DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: PUERTO RICO DEPARTMENT OF THE FAMILY

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	Explan 2. Date 3. Appl 4a. Uni Z4M6B	lan/Funding Request? xplanation: Date Received: Applicant Identifier: a. Unique Entity Identifier (UEI) 4M6BCUFEHJ8		* 1.d. Version: C Initial C Resubmission Revision C Update State Use Only: 5. Date Received By State: 6. State Application Identifier:	
7. APPLICANT INF		Puerto Rico-ADSEF Department of F	omily				
* b. Address:	ommonweath of	Tuerto Rico-ADSET Department of T	anny				
* Street 1:	ADMINISTI	RATOR	Stre	et 2:	P.O. BOX 80	000	
* City:	SAN JUAN		Cou	nty:			
* State:	PR		Prov	ince:			
* Country:	Puerto Rico		* Zi _j Code:	p / Postal	00910 - 0800		
c. Organizational	Unit:						
Department Nam Socioeconomic Dev		Family Administration	Division Name: Operational Services Administration				
		person to be contacted on matters in t of Health and Human Services' LII				be listed on Notice of Funding	
* First Name: Tamara			* Last Name: Luciano Fernandez				
Title: LIHEAP Coordinate	or		Organizational Affiliation:				
* Telephone Numbe 7872897600	r:		Fax Number				
* Email: tamara.luciano@far	nilia.pr.gov						
* 8. TYPE OF APPI F: U.S. Territory or F							
* a. Is the applica	nt a Tribal Con	sortium: C Yes O No					
		ne the following documentation:					
		Catalog of Federal Dome Assistance Number:	stic		C	FDA Title:	
9. CFDA Numbers and	l Titles	93.568		Low-Income l	Home Energy A	Assistance Program	
		PLICANT'S PROJECT: 6 LIHEAP Model Plan					
11. AREAS AFFEC Puerto Rico	TED BY FUND	ING:					
12. CONGRESSION Puerto Rico, LIHE		S OF APPLICANT:					
13. FUNDING PER	IOD:						
a. Start Date: 10/01/2025					b. End Date: 09/30/2026		
* 14. IS SUBMISSION	ON SUBJECT T	O REVIEW BY STATE UNDER EX	XECUTI	VE ORDER 1	2372 PROCES	SS?	
a. This submission	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) Tamara Luciano 17d. Email Address tamara.luciano@familia.pr.gov 17b. Signature of Authorized Certifying Official 17e. Date Report Submitted (Month, Day, Year) 09/02/2025 sign

Section 1 - Program Components

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

	Section 1 Program Components					
Pro	gram Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)					
1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)						
		Start Date	End Date			
	Heating assistance					
>	Cooling assistance	03/02/2026	09/30/2026			
>	Summer crisis assistance	05/01/2026	09/30/2026			
	Winter crisis assistance					
	Year-round crisis assistance					
>	Weatherization assistance	11/03/2025	09/30/2026			
Pro	vide further explanation for the dates of operation, if necessary					
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	eating assistance	0.00%	0.00%			
C	ooling assistance	30.00%	19.00%			
S	ummer crisis assistance	40.00%	61.00%			
Winter crisis assistance		0.00%	0.00%			
Year-round crisis assistance		0.00%	0.00%			
V	Veatherization assistance	10.00%	0.00%			
С	arryover to the following federal fiscal year	10.00%	10.00%			
A	dministrative and planning costs	10.00%	10.00%			
S	ervices to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%			
U	sed to develop and implement leveraging activities	0.00%	0.00%			
тот	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.

Alternate Use of	f Crisis Assistance Fun	ds, 2605(c)(1)(C)				
1.3 The funds re	eserved for winter crisi	s assistance that hav	ve not been exp	ended by March 15 w	ill be reprogrammed to):
	Heating :	assistance			Cooling assists	ance
	Weather	ization assistance		<u> </u>	Other (specify	:) Summer Crisis Assitance
	2020	2.0405/			*	
	gibility, 2605(b)(2)(A) -				the following at the following	· · · · · · · · · · · · · · · · · · ·
1.4 Do you consi in the left colum	sider households catego nn below? • Yes	rically eligible it at i No	least one nouse	hold member receives	at least one of the rono	owing categories of benefits
If you answered	d "Yes" to question 1.4,	you must complete	the table belov	and answer question	s 1.5 and 1.6.	
			Heating	Cooling	Crisis	Weatherization
TANF		0	Yes 💽 No	⊙Yes ○No	O Yes O No	C Yes O No
SSI		0.	Yes 💽 No	CYes ⊙No	C Yes O No	C Yes O No
SNAP		0.	Yes 💽 No	⊙ Yes O No	C Yes O No	C Yes O No
Means-tested Vete	erans Programs		Yes 💽 No	C Yes O No	C Yes O No	C Yes O No
	the benefits or just one					do all household members eamlines the LIHEAP
1.5 Do you auto	matically enroll housel	olds without a direc	ct annual appli	cation? • Yes O No)	
If Yes, explain:						
done cons		seholds are among the				Cooling Assistance. This is Assistance have to submit an
determine compositi categorica determini	Non categorical community households alegible to receive cooling and crisis assistance are those who file an application and it si determined that their income and assets meet the elegibility criteria established by ACF. When determining benefit amount, energy costs, family composition and income are taken into consideration. Same methodology is used in determining elegibility and cash assistance amounts for the categorically elegible TANF households. There is no difference in treatment among categorically and non categorically elegible households in determining the amount of benefits. This process ensures eqitable treatment and aliminates preferential treatment. Other people in addition to Nap and TANF households, are able for assistance and receive the same benefit amount.					
SNAP Nominal	Payments					
1.7a Do you allo	ocate LIHEAP funds to	ward a nominal pay	ment for SNA	Phouseholds? OYes	€ No	
	l "Yes" to question 1.7a					
1.7b Amount of	Nominal Assistance: \$	50.00				
1.7c Frequency	of Assistance					
Once Per	Year					
Once ever	ry five years					
Other - D	escribe:					
1.7d How do you	ou confirm that the hous	sehold receiving a no	ominal paymen	t has an energy cost o	r need?	
Determination of	of Eligibility - Countab	le Income				
1.8. In determin	ning a household's incom	me eligibility for LII	HEAP, do you	use gross income or ne	et income?	
Gross Inc	come					
Net Incon	ne					
Other - De	escribe					
1.9. Select all th	ne applicable forms of c	ountable income use	ed to determine	a household's income	eligibility for LIHEAI	P
Wages	Wages					

