



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Office of the Commissioner

Andy Beshear
Governor

275 East Main Street, 3W-A
Frankfort, KY 40621
502-564-3703
502-564-6907
www.chfs.ky.gov/agencies/dcbs

Eric C. Friedlander
Secretary

Marta Miranda-Straub
Commissioner

June 4, 2021

Mr. Mark Mitchell
Block Grant Coordinator
Legislative Research Commission
Room 172, Capitol Annex
Frankfort, Kentucky 40601

Dear Mr. Mitchell:

The preliminary Low-Income Home Energy Assistance Program (LIHEAP) State Plan for FFY 2022 is enclosed or your review. This annual plan specifies the proposed use and distribution of LIHEAP funds and is being submitted in accordance with KRS 45.351.

If you have any questions, please contact Vickie Bowling at Vickie.Bowling@ky.gov or Laura Begin at Laura.Begin@ky.gov.

Sincerely,

DocuSigned by:

Marta Miranda-Straub

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Marta Miranda-Straub
Commissioner

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: Kentucky

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2021 to 09/30/2022

Report Status:

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.: 0970-0075
 Expiration Date: 09/30/2022

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

* 1.a. Type of Submission: Plan	* 1.b. Frequency: Annual	* 1.c. Consolidated Application/Plan/Funding Request? Explanation:	* 1.d. Version: Initial Resubmission n Revision Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	
		4a. Federal Entity Identifier:	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:

7. APPLICANT INFORMATION

* a. Legal Name: Kentucky

* b. Employer/Taxpayer Identification Number (EIN/TIN): 927049767 * c. Organizational DUNS:

* d. Address:

* Street 1:	275 East Main Street, #5W-A	Street 2:	
* City:	FRANKFORT	County:	
* State:	KY	Province:	
* Country:	United States	* Zip / Postal Code:	40601 - 2321

e. Organizational Unit:

Department Name: Department of Community Based Services	Division Name: Division of Family Support
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	* First Name: Vicki	Middle Name:	* Last Name: Bowling
Suffix:	Title: Public Assistance Program Specialist	Organizational Affiliation:	CHFS/DCBS
* Telephone Number: 5025643440	Fax Number:	* Email: Vickie.Bowling@ky.gov	

* 8a. TYPE OF APPLICANT:
 A: State Government

b. Additional Description:

* 9. Name of Federal Agency:

Assistance Number:

10. CFDA Numbers and Titles 93568 Low-Income Home Energy Assistance

11. Descriptive Title of Applicant's Project LIHEAP

12. Areas Affected by Funding:

13. CONGRESSIONAL DISTRICTS OF:			
* a. Applicant 6		b. Program/Project: Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	
a. Start Date: 10/01/2021	b. End Date: 09/30/2022	* a. Federal (\$): \$0	b. Match (\$): \$0
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt?			
NO			
Explanation:			
18. 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.			
18a. Typed or Printed Name and Title of Authorized Certifying Official		18c. Telephone (area code, number and extension)	
		18d. Email Address	
18b. Signature of Authorized Certifying Official		18e. Date Report Submitted (Month, Day, Year)	
Attach supporting documents as specified in agency instructions.			

Section 1 - Program Components

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 SF - 424 - MANDATORY

Department of Health and Human Services
 Administration for Children and Families
 Office of Community Services
 Washington, DC 20201

August 1987, revised 05/92, 02/95, 03/96,
 12/98, 11/01 OMB Approval No. 0970-0075
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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 in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Section 1 Program Components

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

	1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
		Start Date	End Date
	Heating assistance	11/04/2021	12/13/2021
	Cooling assistance	05/01/2022	07/01/2022
	Crisis assistance	01/04/2022	03/31/2022
	Weatherization assistance	07/01/2021	06/30/2022

Provide further explanation for the dates of operation, if necessary

*Cooling assistance is offered to assist households with their energy cost(s) year-round in LIHEAP.

**Any LIHEAP funding used for Weatherization not exhausted by June 30th (the end of the state fiscal year) is carried forward into the next year's contract with Kentucky Housing Corporation and must be liquidated between July 1 through September 30th.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage (%)
Heating assistance	17.00%
Cooling assistance	29.00%
Crisis assistance	37.00%
Weatherization assistance	7.00%

Carryover to the following federal fiscal year	0.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%
Used to develop and implement leveraging activities	0.00%
TOTAL	100.00%

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

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

<input type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify:) Funds may be used to extend Crisis through April 30th or obligated for heating assistance for the next program year.

