are currently on corrective action plans? 0
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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Section 11: Timely and Me	aningful Public Participat	tion, 2605(b)(12), 2605(C)(2)				
11.1 How did you obtain input from the public in the Note: Tribes do not need to hold a public hearing but		11 0				
Tribal Council meeting(s)						
Public Hearing(s)						
Draft Plan posted to website and available	e for comment					
Hard copy of plan is available for public view and comment						
Comments from applicants are recorded						
Request for comments on draft Plan is advertised						
Stakeholder consultation meeting(s)						
Comments are solicited during outreach activities						
Other - Describe:						
Public Hearings, 2605(a)(2) - For States and the Co	mmonwealth of Puerto Rico Only					
11.2 List the date and location(s) that you held pub	lic hearing(s) on the proposed use and dis	stribution of your LIHEAP funds?				
	Date	Event Description				
1	07/03/2025	Public Hearing in Manu'a Islands				
11.3. How many parties commented on your plan a	t the hearing(s)? 0					
11.4 Summarize the comments you received at the l	hearing(s).					
The attendants did not have comments:	for the plan but wanted to apply for refrigera	ators and AC units.				
11.5 What changes did you make to your LIHEAP	plan as a result of public participation an	d solicitation of input?				
None. LIHEAP is already providing ref	rigerators and window AC units.					
If any of the above questions requi	re further explanation or cla	urification that could not be made in				

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

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

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

None

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

In the event a household's application is denied and/or not acted upon in a timely manner, the applicant may request a hearing with the TEO Director and the LIHEAP Manager within 72 hours of the request. The Director makes the final decision on the issue.

12.5 When and how are applicants informed of these rights?

Information on the rights to a fair hearing is provided on the LIHEAP application for assistance.

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

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

TEO has an Energy Public Education staff that creates and provides awareness and educational material on conservation and renewable energy to formal and informal audiences.

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

Close monitoring by the LIHEAP Manager and Finance staff will ensure we do not spend more than 5%.

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

We are told by some parents that their children are more energy conscious and make sure lights and fans are turned off, and remind the adults to turn off lights and fans and not to waste water.

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

N/A

13.5 How many households received these services? 779

Section 14 - Leveraging Incentive Program ,2607A

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Section 14:Leveraging Incentive Program, 2607(A)

14.1 Do you plan to submit an application for the leveraging incentive program? $\hfill C$ Yes $\hfill \odot$ No

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

N/A

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1			

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Section 15: Training					
15.1 Describe the training you provide for each of the following groups:					
a. Grant recipient Staff:					
Formal training provided virtually, on-site, and/or formal training conference					
How often?					
Annually					
✓ Biannually					
As needed					
Other, describe:					
Employees are provided with policy manual					
Other, describe:					
b. Local Agencies:					
Formal training provided virtually, on-site, and/or formal training conference					
How often?					
Annually					
Biannually					
As needed					
Other, describe:					
On-site training					
How often?					
Annually					
Biannually					
As needed					
Other, describe:					
Employees are provided with policy manual					
Other, describe:					
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	
C No	

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

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

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

N/A

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	Section 17: Program Integrity, 2605(b)(10)									
17.1	Fraud Reporting Mechanisms	s								
a. De	scribe all mechanisms availab	ole to	the public for repo	orting cases of	f sus	pected waste, frau	ıd, and abuse. S	elect	all that apply.	
	Online Fraud Reportin	g								
	Dedicated Fraud Repor	rting	Hotline							
V	Report directly to local	agei	ncy/district office o	r Grant recip	ient (office				
V	Report to State Inspect	or G	eneral or Attorney	General						
	Forms and procedures	in pl	lace for local agenc	ies/district off	ices	and vendors to re	port fraud, was	te, a	nd abuse	
	Other - Describe:									
b. De	escribe strategies in place for a	adve	rtising the above-re	eferenced reso	urce	s. Select all that a	pply			
N	Printed outreach mater	rials								
	Posted in local adminis	terin	ng agencies offices.							
V	Addressed on LIHEAP	app	lication							
V	Website									
	Other - Describe:	_			_			_	_	
17.2.	Identification Documentation	ı Rec	quirements							
a. Inc	dicate which of the following f bers.	iorm	s of identification a	re required o	r req	quested to be colle	cted from LIHI	EAP	applicants or the	eir household
			Collected from Whom?							
Туре	of Identification Collected		Applicant Only			All Adults in Household			All Household	Members
<u> </u>			Required	•		Required			Required	
	al Security Card is ocopied and retained									
			Requested			Requested			Requested	
		~						~		
			Required			Required			Required	
	al Security Number (Without al Card)	>	1				~			
			Requested		Requested			Requested		
Government-issued identification [card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)			Required Requested			Required		Required		
		~								
					Requested			Requested		
П	Other		Applicant Only	Applicant Or		All Adults in Household	All Adults in Household		All Household Members	All Household Members
	Out	_	Required	Requested		Required	Requested	_	Required	Requested
1										1