~	Self - Employment Income
	Contract Income
~	Contract income
_4	Payments from mortgage or Sales Contracts
	Unemployment insurance
	7. U. D.
~	Strike Pay
~	Social Security Administration (SSA) benefits
	☐ Including MediCare ☐ Excluding MediCare deduction
	deduction
\vdash	
1	Supplemental Security Income (SSI)
V	Retirement / pension benefits
	General Assistance benefits
	Tamparary Assistance for Needy Femilies (TANE) honefits
	Temporary Assistance for Needy Families (TANF) benefits
1	Loans that need to be repaid
	Cash gifts
~	Savings account balance
~	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
	Jury duty compensation
V	Rental income
•	Rental income
1	Income from employment through Workforce Investment Act (WIA)
	Income from work study programs
V	Alimony
~	zamion,
\vdash	
~	Child support
~	Interest, dividends, or royalties
~	Commissions
~	
—	
~	Legal settlements
	Insurance payments made directly to the insured
	Insurance payments made specifically for the repayment of a bill, debt, or estimate
—	
~	Veterans Administration (VA) benefits
	Earned income of a child under the age of 18
	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.

	Income tax refunds
	Stipends from senior companion programs, such as VISTA
	Funds received by household for the care of a foster child
	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
	Reimbursements (for mileage, gas, lodging, meals, etc.)
>	Other Adult support, boarding house income, checking accounts and the value of liquid assets. The maximum resources allowed for families are as \$2,000.
	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 I	o you have an online application process Yes No
1.10	a 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 Any people can complete an application can visiting any local offices of the Department of the Family and complete the process with the assistance of technical personnel.
Please	b include a link(s) to a statewide application, if available: Bienvenidos ADSEF Digital (pr.gov)
1.10b	Can all program components be applied for online? Yes No
If no,	explain which components can and cannot be applied for online.
1.11 Г	o you have a process for conducting and completing applications by phone Test Yes No
1.12 Г	o you or any of your subrecipients require in person appointments in order to apply 💽 Yes 🔼 No
If yes,	please provide more information regarding why in-person appointments are required and in what circumstances they are required.
	A participant may be required to visit the local office to validate information and determine the eligibility of the individual and their household. Such as: validating address, family composition and income.
1.13 F	Iow can applicants submit documentation for verification? Select all that apply:
~	In-person
V	Mail
	Email
	Portal application
Y	
	Other, please describe

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 2 - Heating Assistance					
Eligibility, 2605(b)(2) - Assurance 2					
2.1 Designate the income eligibility threshold used for the	heating co	omponent:			
Add Household size	-	Eligibility Guideline	Eligibility Threshold	i	
1		State Median Income		60.00%	
2.2 Do you have additional eligibility requirements for Heating Assistance?	C Yes	€ No			
2.3 Check the appropriate boxes below and describe the p	policies for	each.			
Do you require an Assets test?	C Yes	⊙ No			
If yes, describe: Do you have additional/differing eligibili	ty policies	for:			
Renters?	O Yes	⊙ No			
If yes, describe:					
Renters Living in subsidized housing?	C Yes	⊙ No			
If yes, describe:					
Renters with utilities included in the rent?	O Yes	⊙ No			
If yes, describe:					
Do you give priority in eligibility to:					
Older Adults (60 years or older)?	C Yes	⊙ No			
If yes, describe:					
Individuals with a disability?	C Yes	⊙ No			
If yes, describe:					
Young children?	Oyes	⊙ _{No}			
If yes, describe:					
Households with high energy burdens?	Oyes	⊙ _{No}			
If yes, describe:					
Other?	Oyes	⊙ _{No}			
If yes, describe:					
Explanations of policies for each "yes" checked above:					
Determination of Benefits 2605(b)(5) - Assurance 5, 2605((c)(1)(B)				
2.4 Describe how you prioritize the provision of heating a etc. The ADSEF do not provide heating assistance			ts, early application peri	iods,	
, .					
2.5 Check the variables you use to determine your benefit	t Ievels. (Cl	neck all that apply):	l .		
Income					
Family (household) size					
Home energy cost or need:					
Fuel type					
Climate/region					
Individual bill					
Dwelling type					

Energy burden (% of income sp	ent on home energy)					
Energy need						
Other - Describe:						
Benefit Levels, 2605(b)(5) - Assurance 5, 260	Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)					
2.6 Describe estimated benefit levels for the shown in the payment matrix.	iscal year for which this plan	applies. Please note: the maximum and minim	mum benefits must be			
Minimum Benefit	\$0	Maximum Benefit	\$0			
2.7 Do you provide in-kind (e.g., blankets, sp	ace heaters) and/or other for	ms of benefits?1 © Yes © No				
If yes, describe.						
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.						