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

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

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

	Heating		Cooling		Crisis		Weatherization	
	Yes	No	Yes	No	Yes	No	Yes	No
TANF	Yes	No	Yes	No	Yes	No	Yes	No
SSI	Yes	No	Yes	No	Yes	No	Yes	No
SNAP	Yes	No	Yes	No	Yes	No	Yes	No
Means-tested Veterans Programs	Yes	No	Yes	No	Yes	No	Yes	No

Program	Heating	Cooling	Crisis	Weatherization
Other (Specify)	Yes No	Yes No	Yes No	Yes No

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

If Yes, explain:

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

Benefit amounts in every LIHEAP component are determined based on each household's income, percentage of poverty, family size, and primary type of heating source. In no component is the determination of benefits based on a household being categorically eligible. Benefit amounts in the weatherization program are determined by the Dwelling Needs Evaluation and based on measures by the National Energy Audit Tool (NEAT) and Manufactured Home Energy Audit (MHEA).

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

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

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

Determination of Eligibility - Countable Income

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

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

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP	
<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Including MediCare deduction <input checked="" type="checkbox"/> Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)
<input checked="" type="checkbox"/>	Retirement / pension benefits
<input checked="" type="checkbox"/>	General Assistance benefits
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input checked="" type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits
<input checked="" type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
<input checked="" type="checkbox"/>	Loans that need to be repaid
<input checked="" type="checkbox"/>	Cash gifts
<input checked="" type="checkbox"/>	Savings account balance
<input checked="" type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
<input checked="" type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input checked="" type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements

<input type="checkbox"/>	
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
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 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.: 0970-0075

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

Section 2 - Heating Assistance

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

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

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

2.2 Do you have additional eligibility requirements for HEATING ASSISTANCE? Yes No

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

Do you require an Assets test ? Yes X No

Do you have additional/differing eligibility policies for:

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

Do you give priority in eligibility to:

Elderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Disabled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Young children?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Households with high energy burdens ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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 assistance to vulnerable populations ,e.g., benefit amounts, early application periods, etc.

In the Subsidy Component, the highest of assistance will be provided to households with the lowest incomes relative to federal poverty guidelines and the highest heating season energy costs. Once eligibility is established, payment to a household's fuel provider is made for the full benefit amount.

For each of the seven primary heating fuels (natural gas, electric, fuel oil, propane, kerosene, wood, and coal), an average cost for unit of fuel will be identified prior to the opening of the Subsidy application period. Based on this unit fuel cost information, an average cost will be calculated. Benefits will be structured so the lowest poverty level households receive the highest benefits relative to fuel type. Please see the attached benefit matrix for more information.

Applicants who are 60 and above or have disabilities and who receive a fixed income may pre-register. This pre-registration process, no benefits are issued until Subsidy begins.

2.5 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:		
<p>An example of an application: HH size of 2; Non-subsidized housing; Heats with electric; income is \$1000 month; 71% poverty level; benefit amount is \$400.</p>		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)		
2.6 Describe estimated benefit levels for FY 2022:		
Minimum Benefit	\$100	Maximum Benefit \$400
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe.		
<p>Benefits are provided in the form of utility payments and ongoing related energy assistance programs including , WinterCare, Columbia Gas Energy Assistance Program, and Delta Gas Energy Assistance Programs. Clients are referred to Energy Conservation Workshops, including first home buyer classes.</p>		
<p>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.</p>		

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 SF - 424 - MANDATORY

Section 3 - Cooling Assistance

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

3.1 Designate The income eligibility threshold used for the Cooling component:

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

3.2 Do you have additional eligibility requirements for COOLING ASSISTANCE? Yes No

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

Do you require an Assets test ? Yes No

Do you have additional/differing eligibility policies for:

Renters?	Yes	No
Renters Living in subsidized housing ?	Yes	No
Renters with utilities included in the rent ?	Yes	No

Do you give priority in eligibility to:

Elderly?	Yes	No
Disabled?	Yes	No
Young children?	Yes	No
Households with high energy burdens ?	Yes	No
Other?	Yes	No

Explanations of policies for each "yes" checked above:

Priority is given to those households with elderly residents, those with disabled members, and with children under the age of 6.

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

An applicant must meet all the regular program requirements regarding income, household size, and gross income to receive a cooling benefit.

Benefits may also be provided in the form of air conditioning units. To be eligible for an air conditioner, the household must meet the eligibility requirements for cooling. The household must not have or have access to an air conditioner and must meet one of the following requirements:

1. Have a member with a health condition or disability that requires cooling to prevent further deterioration as verified by a physician's statement on letterhead. Example: persons with heart disease, asthma or severe respiratory conditions.
2. Have a member who is 65 years of age or older.
3. Have a member who is under the age of six.