		~		~		>	
17.3.	Citizenship/Legal Residency Ver	ification	*	· "			
	are your procedures for ensurints? Select all that apply.	ng LIHEAP recipie	nts are U.S. citizen	s or qualified no	n-citizens who are	eligible to receive	LIHEAP
	Clients sign an attestation of o	citizenship or U.S.	Citizen or Qualifie	d Non-Citizen			
	Client's submission of certain	Social Security Ad	lministration card	s is accepted as pr	oof of U.S. Citizen	or Qualified Non-	Citizen.
~	Non-Citizens must provide do	ocumentation of im	migration status				
	Citizens must provide a copy	of their birth certif	ficate, naturalizati	on papers, or pass	port		
	Non-Citizens are verified thro	ough the SAVE sys	tem				
	Tribal members are verified t	hrough Tribal enr	ollment records/Ti	ribal ID card			
	Other - Describe:						
17.4.	Income Verification						
What	methods does your agency utiliz	e to verify househo	old income? Select	all that apply.			
~	Require documentation of inco	me for all adult ho	usehold members				
	✓ Pay stubs						
	Social Security award le	etters					
	Bank statements						
	Tax statements						
	Zero-income statements	3					
	Unemployment Insuran	ce letters					
	Other - Describe:						
	Self-employed declaration	ı form					
	Remittance form						
	Computer data matches:						
	Income information ma	tched against state	computer system	(e.g., SNAP, TAN	F)		
	Proof of unemployment	benefits verified w	ith state Departm	ent of Labor			
	Social Security income v	verified with SSA					
	Utilize state directory of	f new hires					
	Other - Describe:						
	Benefit letter from the Soc	cial Security Office					
b. Des	cribe any exceptions to the above	_					
	Self-declared income lette	r and notarized by a	Notary Public.				
17.5 I	dentification Verification						
Descr apply	ibe what methods are used to ver	rify the authenticit	y of identification	documents provid	ed by clients or ho	usehold members.	Select all that
	Verify SSNs with Social Securi	ty Administration					
	Match SSNs with death record	s from Social Secu	rity Administratio	n or state agency			
	Match SSNs with state eligibility	ty/case managemer	nt system (e.g., SN	AP, TANF)			
	Match with state Department of	of Labor system					
	Match with state and/or federa	l corrections system	m				
	Match with state child support	system					
	Verification using private softv	vare (e.g., The Wor	rk Number)				
	In-person certification by staff	(for tribal Grant r	recipients only)				
	Match SSN/Tribal ID number	with tribal databas	se or enrollment re	cords (for tribal (Grant recipients on	ly)	

✓ Other - Describe:
Valid ID and SS Card
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 Fundamentality for:
Employee training on confidencially for.
Отапт геория строусся
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 required to submit proof of physical residency Applicants must submit current utility bill
Applicants must submit current utility bill
Applicants must submit current utility bill Data exchange with utilities that verifies:
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe:
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: Centralized computer system/database tracks payments to all utilities
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: Centralized computer system/database tracks payments to all utilities Centralized computer system automatically generates benefit level
Applicants must submit current utility bill Data exchange with utilities that verifies: Consumption Balances Payment history Account is properly credited with benefit Other - Describe: Centralized computer system/database tracks payments to all utilities Centralized computer system automatically generates benefit level
Applicants must submit current utility bill Data exchange with utilities that verifies: Consumption Balances Payment history Account is properly credited with benefit Other - Describe: Centralized computer system/database tracks payments to all utilities Centralized computer system automatically generates benefit level Separation of duties between intake and payment approval Payments coordinated among other energy assistance programs to avoid duplication of payments
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: Centralized computer system/database tracks payments to all utilities Centralized computer system automatically generates benefit level Separation of duties between intake and payment approval Payments coordinated among other energy assistance programs to avoid duplication of payments Payments to utilities and invoices from utilities are reviewed for accuracy Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: Centralized computer system/database tracks payments to all utilities Centralized computer system automatically generates benefit level Separation of duties between intake and payment approval Payments coordinated among other energy assistance programs to avoid duplication of payments Payments to utilities and invoices from utilities are reviewed for accuracy Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities Direct payment to households are made in limited cases only
Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: Centralized computer system/database tracks payments to all utilities Centralized computer system automatically generates benefit level Separation of duties between intake and payment approval Payments coordinated among other energy assistance programs to avoid duplication of payments Payments to utilities and invoices from utilities are reviewed for accuracy Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities

17.9. Benefits Policy - Bulk Fuel Vendors
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
Vendors are checked against an approved vendors list
Centralized computer system/database is used to track payments to all vendors
Clients are relied on for reports of non-delivery or partial delivery
Two-party checks are issued naming client and vendor
Direct payment to households are made in limited cases only
Vendors are only paid once they provide a delivery receipt signed by the client
Conduct monitoring of bulk fuel vendors
Bulk fuel vendors are required to submit reports to the grant recipient.
Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
17.10. Investigations and Prosecutions
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.
Refer to state Inspector General
Refer to local prosecutor or state Attorney General
Refer to US DHHS Inspector General (including referral to OIG hotline)
Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
Grant recipient attempts collection of improper payments. If so, describe the recoupment process
Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 12 months
Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
Vendors found to have committed fraud may no longer participate in LIHEAP
Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

Instructions for Certification

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

Territorial Energy Office * Address Line 1		
Tafuna Energy House Address Line 2		
American Samoa Government Address Line 3		
Pago Pago * City	AS * State	96799 * Zip Code

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

Alternate II. (Grant recipients Who Are Individuals)

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

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

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

Section 20: Certification Regarding Lobbying

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

Assurances

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

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

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

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

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

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

(8) provide assurances that,

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

(9) provide that--

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

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

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

Plan Attachments

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