Section 3 - COOLING ASSISTANCE

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Eligibility, 2605 (c)(1)(A), 2605 (b)(2) - Assurance 2 3.1 Designate The income cligbility threshold used for the Cooling components: Add Monchold sizes State Median Income Gligibility Threshold 1 All Household Sizes State Median Income Gligibility Threshold 3.2 Do you have additional eligibility requirements for Cyes Cyo 3.3 Check the appropriate boxes below and describe the politics for each. Do you require an Assets test? Cyes Cyo West Cyes Cyo						
3.1 Designate The income eligibility threshold used for the Cooling component: Add Household Size Eligibility Guideline Eligibility Threshold 3.2 Do you have additional eligibility requirements for Cyes No 3.3 Check the appropriate boxes below and describe the policies for each. Do your require an Assets test? Cyes CNo If yes, describe: Renters? Cyes CNo If yes, describe: Renters Living in subsidized housing? Cyes CNo If yes, describe: Renters with utilities included in the rent? Cyes CNo If yes, describe: Renters with utilities included in the rent? Cyes CNo If yes, describe: Renters with utilities included in the rent? Cyes CNo If yes, describe: Renters with utilities included in the rent? Cyes CNo If yes, describe: Renters with utilities included in the rent? Cyes CNo If yes, describe: Renters with utilities included in the rent? Cyes CNo If yes, describe: Filderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Individuals with a disability? Cyes CNo If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Cyes CNo If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Polyters Cyes CNo If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Additional benefits as they are vulnarable population in most need. Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Elderly, disabled and young children receive additional b		Section 3 - Cooling Assistance				
Add Household size State Median Income G0.001 1. All Household Sizes State Median Income G0.001 3.2 Do you have additional digibility requirements for Cooling assistance? Cyes Cyo Cooling assistance? Cyes Cyo Cyo Cooling assistance? Cyes Cyo	Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2				
Saz De you have additional eligibility requirements for Cycs € No 3.2 De you have additional eligibility requirements for Cycs € No 3.3 Check the appropriate boxes below and describe the politicis for each. Do you require an Assets test?	3.1 Designate Th	e income eligibility threshold used for th	e Cooling o	omponent:		
3.2 Do you have additional eligibility requirements for Cooling assistance? 3.3 Check the appropriate boxes below and describe the policies for each. Do you require an Assets test?	Add	Household size		Eligibility Guideline	Eligibility Threshold	
Cooling assistance? 3.3 Check the appropriate boxes below and describe the policies for each. Do your require an Assets test? An assets test is required in our state regulations. An assets test is required in our state regulations. Renters? Renters? Renters? Renters Living in subsidized housing? If yes, describe: Renters Living in subsidized housing? Renters With utilities included in the rent? Renters with utilities included in the rent? Of yes No If yes, describe: Bederly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Of yes No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Of yes No If yes, describe: Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. All pescribe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	1	All Household Sizes		State Median Income	60.00%	
Do you require an Assets test?			O Yes	€ No		
If yes, describe: An assets test is required in our state regulations. Do you have additional/differing eligibility policies for: Renters?	3.3 Check the ap	propriate boxes below and describe the p	policies for	each.		
An asset set is required in our state regulations. Do you have additional/differing eligibility policies for: Renters?	Do you require a	n Assets test?	• Yes	○ No		
Renters? Yes No		assets test is required in our state regulation	ons.			
If yes, describe: Renters Living in subsidized housing? Renters with utilities included in the rent? Renters with utilities included in the rent? Renters with utilities included in the rent? Pess No If yes, describe: Doyon give priority in eligibility to: Older Adults (60 years or older)? Pess No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Individuals with a disability? Pess No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Pess No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Pess No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Pess No If yes, describe: Cyes No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. A Describe for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, e.g., benefit amounts, early application	Do you have add	itional/differing eligibility policies for:				
Renters Living in subsidized housing? If yes, describe: Renters with utilities included in the rent? Cyes No If yes, describe: Do you give priority in eligibility to: Older Adults (60 years or older)? Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Individuals with a disability? Oyes No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Oyes No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Oyes No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Yes No If yes, describe: Cyes No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. All Describe for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	Renters?		O Yes	€ No		
If yes, describe: Renters with utilities included in the rent? CYes No If yes, describe: Do you give priority in eligibility to: Older Adults (60 years or older)? Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Individuals with a disability? Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	If yes, describe:					
Renters with utilities included in the rent? Yes No If yes, describe: Do you give priority in eligibility to: Older Adults (60 years or older)? Fiderty, disabled and young children receive additional benefits as they are vulnarable population in most need. Individuals with a disability? Fiderty, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Fiderty, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Fiderty, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Yes No If yes, describe: Other? Yes No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Syno Figure No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	Renters Li	ving in subsidized housing?	C Yes	⊙ No		
If yes, describe: Do you give priority in eligibility to: Older Adults (60 years or older)? Figes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Individuals with a disability? Figes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Figes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Figes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Fyes ♠ № If yes, describe: Other? Yes ♠ № If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	If yes, describe:					
Do you give priority in eligibility to: Older Adults (60 years or older)? Fyes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Individuals with a disability? Fyes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Fyes, Ono If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Fyes, No If yes, describe: Other? Yes, No If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Syes, No If yes, describe: Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need.	Renters wi	th utilities included in the rent?	C Yes	€ No		
Older Adults (60 years or older)? If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Individuals with a disability? Flderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Flderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Flderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Flderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Tyes, describe: Other? Fyes No If yes, describe: Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	If yes, describe:		•			
Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Individuals with a disability? Fyes, Ono If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Fyes, Ono If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Fyes, Ono If yes, describe: Other? Fyes, No If yes, describe: Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	Do you give prio	rity in eligibility to:				
Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Individuals with a disability? If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? If yes, describe: Other? Other? Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	Older Adu	lts (60 years or older)?	• Yes	C _{No}		
If yes, describe: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Flyes, describe: Other? Yes No If yes, describe: Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.		lerly, disabled and young children receive			t need.	
Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Young children? Flderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Yes No If yes, describe: Other? Yes No If yes, describe: Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	Individuals	s with a disability?	• Yes	Ĉ No		
Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Yes No If yes, describe: Other? Yes No If yes, describe: Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.		lerly, disabled and young children receive	additional b	enefits as they are vulnarable population in most	t need.	
Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. Households with high energy burdens? Other? Other? Other? Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	Young chil	dren?	• Yes	○ _{No}		
If yes, describe: Other? Oyes Ono If yes, describe: Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.		derly, disabled and young children receive	*		t need.	
Other? If yes, describe: Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	Household	s with high energy burdens?	C Yes	⊙ No		
Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	If yes, describe:					
Explanations of policies for each "yes" checked above: Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	Other?		C Yes	€ No		
Elderly, disabled and young children receive additional benefits as they are vulnarable population in most need. 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.	If yes, describe:					
etc.		· ·	additional b	enefits as they are vulnarable population in most	t need.	
Through intaking process and the validation of the data in our databased case information system.		you prioritize the provision of cooling a	ssistance to	vulnerable populations, e.g., benefit amour	its, early application periods,	
	Th	rough intaking process and the validation	on of the da	ta in our databased case information system.		

Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)		
3.5 Check the variables you use to determine your benefit levels. (Check	all that apply):	
✓ 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:		
		18
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)		
3.6 Describe estimated benefit levels for the fiscal year for which this plant shown in the payment matrix.	n applies. Please note: the maximum and mi	nimum benefits must be
Minimum Benefit \$20	Maximum Benefit	\$110
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other form	ns of benefits? O Yes O No	
If yes, describe.		
If any of the above questions require further expl the fields provided, attach a document with said e		ould not be made 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

	WOL	JEL PLAN					
	Section 4: CRISIS ASSISTANCE						
Eligibility - 2604((c), 2605(c)(1)(A)						
4.1 Designate the	income eligibility threshold used for the crisis com	ponent					
Add	Household size	Eligibility Guideline		Eligibility T	hreshold		
1	All Household Sizes	State Median Income			60.00%		
	LIHEAP program's definition for determining a cod), Include all program definitions.	risis. If you administer multiple cr	risis assistance	programs (win	ter, summer,		
 Househ Applica	As Regulation #5257 states, in order to receive Crisis Assistance, the applicant must: Household below Puerto Rico State Median Income. Applicant must have an active account in the power energy supplier records. Show a service shutoff or disconnection notice from the electric power supplier.						
4.3 What constitu	ntes a <u>life-threatening crisis?</u>						
be consider will be consider will be considered. Disconnium medical Sin indicate if 18 (life-thi	Regulation #5257 of the Puerto Rico Energy Assistance Program states that an application of life- threatening crisis situation will be considered addressed when an aid is given to relieve or remedy the crisis within 18 hours. Households with the following situations will be considered a life-threatening crisis: • Disconnection of electricity services to a household thas has a member who is bedridden; who requires the use of an oxygen tank, other medical equipment, a/c or require refrigeration of medications. Since federal fiscal year 2022, LIHEAP applications completed on ADSEF Digital include an icon where the participant can indicate if they need or not need the use medical equipment to preserve life. If the answer is yes, these requests are identified as LIHEAP-18 (life-threatening crisis) In the program's procedures manual and the meeting with staff serving LIHEAP participants, they are oriented to how to identify LIHEAP 18 (life-threatening crisis) and LIHEAP 48 (crisis). Enclosed in attachment section the message that appear on ADSEF Digital.						
Crisis Requireme	ent, 2604(c)						
4.4 Within how n	nany hours do you provide an intervention that wil	l resolve the energy crisis for eligi	ble households	s? 48Hours			
4.5 Within how n situations? 18Ho	nany hours do you provide an intervention that wil ours	l resolve the energy crisis for eligi	ble households	in life-threater	ning		
Crisis Eligibility,	2605(c)(1)(A)			_			
			Winter Crisis	Summer Crisis	Year-Round Crisis		
4.6 Do you have a	additional eligibility requirements for Crisis Assista	ance?		~			
4.7 Check the ap	propriate boxes below to indicate type(s) of assistan	nce provided		-	JR		
Do you require a	Do you require an Assets test?						
Do you give prior	rity in eligibility to:						
Older Adul	tts (60 years or older)?						
Individuals	with a disability?						
Young Chil	Young Children?						

Households	with high energy burdens?					
Other (Spec	cify):					
In Order to receive	ve crisis assistance:					
Must the ho	ousehold have received a shut-off notice or have a near empty tank?		~			
Must the ho	ousehold have been shut off or have an empty tank?					
Must the ho	ousehold have exhausted their regular heating benefit?					
Must renter	rs with heating costs included in their rent have received an eviction notice?					
	ng/cooling be medically necessary?					
	ousehold have non-working heating or cooling equipment?					
Other (Spec						
Renters?	tional/differing eligibility policies for:					
	ng in subsidized housing?					
	h utilities included in the rent?		~			
Explanations of p	olicies for each "yes" checked above:					
Rer supplier. Determination of	nters with utilities included in the rent are not elegible for crisis benefits because they d Benefits	o not have an act	ive account in th	ne power energy		
4.8 How do you h	andle crisis situations?					
	Separate component					
	Benefit Fast Track, no separate amount of crisis funds is issued. Rather bene response time frames.	fits are issued to	o crisis custome	rs within crisis		
	The participants present a invoice with a disconnection or shut off	notice.				
4.9 If you have a	separate component, how do you determine crisis assistance benefits?					
	Amount to resolve the crisis. \$0					
	Other - Describe:					
	ot applications for energy crisis assistance at sites that are geographically accessible	le to all househo	lds in the area	to be served?		
⊙ Yes ○ No	Explain.					
The applications process is available through: 1. Online process- ADSEF Digital Plataform (24/7) 2. Government Call Center 3-1-1 3. ADSEF local Offices: The ADSEF has local offices in all 78 municipalities of Puerto Rico, having two in someod them, for a total of 88 local offices island-wide (including the islands of Vieques and Culebra). The offices are mostly nearby other government offices and can be reached by -public transportation. For those households that do not have access to the local offices, home visits can be coordinated. 4. ADSEF Digital Service Line 787.792.3733						
4.11 Do you provi	ide individuals who are individuals with a disability the means to:					
Submit applications for crisis benefits without leaving their homes?						
If No, explain.	If No, explain.					
	tes at which applications for crisis assistance are accepted?					
C Yes No						

If you answered "No" to both options in question disabled?	4.11, please	explain altei	rnative means of intake to those who are homebou	and or physically
For those household that do not hav 2026 participants can apply online through			ces, home visits can be coordinated. In addition fo	or federal fiscal year
Pro-F41 and 2005(a)(1)(P)				
Benefit Levels, 2605(c)(1)(B) 4.12 Indicate the maximum benefit for each type o	f cricic accic	tance offere	ed.	
Winter Crisis \$0.00 maximum benefit	1 (11515 a5515	tance offere	<u> </u>	<u></u>
Summer Crisis \$800.00 maximum benefit	it			
Year-round Crisis \$0.00 maximum benefit				
4.13 Do you provide in-kind (e.g. blankets, space h	eaters, fans	and/or othe	er forms of benefits?	ļ
C Yes O No If yes, Describe		<u> </u>		
2 100 2 110 11 700, 20001100				
4.14 Do you provide for equipment repair or repla	cement usin	g crisis fund	ds?	
• Yes C No				
If you answered "Yes" to question 4.14, you must	complete qu	estion 4.15.		
4.15 Check appropriate boxes below to indicate ty				
4.13 Check appropriate boxes below to indicate by	1	-	1	
	Winter Crisis	Summer Crisis	Year-round Crisis	
Heating system repair				
Heating 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):		>		
Rechargeable or solar fan.				
4.16 Do any of the utility vendors you work with en	nforce a moi	ratorium on	shut offs?	
⊙ Yes O No				
If you responded "Yes" to question 4.16, you must	respond to	question 4.1	17.	
4.17 Describe the terms of the moratorium and an	y special dis	pensation re	eceived by LIHEAP clients during or after the mo	ratorium period.
If the application is approved, Determination of Action Taken form is issue to the participants, so that the LUMA Energy does not shut-off the service.				
4.18 If you experience a natural disaster, do you in No	tend to utili	ze LIHEAP	crisis funds to address disaster related crisis situ	ations? O Yes 💿
If yes, describe				
If any of the above questions requi	ire furth	er expla	nation or clarification that could	not be made in