A household may receive both, the benefit amount and an air conditioner, if they meet the eligibility requirements.

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:			
<p>Must be without a source of cooling; and</p> <p>Have a medical need; or</p> <p>A household with child(ren) under 6 or over 65 yrs of age</p>			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(e)(1)(B)			
3.6 Describe estimated benefit levels for FY 2022:			
Minimum Benefit	\$100	Maximum Benefit	\$400
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? X Yes No			
If yes, describe.			
Air conditioners are provided as described in section 3.4.			
<p>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.</p>			

Section 4 - CRISIS ASSISTANCE

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

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

Section 4: CRISIS ASSISTANCE

Eligibility - 2604(c), 2605(c)(1)(A)

4.1 Designate the income eligibility threshold used for the crisis component

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	Federal Poverty level	150.00%

4.2 Provide your LIHEAP program's definition for determining a crisis.

- A household is considered to be in crisis if they meet basic LIHEAP eligibility criteria, and:
- 1.The household has a past due or disconnect notice, if electric or natural gas is the primary heating source or cooling source.
 2. The household is within four (4) days of running out of fuel if coal, wood, kerosene, fuel oil, or propane is the primary heating source.

4.3 What constitutes a life-threatening crisis?

Life-threatening means, at the time of application, a household is or will be without heat or cooling within 18 hours and temperatures are at a dangerous level as determined by the National Weather Service.

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours

4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours

Crisis Eligibility, 2605(c)(1)(A)

4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE? Yes No

4.7 Check the appropriate boxes below and describe the policies for each

Do you require an Assets test ? Yes No

Do you give priority in eligibility to :

Elderly?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Households with high energy burdens?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank? Yes No

Must the household have been shut off or have an empty tank? Yes No

Must the household have exhausted their regular heating benefit? Yes No

Must renters with heating costs included in their rent have received an eviction notice ? Yes No

Must heating/cooling be medically necessary?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Must the household have non-working heating or cooling equipment?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Other? See below	Yes <input checked="" type="radio"/> No <input type="radio"/>
Do you have additional / differing eligibility policies for:	
Renters?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Renters living in subsidized housing?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Renters with utilities included in the rent?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Explanations of policies for each "yes" checked above:	
<p>*Households must meet the basic eligibility requirements.</p> <p>*Completed applications will be processed in the order accepted to the extent of available funds.</p> <p>*Applications shall have no more than fifteen (15) days to complete the application from the date the application is started. *All households must be responsible for home heating costs directly or as an undesignated part of the rent.</p> <p>*In special circumstances, benefits may be provided if it will prevent the removal of a child from a household, or if it will enable a child to return to a household. Households must meet the same income and assets criteria as for regular LIHEAP.</p>	
Determination of Benefits	
4.8 How do you handle crisis situations?	
<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:
4.9 If you have a separate component, how do you determine crisis assistance benefits?	
<input type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	Other - Describe: The maximum amount of benefits that any household may receive throughout the crisis component may not exceed \$600 for gas or electric. The maximum benefit for bulk fuels are two (2) tons of coal, 2 cords of wood, or 200 gallons of fuel oil or kerosene.
Crisis Requirements, 2604(c)	
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?	
<input checked="" type="radio"/>	No Explain.
<p>Prior to the program opening, locations are determined in each county where applications are taken and sites are listed on outreach materials and media articles.</p> <p>For those applicants unable to go to a location for the application process, the applicant can designate an authorized representative to apply on their behalf. Other alternate methods consist of the Community Action Agencies conducting home visits, visiting elderly communities to ensure they receive assistance or conducting a telephone interview. If an application is taken via the phone, the client then provides verification and signatures on application forms and returns by mail. CAAs will work to obtain signatures under a good faith effort, but if all attempts fail the file is documented as the signature was provided over the phone and the client agrees to their information provided in the application.</p>	
4.11 Do you provide individuals who are physically disabled the means to:	
Submit applications for crisis benefits without leaving their homes?	
<input checked="" type="radio"/>	No If No, explain.
Travel to the sites at which applications for crisis assistance are accepted?	
<input checked="" type="radio"/>	No If No, explain.
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?	
See response in 4.10.	
Benefit Levels, 2605(c)(1)(B)	

4.12 Indicate the maximum benefit for each type of crisis assistance offered.

Winter Crisis	\$400.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$0.00 maximum benefit

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

Yes No If yes, Describe blankets

4.14 Do you provide for equipment repair or replacement using crisis funds?

Yes No

If you answered "Yes" to question 4.14, you must complete question 4.15.

4.15 Check appropriate boxes below to indicate type(s) of assistance provided.

	Winter 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):			

4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?

Yes No

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

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

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

Section 5 - WEATHERIZATION ASSISTANCE

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Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency. Kentucky Housing Corporation

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

WEATHERIZATION - Types of Rules

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

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

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

Income Threshold

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

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

Other - Describe:

The state average cost will not adhere to the DOE averages, as this will allow agencies to pay staff with LIHEAP dollars during COVID-19 without negatively affecting performance measures.

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

Income Threshold

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

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

Other - Describe:

Weatherization not subject to the DOE WAP average Health and Safety costs limitation per dwelling.

LIHEAP funding may be used to re-weatherize units in which work was performed and billed on or before September 30, 2012.

LIHEAP funding may be used on energy saving measures that SIR is at a .80 or greater in the client completion report.

Increase the number of dwelling units occupied by low-income households receiving weatherization assistance by decreasing the number of deferrals for minor home repairs. Examples include structural, plumbing, electrical and or roofing issues. KHC will set a cap amount for home repairs not to exceed 20% of total total projected weatherization job costs. Structural/roofing issues could be repairs to roof leaks to protect weatherization measures, minor mold remediation, repair of holes in walls and other minor repairs to protect installed weatherization measures.

DOE formula to be applied to LIHEAP WX allocation. This would allow more training opportunities for contractors and crews.

Eligibility, 2605(b)(5) - Assurance 5	
5.6 Do you require an assets test? Yes <input checked="" type="radio"/> No	
5.7 Do you have additional/differing eligibility policies for :	
Renters	<input checked="" type="radio"/> Yes No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes No
5.8 Do you give priority in eligibility to:	
Elderly?	<input checked="" type="radio"/> Yes No
Disabled?	<input checked="" type="radio"/> Yes No
Young Children?	<input checked="" type="radio"/> Yes No
Households with high energy burdens?	<input checked="" type="radio"/> Yes No
Other?	<input checked="" type="radio"/> Yes No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p style="text-align: center;">Priority is given to households containing elderly, disabled, persons or children. Eligible households with young children who have been identified by CHFS, Division of Permanency and Protection, as being at risk of being removed from the home, if the housing conditions are substandard and in need of weatherization, will be given emergency priority and will receive service immediately. Priority is also given to households identified as having a high energy burden. A high energy burden is defined as 15% or more of the household income and those residing in high energy dwellings.</p>	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? Yes <input checked="" type="radio"/> No	
5.10 If yes, what is the maximum? \$0	
Types of Assistance, 2605(c)(1), (B) & (D)	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
Weatherization needs assessments/audits	Energy related roof repair
Caulking and insulation	Major appliance Repairs
Storm windows	Major appliance replacement
Furnace/heating system modifications/ repairs	Windows/sliding glass doors
Furnace replacement	Doors
Cooling system modifications/ repairs	Water Heater
Water conservation measures	Cooling system replacement
Compact florescent light bulbs	Other - Describe:
<p>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.</p>	

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

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

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

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.

Other (specify):

The Division of Family Support sends a memorandum to each of the local Department of Community Based Services (DCBS) offices notifying field staff of dates, times, and locations of the agencies in order to recipients to apply. This information is posted in the lobby or waiting rooms for each DCBS office. Information regarding cooling changes will be posted to the Cabinet for Health and Families (CHFS) website, Community Action Kentucky (CAK) website, and 22 local Community Action Agencies' websites, as well as Louisville Metro Community Action Partnership's web page and FaceBook.

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

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

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

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

	Joint application for multiple programs
	Intake referrals to/from other programs
	One - stop intake centers
<input checked="" type="checkbox"/>	Other - Describe:

Community Action Agencies are the service providers for LIHEAP and they administer other energy assistance programs, i.e., the Weatherization Assistance Program, and privately fuel funded energy assistance programs. Each local community action agency will coordinate the various available energy assistance programs and make referrals, when appropriate, to other agencies and programs.

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

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

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

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

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy / Environment Agency
<input type="checkbox"/>	Housing Agency
<input checked="" type="checkbox"/>	Welfare Agency
<input type="checkbox"/>	Other - Describe:

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

If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE?

Community action agencies will be the service providers for heating assistance. The agencies provide outreach and intake throughout the state for all components of the program.