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

Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

Section 5: WEATHERIZATION ASSISTANCE						
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assu	rance 2				
5.1 Designate the	income eligibility thresho	ld used for the Weatheriz	zation component			
Add	Househo	old Size	Eligibility Guideline	Eligibility Threshold		
1	All Household Sizes		State Median Income	60.00%		
5.2 Do you enter No	into an interagency agree	ment to have another gov	rernment agency administer a WEATHERIZ	ATION component? • Yes		
5.3 If yes, name t	the agency and attach a co	py of the Internal Agreen	nent or Contract. State Energetic Public Polic	cy Program		
5.4 Is there a sep	arate monitoring protocol	for weatherization? 💽 Y	∕es ◯No			
WEATHERIZA'	TION - Types of Rules					
5.5 Under what r	rules do you administer LI	HEAP weatherization? (Check only one.)			
Entirely un	nder LIHEAP (not DOE) r	ules				
Entirely ur	nder DOE WAP (not LIHI	EAP) rules				
Mostly und	der LIHEAP rules with the	e following DOE WAP ru	lle(s) where LIHEAP and WAP rules differ ((Check all that apply):		
-	me Threshold	3				
✓ Wear			is permitted if at least 66% of units (50% in	1 2- & 4-unit buildings) are		
		•	income persons (excluding nursing homes, p	orisons, and similar institutional		
Othe	r - Describe:					
Mostly und	der DOE WAP rules, with	the following LIHEAP ru	ule(s) where LIHEAP and WAP rules differ	(Check all that apply.)		
Incor	me Threshold					
Weat	therization not subject to I	OOE WAP maximum sta	tewide average cost per dwelling unit.			
Wear	therization measures are n	ot subject to DOE Saving	gs to Investment Ration (SIR) standards.			
Othe	Other - Describe:					
Eligibility, 2605(b)(5) - Assurance 5					
5.6 Do you require an assets test?						
5.7 Do you have additional/differing eligibility policies for :						
Renters	Renters © Yes C No					
Renters liv housing?	Renters living in subsidized O Yes No No					
Renters wi rent?	Renters with utilities included in the rent?					
5.8 Do you give p	oriority in eligibility to:	10				
Older Adu	Older Adults? • Yes O No					
Individuals	s with a disability?	⊙ Yes ◯ No				
Young Chi	Young Children? • Yes O No					
House hold burdens?	House holds with high energy ourdens?					

Other?	○Yes •No				
If you selected "Yes" for any of the options below.	s in questions 5.6, 5.7, or 5.8, y	ou must provide further explanation of these policies in the text field			
Regulation #5257 for LIHEAP Funds in Puerto Rico on Chapter II, article II, Section 2.1 states that the meritorious situations of ederly or disabled that can't visit the local office, due to health or aged condition, the applications process will be done through a house visit.					
		tate Median Income, thus application are evaluated under the gorss monthly to households with member(s) pertaining to one or more of the vulnerable			
5.7 Renters:					
	For participants who live in rented homes, a copy of the lease agreement, term of the contract and a written authorization from the owner is requested authorizing the weatherization work to be carried out in the home.				
Benefit Levels					
5.9 Do you have a maximum LIHEAP wea	therization benefit/expenditur	e per household? C Yes			
5.9a If yes, what is the maximum? \$0					
5.10 Do you use an Average Cost per Unit 5.10a If so, what is the ACPU amount?					
5.10a ii so, what is the ACPU amount?	\$8,230				
Types of Assistance, 2605(c)(1), (B) & (D)					
5.11 What LIHEAP weatherization measure	res do you provide ? (Check al				
Weatherization needs assessments/a	audits	Energy related roof repair			
✓ Caulking and insulation		Major appliance repairs			
Storm windows		Major appliance replacement			
Furnace/heating system modification	ons/repairs	Windows/sliding glass doors			
Furnace replacement		D oors			
Cooling system modifications/repai	rs	✓ Water Heater			
Water conservation measures		Cooling system replacement			
Roof top solar		Community solar projects			
Compact florescent light bulbs		Other - Describe: Installation of Solar PV Panels with DOE authorization.			
If any of the above questions	require further expl	anation or clarification that could not be made in			

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 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)
6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:
✓ Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
Publish articles in local newspapers or broadcast media announcements.
✓ Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
Mass mailing(s) to prior-year LIHEAP recipients.
Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
Execute interagency agreements with other low-income program offices to perform outreach to target groups.
✓ Web Posting
Email Email
Texting
▼ Events
Social Media
Other (specify):
1. Government call center 3-1-1- were any person can call and receive information regarding our services. Through this call, the persons can receive orientation regarding specific programs, schedule appointments and make fraud complaints, among other services.
2. Media tours and social networking will be carried out during the fiscal year. Also, the Family Department official site provides information on LIHEAP availabilty of services.
3. LIHEAP Brouchers will be producing and distribute in ADSEF public activities.

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OMB Clearance No.: 0970-013

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

ADSEF also administer the funds for the TANF Program and Nutritional Assistance Program and has a case management database system for elegibility process for these programs, LIHEAP included. Those, internal coordination and referrals is carryout between the programs.

The ADSEF will establish an agreement with LUMA Energy, LLC., who is responsible for developing energy policies and promoting energy conservation, to elaborate educational materials and activities addressed to low-income community groups and families to lower energy consumption and consider new strategies into energy saving.