8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?

Community action agencies will be the service provider for cooling assistance as well. The agencies provide outreach and intake throughout the state for all components of the program.

8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?

Same as 8.2 and 8.3

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Community Action	Community Action	Community Action	Community Action

8.5b Who processes benefit payments to gas and electric vendors?	Community Action Agencies	Community Action Agencies	Community Action Agencies	
8.5c who processes benefit payments to bulk fuel vendors?	Community Action Agencies	Community Action Agencies	Community Action Agencies	
8.5d Who performs installation of weatherization measures?				Community Action Agencies

If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.

8.6 What is your process for selecting local administering agencies?

The Cabinet for Health and Family Services (CHFS or Cabinet) Department for Community Based Services (DCBS) has been the single state agency responsible for administering the Low Income Home Energy Assistance Program since FY1982, as well as administering other federal and state energy programs in preceding years.

Under contract with CHFS, Community Action Kentucky, Inc. (CAK) subcontracts with twenty-two (22) community action agencies, and one local government to operate locally LIHEAP. CAK has operated the Crisis component since FFY 1986 and the Subsidy component since 1990 and has received federal funds for the administration of energy assistance programs both prior to and after the date of enactment of the Low Income Home Energy Assistance Act. CAK has and will continue to subcontract the local community action agencies to provide assistance in all 120 counties of the state.

8.7 How many local administering agencies do you use? 23

8.8 Have you changed any local administering agencies in the last year? No

8.9 If so, why?

	Agency was in noncompliance with grantee requirements for LIHEAP -
	Agency is under criminal investigation
	Added agency
	Agency closed
	Other - describe

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

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

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Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7**9.1 Do you make payments directly to home energy suppliers?**

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

Payments will be authorized to the energy provider, including landlords where heating is included as an undesignated portion of the rent, by one party check upon delivery of fuel, restoration or continuation of service, household receipt of blankets, sleeping bags, or emergency lodging. The only exception would be if the landlord or vendor refuses to accept payment or voucher.

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

At the time of application, all households that are determined eligible for assistance receive a written notification advising them of the amount of assistance for which they are eligible and to whom the payment will be made.

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?

All vendors are required to sign a vendor agreement. Contingent on signing the agreement, the vendor will be required to comply with the Kentucky Administrative Regulation 921 KAR 4:116, Section 10 and Section 2605(b)(7) of the Low Income Home Energy Assistance Act of 1981 as amended.

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?

All vendors are required to sign a vendor agreement. The vendor agrees to comply with the Kentucky Administrative Regulation 921 KAR 4:116. Also, Community Action Agencies are required by contractual agreement to monitor vendors once within a five (5) year period.

9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? Yes**If so, describe the measures unregulated vendors may take.**

For unregulated fuel sources(wood, coal, propane, fuel oil and kerosene) payment will not be made until the fuel has been delivered or provided and the vendor has submitted documentation that the consumer has accepted the fuel.

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

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

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

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

Program Monitoring: CAK will monitor the local community action agencies' LIHEAP program at least once during the program year to assure the appropriate delivery of services and documentation of case actions and billings. Monitoring reports will be completed for each monitoring visit and will include a description of any corrective action to be taken. CAK will follow up on all correction plans and report resolutions to DCBS. A copy of each monitoring report, including corrective actions, if necessary will be forwarded to DCBS for review.

DCBS will review CAK's monitoring plan to ensure sufficiency of activities. At a minimum, DCBS will receive and review monitoring reports, single audit reports, and corrective action plans. DCBS has engaged the CHFS Office of Inspector General to perform quality reviews of CAK and all Kentucky Community Action Agencies audit reports.

DCBS, Division of Administration and Financial Management (DAFM), Contract Performance Branch, will monitor CAK during the year to assure that the operation of the program is in compliance with all contract requirements and federal statutes.

Kentucky Housing Corporation (KHC) receives an audit of their Weatherization Assistance Program (including LIHEAP funded Weatherization) as part of the Statewide Audit of the Commonwealth, performed by Kentucky's Auditor of Public Accounts. DCBS reviews the statewide audit for any findings related to the program.

KHC will monitor the local community action agencies' weatherization program at least once during the program year. The purpose of the monitoring is to assess program compliance with the Kentucky Weatherization Assistance Program (WAP) requirements. Monitoring reports completed for each CAA will include a description of concerns, observations or findings, which will require a corrective action plan. A copy of each monitoring report, including corrective action plans will be provided to DCBS for review. See the attached monitoring tool and checklist utilized by KHC.

The DAFM Contract Performance Section monitors DCBS contractors for compliance with contractual provisions and federal/state laws. The Contract Performance Section prioritizes the annual monitoring of all contractors whose funding total require the contractor to undergo an annual audit performed in accordance with 2 CFR, Part 200 Subpart F. All DCBS contractors receive an on-site monitoring no less than once every three years or are monitored more frequently upon request of DCBS program staff.

Fiscal Monitoring: Methods and procedures are in place for properly charging the costs of administration under the plan and are maintained in accordance with Federal requirements as specified in 45 CFR 205.150 and 45 CFR Part 95 Subpart E, including identifying costs applicable to each of the separate federal programs. Revisions in such methods and procedures are submitted by CHFS on a timely basis for approval by the Department of Health and Human Services.

Procedures for determining reasonableness, allowability and allocability of costs are in accordance with provision P.L 97-35, as amended, 45 CFR Parts 75 and 96 as applicable, 2 CFR Part 200 Subpart E and federal agency implementing agencies as applicable and applicable state laws including KRS 273.410 through 273.468 through 45.359. These requirements are applicable to subcontractors who will be required to report to CAK in a manner that meets CAK's reporting requirements to the Cabinet.

Due to the COVID-19 pandemic, onsite monitoring visits were scheduled as a desk review and will be completed no later than end of July 2022.

Audit Process

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

Yes

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken

10.4. Audits of Local Administering Agencies

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

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 Grantee as part of compliance process.

Grantee conducts fiscal and program monitoring of local agencies/district offices

Compliance Monitoring

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply

Grantee employees:

Internal program review

Departmental oversight

Secondary review of invoices and payments

Other program review mechanisms are in place. Describe:

Local Administering Agencies / District Offices:
On - site evaluation
Annual program review
Monitoring through central database
Desk reviews
Client File Testing / Sampling
Other program review mechanisms are in place. Describe:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
<p>CAK monitors the local community action agencies which operate LIHEAP at least once during the program year to assure the appropriate delivery of services and documentation of case actions for each monitoring visit. This will include a description of corrective actions to be taken. By contractual agreement, CAK will follow up on all corrective action plans and report the resolution to DCBS. Please see the attached monitoring tool and schedule.</p>
10.7. Describe how you select local agencies for monitoring reviews.
<p>Site Visits:</p> <p>DCBS will physically monitor all twenty-three (23) local sites every three years. The monitoring schedule is developed with CAK to visit 1/3 of the sites each year. Should an agency have findings in their monitoring review, or a change in leadership, an on-site review will be conducted.</p>
<p>Desk Reviews:</p> <p>Desk reviews are completed annually for the remaining 2/3 of agencies not monitored on-site.</p>
10.8. How often is each local agency monitored ?
<p>Annually, either on-site or by desk review.</p>
10.9. What is the combined error rate for eligibility determinations? OPTIONAL
10.10. What is the combined error rate for benefit determinations? OPTIONAL
10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0
10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0
<p>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.</p>

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

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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.

- 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:

A public hearing is tentatively scheduled July 2021.

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

11.3 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

11.4. How many parties commented on your plan at the hearing(s)? 0

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

11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?

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

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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 0

12.2 How many of those fair hearings resulted in the initial decision being reversed? 0

12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

N/A

12.4 Describe your fair hearing procedures for households whose applications are denied.

An opportunity for a hearing is made available in accordance with community action agency appeal procedures as stated in the LIHEAP manual. A hearing will be granted to any individual requesting a hearing because his claim for assistance is denied or not acted upon in a timely manner.

Requests for a hearing must be in writing. The community action agency may assist the claimant in submitting the request. Time allowed for claimants to file for a hearing in thirty(30) days from the date of the notice of the eligibility decision.

If dissatisfied with the community action agency decision, the claimant may further appeal to CAK. If dissatisfied with the decision of CAK, the claimant may appeal through CHFS.

Hearings are conducted at a reasonable time, date and place. Adequate preliminary written notice is given. The hearings are conducted by an impartial official or designee of the agency who has not been directly involved in the initial determination of the action in question. The claimants, or their representatives, are given adequate opportunity to examine the contents of the case file, all documents, and records to be used at the hearing, to present the case themselves or with the aid of an authorized representative to bring witnesses, to establish all pertinent facts and circumstances to advance arguments without undue interference, and to question or refute testimony or evidence including the opportunity to confront and cross-examine adverse witnesses.