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

Section 8: Agency Designation 2605(h)(6) - Assurance 6 (Required for state Grant

	recipients and the Commonwealth of Puerto Rico)						
8.1 Ho	w would you categorize the primary respons	sibility of your State age	ncy?				
	Administration Agency						
	Commerce Agency						
	Community Services Agency						
	Energy/Environment Agency						
	Housing Agency						
>	State Department of Welfare (administers	TANF, SNAP, and/or M	(edicaid)				
>	Economic Development Agency						
	Other - Describe:						
	e current list of subrecipient name, main off ımber. <i>Used for Near hotline and OCS Servi</i> o			r, county(s) served, Con	gressional District, and		
	ate Outreach and Intake, 2605(b)(15) - Assu						
	selected "State Department of Welfare (adn 8.4, as applicable.	ninisters TANF, SNAP,	and/or Medicaid)'' in qu	estion 8.1, you must cor	nplete questions 8.2, 8.		
8.2 Ho	w do you provide alternate outreach and int	ake for heating assistan	ce?				
	Puerto Rico do not provide Heating As	ssistance.					
8.3 Ho	8.3 How do you provide alternate outreach and intake for cooling assistance?>						
Public notice is published in local newspaper advising the availability of cooling funds. Also through social media and media tours.							
8.4 How do you provide alternate outreach and intake for crisis assistance?							
Same procress for outreach and intake for Cooling Assistance, will apply to the Crisis Component.							
8.5 LII	HEAP Component Administration.	Heating	Cooling	Crisis	Weatherization		
8.5a W	8.5a Who determines client eligibility? Non-Applicable State Welfare Agency State Welfare Agency Environment Agency						
	8.5b Who processes benefit payments to gas and electric vendors? Non-Applicable State Welfare Agency State Welfare Agency						
	8.5c who processes benefit payments to bulk fuel vendors? Non-Applicable Non-Applicable Non-Applicable						

8.5d Who performs installation of weatherization measures?				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 central applicable, 8.9.	ally-administered by a st	ate agency, you must con	mplete questions 8.6, 8.7	, 8.8, and, if		
8.6 What is your process for selecting local admin	istering agencies?					
8.7 How many local administering agencies do you	ı use? 1					
8.8 Have you changed any local administering age Yes No	encies in the last year?					
8.9 If so, why?						
Agency was in noncompliance with Grant recipient requirements for LIHEAP -						
Agency is under criminal investigation						
Added agency						
Agency closed						
Other - describe						
8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? • Yes						
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. Yes No						
8.10c If yes, please explain.						
If any of the above questions requin the fields provided, attach a doc				not be made		

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Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7 9.1 Do you make payments directly to home energy suppliers? O Yes O No Heating Yes O No Cooling Tes O No Crisis O Yes O No Are there exceptions? If yes, Describe. Under Crisis Component we provide different benefits. Only the benefits regarding the payment of the electrivity bill are done directly to the energy supplier. 9.2 How do you notify the client of the amount of assistance paid? In Crisis Assistance, the client is personally notified of the authorized assistance amount once the elegibility is determined. A written notification is sent through the Determination of Action Taken form. 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? On federal fiscal year 2026 payments will continue to be by electronic transfer to the LUMA Energy, LLC. ADSEF agreed tha LUMA Energy will notify each participating household in the next invoice of the amount of assistance paid on its behalf. The payment will appear in the invoice under LIHEAAO assistance category, ensuring that the energy supplier will credit the client's account Enclosed the Collaboration Agreement between Luma Energy and ADSEF. 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? Applicants are oriented on the right to appeal any determinations and/or submit a complaint to ACF. 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? O Yes O No If so, describe the measures unregulated vendors may take. Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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

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

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

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

The Puerto Rico Family Department has fiscal controls and accounting procedures to ensure the proper disbursements and accountability of funds assigned to Puerto Rico under this tittle. The Puerto Rico Department of Treasury receives the funds, and upon request of the Administration for the Socioeconomic Development of the Family, extends a line of credit to the Popular Bank of Puerto Rico. Further disbursements are petitioned to the Puerto Rico Treasury Department.

Crisis (payments of shut-off notice account) and Cooling assistance are given through an electronics transfer (EBT) made directly to LUMA Energy. Other benefits provided under the crisis component are issued by check to the order of the participants and the vendor.

10.1a Provide your definitions of the following:

Obligation

Obligation is a contract, service offered, completed application, or purchase occurring on or before September 30 of each federal fiscal year.

Expenditures

An expense is considered when there is a disbursement of money to a person, group of people or institution to pay for an item or service already offered.

Expenditure timeframe

The timeframe may vary depending on the type of disbursement being worked on.

Administrative costs

Administrative costs are costs incurred to support the functioning of the program, like salaries and benefits to the workers and others costs necessary for the proper administration.

Audit Process

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

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

The process to selection the auditor is work by the office of the Secretary of the Family.

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	~	
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Finding	Type	Brief Summary	Resolved?	Action Taken
1				

10.4. Audits of Local Administering Agencies

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

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

Local agencies/district offices are required to have an annual audit (other than A-133)
Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.
Grant recipient conducts fiscal and program monitoring of local agencies/district offices
Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
Compliance Monitoring
10.5. Describe your monitoring process for compliance at each level below. Check all that apply.
Grant recipients have a policy in place for appropriate separation of duties and internal controls.
✓ Internal program review
Departmental oversight
Secondary review of invoices and payments
Other program review mechanisms are in place. Describe:
Meetings, database validation and reports are periodically conducted.
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.
At the local office level, case file reading is mandatory. With the objective of detecting error before payment is issued, the supervisor must read the filed applications to establish elegibility was determined correctly.
Reginal offices aupervisors most audit a ramdan sample of five cases as sample of assited houeesehold form each local office to verify that:
 The cases are well documented The forms are completed correctly The verifications and validations of documents was carryout within the frame work of time. The elegibility requirements are correct. The payment was granted correctly.
The Administration has the responsability of assurance that payments issued to the participants are used to pay for the service for which they were approved. Participants are required to submit evidence of the ues of funds. ADSEF has a Planning and Evaluation Division that also reviwes LIHEAP compliance through case sampling evaluations.
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.
Site Visits:
Tha Planning and Evaluation Division has an establisehd schedule to visiting offices to monitor the LIHEAP procedures.
Desk Reviews:
Anually
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? None

fields provided,	questions require fu attach a document	ırther explanati with said expla	ion or clarification nation here.	on that could not	be made