Recommendations or decisions of the hearing officer are based exclusively on evidence and other material introduced at the hearing. The transcript or recording of testimony and exhibits, all papers and requests filed in the proceeding and the recommendation or decision of the hearing office constitute the exclusive record. The record is made available to the claimants or representatives at an accessible place and at a reasonable time.

Decisions by the hearing authority will specify the reasons for the decision and identify the supporting evidence and regulations.

When a hearing decision is appealed any individual involved in making the original decision may not take part in making the decision on the appeal.

Final administrative action will be taken within ninety(90) days from the date of the request for a hearing and the claimant is notified in writing of the action.

When the decision is adverse to the claimant, the notice will inform the claimant of the right to appeal to the appeal board and to judicial review.

When the decision is favorable to the claimant, the agency shall promptly make a payment.

Subject to provision for safeguarding public assistance information, all hearing decisions of the agency are accessible to the public.

Weatherization: The CAAs are responsible to resolving all client complaints, including applicant denials, project deferrals, and work quality issues.

Each agency establishes a clear, objective and prompt dispute resolution process that includes mediation and arbitration should internal procedures fail to remedy a complaint. Clients must be informed at time of application of their right to file a grievance. Agencies will also be responsive to requests for information regarding the dispute resolution process. Clients may withdraw a grievance at any time with the understanding they may re-enter the process at the point they withdrew if a complaint is not resolved.

KHC approves and monitors the agency's dispute process and is available to technical assistance and consultation. KHC will also review

complaints and ensure all complaints have been resolved.

12.5 When and how are applicants informed of these rights?

All claimants are informed at the time of application and at the time of any action affecting their claim of their right to a hearing, the method of obtaining it, and their right to be represented by others or to represent themselves.

12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner.

Same as section 12.4

12.7 When and how are applicants informed of these rights?

Same as section 12.5

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

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

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

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

Every Community Action Agency is given the opportunity to provide counseling to help reduce the households' energy bills. The agencies that do utilize LIHEAP funds for Assurance 16 will provide energy reduction solutions and education, including but not limited to the completion of and follow up on Weatherization applications. The CAAs will provide services based on the needs in their area, assisting household with the thorough and long-term plan to reduce energy usage and energy burden.

The following are examples from agencies that provided services during the past LIHEAP season: (1) Northern KY CAA offers all eligible households the opportunity to apply for weatherization services. This application allows the family to take a more in-depth look at their energy usage and the opportunity to have a professional assessment of their home to ensure the home is energy efficient. Improvements and repairs may be done to the home to improve efficiency. (1) NKCAC is able to work more intimately with the household to assess not only their energy usage, but their financial situation as a whole through Financial Empowerment Education with a certified financial counselor. (2) Lexington Fayette-CAC offered information/material to applicants to help the household be more conscious of actions they can take to reduce energy consumption and save money. Intake workers talk with clients about their home energy costs. Applicants are asked to sign an Energy Counseling form confirming they have discussed and received printed materials regarding energy conservation. Lexington's database has the capability of flagging all applicants with referrals to energy counseling and identifying the programs that provide those services. (3) Louisville Metro CAA partnered with a utility company and other organizations to connect clients with energy conservation programs, bill management, workshops, and to distribute weatherization materials. Louisville Metro CAA provides energy conservation tip sheets and information regarding reduction of energy costs. Information includes TV and radio announcements, printed energy tips and other information. Louisville Metro refers LIHEAP applicants to other utility assistance programs including Project Warm and LG&E We Care program. These referrals can assist clients to be more educated about ways to reduce energy costs and lessen their energy burden.

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

An assurance is written into the contract with CAK, and the subcontracts between CAK and the community action agencies, that a community action agency may use up to 5% of the crisis allocation to provide services to encourage households to reduce their energy costs.

The cost of developing and providing such services does not count toward the maximum benefit level for any single household. CAK assists all community action agencies interested in providing such services in developing plans for the use of such funds for review and approval by DCBS prior to the provision of services. Final approval of such plans shall be given by DCBS.

The CAAs also budget and monitor expenses to ensure no more than 5% is used for counseling.

13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.

Through LIHEAP assistance and the education and information provided through budget/energy counseling, it is anticipated that households can learn of energy saving steps that can assist with keeping home energy costs lower and more affordable. Northern Kentucky CAC assisted 92 families choosing to participate in financial counseling. 35 households accessed their credit reports and 24 increased their credit score within the first 60 days of financial counseling.

13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.