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

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Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)
11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply. Note: Tribes do not need to hold a public hearing but must ensure participation through other means.
Tribal Council meeting(s)
Public Hearing(s)
Draft Plan posted to website and available for comment
Hard copy of plan is available for public view and comment
Comments from applicants are recorded
Request for comments on draft Plan is advertised
Stakeholder consultation meeting(s)
Comments are solicited during outreach activities
✓ Other - Describe:
The Puerto Rico LIHEAP Model Plan was published on the web site of the Department of Family for a period of 30 days to recieve comments and suggestions from the general public. I attach a screenshot of the PR LIHEAP Model Plan available in the ADSEF digital plataform. (www.serviciosenlinea.adsef.pr.gov)
Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only
11.2 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?
Date Event Description
1 08/04/2025 Public Presentation
11.3. How many parties commented on your plan at the hearing(s)? 0
11.4 Summarize the comments you received at the hearing(s). ADSEF does not receive any comments.
11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?
NONE
If any of the above questions require further explanation or clarification that could not be made in

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Clearance No.: 0970-013

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 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? 75
- 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.

LIHEAP applicants have the right to submit an appeal 30 days after the denial notes. FORM DSS-1266 is provided to the housedholds or authorized repersentative to be submitted to the Board of Appelas. The appeal procedure is contained in Regulation # 5257 to establish the procedures adjuducation of disputes before the Board of Appelas. The latter is the administrative organism of the Puerto Rico Department of the Family responsible for the appeal process and hearings.

12.5 When and how are applicants informed of these rights?

At the time participants receive the written notifications of the action taken regarding their application, they are informed of those rights.

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 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?

We will develop activities to educate clients in energy consumption and costs reductions. On-site activities will include NAP family markers and food distribution in communities island wide.

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

Program and budget and finance division prepare together the annual budget and the corresponding quaterly reports to monitor the obligations and the expenses.

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

This fiscal year 2026 ADSEF will be developing these activities.

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

Not Applicable

13.5 How many households received these services? N/A

Section 14 - Leveraging Incentive Program ,2607A

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 14:Leveraging Incentive Program, 2607(A)

14.1 Do you plan to submit an application for the leveraging incentive program? \bigodot Yes \bigodot No

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

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

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

Section 15 - Training

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 15: Training				
15.1 Describe the training you provide for each of the following groups:				
a. Grant recipient Staff:				
Formal training provided virtually, on-site, and/or formal training conference				
How often?				
Annually				
Biannually				
✓ As needed				
Other, describe:				
Employees are provided with policy manual				
✓ Other, describe:				
On the jog training through email, phone, calls and virtual meeting (teams, zoom, etc.) with local's office staff.				
b. Local Agencies:				
Formal training provided virtually, on-site, and/or formal training conference				
How often?				
Annually				
Biannually				
As needed				
Other, describe:				
On-site training				
How often?				
Annually				
Biannually				
✓ As needed				
Other, describe:				
Employees are provided with policy manual				
Other, describe:				
c. Vendors				
Formal training conference				
How often?				
Annually				
Biannually				
As needed				
Other, describe: Weekly progress virtual meeting				
Policies communicated through vendor agreements				

	Policies are outlined in a vendor manual	
	Other, describe:	
15.2 Do • Yes • No	es your training program address fraud reporting and prevention?	
•	y of the above questions require further explanation or clarification	that could not be made in

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

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 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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

	Section 17: Program	Integrity, 2605(b)(10)						
17.1 Fraud Reporting Mechanisms	s							
a. Describe all mechanisms availab	ble to the public for reporting cases of	f suspected waste, fraud, and abuse. S	Select all that apply.					
Online Fraud Reportin	ng							
Dedicated Fraud Report	rting Hotline							
Report directly to local	l agency/district office or Grant recip	ient office						
Report to State Inspect	tor General or Attorney General							
Forms and procedures	Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse							
Other - Describe:	Other - Describe:							
b. Describe strategies in place for advertising the above-referenced resources. Select all that apply								
Printed outreach mater	Printed outreach materials							
Posted in local adminis	stering agencies offices.							
Addressed on LIHEAP	Addressed on LIHEAP application							
Website								
Other - Describe:								
Social Networks								
17.2. Identification Documentation	n Requirements							
a. Indicate which of the following members.	forms of identification are required o	r requested to be collected from LIHI	EAP applicants or their household					
Collected from Whom?								
Type of Identification Collected								
	Applicant Only	All Adults in Household	All Household Members					
Social Security Card is	Required	Required	Required					
photocopied and retained								
	Requested	Requested	Requested					
Social Security Number (Without	Required	Required	Required					
actual Card)			<u>~</u>					
	Requested	Requested	Requested					
C	Required	Required	Required					
Government-issued identification card								
(i.e.: driver's license, state ID, Tribal ID, passport, etc.)	Requested	Requested	Requested					
Other	Applicant Only Applicant On	oly All Adults in All Adults in	All Household All Household					

	Required	Requested	Household Required	Household Requested	Members Required	Members Requested
1						
17.3. Citizenship/Legal Residency Ver	rification	<u>. </u>			<u> </u>	
What are your procedures for ensuring benefits? Select all that apply.	ng LIHEAP recipier	nts are U.S. citizer	ns or qualified no	on-citizens who are	eligible to receive	LIHEAP
Clients sign an attestation of o	citizenship or U.S. (Citizen or Qualifie	ed Non-Citizen			
Client's submission of certain	Social Security Ad	ministration card	s is accepted as pi	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	icate, naturalizati	on papers, or pass	sport		
Non-Citizens are verified thro	ough the SAVE syst	tem				
Tribal members are verified t	through Tribal enro	ollment records/T	ribal ID card			
Other - Describe:						
Proof of citizenship or qualicense, naturalization card, passp Status (ADSEF-153, Common fois entered in the system by the int Inmigration Status. These metho	oort, school identifica rm used in NAP, TA taker of the local offi	ation, state issued in ANF and LiHEAP). ices in the form "ve	dentification, work No original docur crification of Identi	identification, Proo ments or copies are 1 ty, residence, Social	f of Citizenship or maintained in file. Security Number	Inmigration All information
17.4. Income Verification						
What methods does your agency utiliz	ze to verify househo	old income? Select	all that apply.			
Require documentation of inco	ome for all adult ho	usehold members				
Pay stubs						
Social Security award lo	etters					
Bank statements						
Tax statements						
Zero-income statements	s					
✓ Unemployment Insuran	ice letters					
Other - Describe:						
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	verified with SSA					
Utilize state directory of	f new hires					
Other - Describe:						
Public Assistance Reporti	ng Information Syste	em (PARIS).				
b. Describe any exceptions to the above	e policies.					
17.5 Identification Verification						
Describe what methods are used to verapply	rify the authenticity	y of identification	documents provid	led by clients or ho	usehold members	. Select all that
Verify SSNs with Social Securi	ity Administration					
Match SSNs with death record	s from Social Secu	rity Administratio	n or state agency			
Match SSNs with state eligibili	ty/case managemen	nt system (e.g., SN	AP, TANF)			
Match with state Department of			·			
Match with state and/or federa		n				
Match with state child support						
Verification using private softy	-	k Number)				
In-person certification by staff						

Ma	tch SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
✓ Ot	her - Describe:
	ADSEF uses the Public Assistance reporting Information System (PARIS)-Match project that consists in computer matching process by ch the Social Security number of pubic assistance recipients are amtched against various federal database and participating states. Some of the programs are AFDC, Medicaid, NAP, TANF, LIHEAP and other federal and state programs.
17.6. Prot	ection of Privacy and Confidentiality
Describe t	he financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
✓ Po	licy in place prohibiting release of information without written consent
✓ Gr	ant recipient LIHEAP database includes privacy/confidentiality safeguards
✓ En	ployee training on confidentiality for:
	Grant recipient employees
>	Local agencies/district offices
✓ En	ployees must sign confidentiality agreement
	Grant recipient employees
>	Local agencies/district offices
✓ Ph	ysical files are stored in a secure location
✓ Ele	ectronic files are protected in a secure location.
✓ Ot	her - Describe:
con hav	All documentation is kept in a secure restricted access file room at the local offices. For the protection of applicants or ticipants, staff must not disclose or use the contents records, file documents or communications for purposes other than those directly nected with the administration of energy programs. When employees with access, leave their position, a request is also submitted to e their security withdrawn. Written authorization by head of household, spouse or authorized representative must be presented for a d party viewing.
rele	All law enforcement agencies must present a subpoena for viewing all program files. The only client information that can be ased to different energy suppliers is that which is essential for making payment to a client's account.
17.7. Veri	lying the Authenticity
	iying the Authenticity cies are in place for verifying vendor authenticity? Select all that apply.
What poli	
What poli	cies are in place for verifying vendor authenticity? Select all that apply.
What poli	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe.
What poli	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form
What poli	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household
What poli	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors
What poli	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form indors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above:
What poli All All Ve Gr Vot	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A
What poli All All Ve Gr Vot	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities
What poli All All Ve Gr Vot	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form indors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities cies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that
What poli All All Ve Gr Vot 17.8. Bene What poli apply. A A D	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities cies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that pplicants required to submit proof of physical residency
What poli All All Ve Gr Vot	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities cies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that pplicants required to submit proof of physical residency pplicants must submit current utility bill
What poli All All Ve Gr Vot 17.8. Bene What poli apply. A A D	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities cies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that applicants required to submit proof of physical residency pplicants must submit current utility bill ata exchange with utilities that verifies:
What poli All All Ve Gr Vot 17.8. Bene What poli apply. A A D	cies are in place for verifying vendor authenticity? Select all that apply. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities cies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that pplicants required to submit proof of physical residency pplicants must submit current utility bill ata exchange with utilities that verifies: Account ownership
What poli All All Ve Gr Gr Vot	vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities cies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that pplicants required to submit proof of physical residency pplicants must submit current utility bill ata exchange with utilities that verifies: Account ownership Consumption
What poli All All Ve Gr Ot 17.8. Bene What poli apply. A D U	vendors must register with the State/Tribe. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form and ors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities cies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that pplicants required to submit proof of physical residency pplicants must submit current utility bill ata exchange with utilities that verifies: Account ownership Consumption Balances
What poli All All Ve Gr Gr Vot 17.8. Bene What poli apply. A D U U U U U U U U U U U U U U U U U	vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities cies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that pplicants required to submit proof of physical residency pplicants must submit current utility bill ata exchange with utilities that verifies: Account ownership Consumption Balances Payment history
What poli All All Ve Gr Gr Vot 17.8. Bene What poli apply. A D D	vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities cies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that pplicants required to submit proof of physical residency pplicants must submit current utility bill ata exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit
What poli All All Ve Gr Gr Vot 17.8. Bene What poli apply. A D V V	vendors must register with the State/Tribe. vendors must register with the State/Tribe. vendors must supply a valid SSN or TIN/W-9 form ndors are verified through energy bills provided by the household ant recipient and/or local agencies/district offices perform physical monitoring of vendors her - Describe and note any exceptions to policies above: N/A fits Policy - Gas and Electric Utilities cies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that pplicants required to submit proof of physical residency pplicants must submit current utility bill ata exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe:

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
V 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:
LUMA Energy LLC., is the only energy provider in Puerto Rico. Gas providers must indicate state vending license.
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:
N/A
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
There are two options when collecting improper payments:
 Global Payments-the debt is collected in one payment, when the family can pay the debt in this way and the amount to be collected is not over \$20.
2. Installments- The agency will accept monthly installments when the amount to be paid is no less than \$10.00. In those situations where the income of the family is limited and the family can't make monthly payment of \$10, the local office must make a socio-economic assessment and establish and installment for no less than \$5.00.
The local offices will establish the installment up to 12 months of duration.
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:
ASDEF has a Program Integrity Division in place that operates under Legal Affairs office.
The 3-1-1 hotline is accesible to report fraud committed by participants. These cases are referred to the regional pr local offices for proper investigation.
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.)

800 Avenue Ponce De Leon * Address Line 1		
capitol Office building Address Line 2		
Address Line 3		
San Juan * City	PR * State	00907 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.		