There are several other programs available to LIHEAP applicants for energy assistance, including WinterCare an ongoing assistance program for home energy. NKCAC clients received weatherization benefits as well as participating in First Time Homebuyer Program classes, attending Budget and Counseling classes, and having tax returns filed.

13.5 How many households applied for these services? n/a

13.6 How many households received these services? 37,587

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

Section 14 - Leveraging Incentive Program ,2607A

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
 OMB Clearance No.: 0970-0075
 Expiration Date: 09/30/2020

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

Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

DCBS will work with the Community Action Agencies explaining all information needed to complete leveraging report. A solicitation packet will be provided to each CAA which includes the Action Transmittal instructions, link to the Federal Statues and Regulations, and the resource form. The grantee is available to answer any questions if needed.

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	Winter Care Program	This is a utility customer contribution fuel fund program.	Administered by Community Action Council for Lexington-Fayette, Bourbon, Harrison, and Nicholas counties to supplement LIHEAP benefits when LIHEAP benefits are insufficient to meet the needs of the household.
2	Winterhelp	This is a utility customer contribution program that receives donations from the community and a matching percentage from the local utility company to be distributed to households in the Louisville/Jefferson	One time payments are made to the vendor. Louisville Gas and Electric for customers who are facing a utility crisis and the maximum crisis benefits in LIHEAP are exhausted or LIHEAP is not available.
3	Columbia Gas Energy Assistance Program	This program provides cash benefits and discounts on heating bills to Columbia Gas low-income	This resource serves households that are eligible for and receive LIHEAP subsidy. An agreement between Columbia Gas of Kentucky and Community Action Council specific eligibility criteria, benefit levels, period of operation and how LIHEAP resources are integrated.
4	Delta Gas Energy Assistance Program	Cash benefits for low-income Delta customers which provides a credit to their Delta Gas account for the 5 heating months (Nov - Mar).	Resource serves households that are eligible for and receive LIHEAP subsidy. An agreement between Delta Natural Gas and Community Action Council specifies eligibility criteria, benefit levels, period of operation and how LIHEAP resources are integrated.
5	Salvation Army, United Way, Schools Ministerial Associations, Churches, and other non-profit organizations.	Private cash donations or in-kind donations.	Funds will be used to supplement LIHEAP or used when LIHEAP funds are expended.
6	Demand Side Management	Demand Side Management programs are utility sponsored energy efficiency programs to lower the current demand	Enhances low-income households by providing weatherization services.

7	Distribution of fans, air conditioners, and payments toward	Private cash donations or in-kind donations by community action agencies, Funds	will be used to supplement LIHEAP or used when LIHEAP funds are expended.
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	utility bills.	utility companies, city and county government and civic organizations.	
8	Project Warm and other similar resources	Provided by local nonprofit organizations and utility companies	Provides weatherization activities and energy audits, window replacements, insulation materials to low income households.
9	Affordable Energy Corporation	Provides year found monthly cash benefits to LG&E customers	All clients must participate in energy education, conservation and weatherization services.
10	Certificate of Need (CFN)	Governed by the Public Service Commission and administered by CAAs to either give a 30 day extension or a reconnection for services for a natural gas and	Clients must meet the criteria for LIHEAP and agree to apply for the weatherization program, if applicable.
11	Miscellaneous Leveraging Activities	Waivers of utility applications, reconnect fees, late payment charges, security deposits, reimbursement for energy efficient appliances, and reduced cost for fuel.	Client must meet the criteria for LIHEAP
12	Columbia Gas Warm Wise	Replacement of furnaces with more energy efficient furnaces.	By replacing old furnaces with low energy efficient ratings with more energy efficient furnaces, the consumption of gas for the operation of a furnace will be reduced leading to lower utility costs which should result in less dependence on LIHEAP.

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

Section 15 - Training

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
Expiration Date: 09/30/2020

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

Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?



As needed



Other - Describe:



Employees are provided with policy manual



Other-Describe:



Annually

Biannually

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Employees are provided with policy manual

Other - Describe

CAK may provide teleconferences as needed.

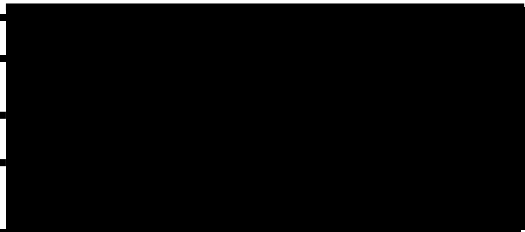


Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other - Describe:
Policies are provided to vendors through vendor agreements.



15.2 Does your training program address fraud reporting and prevention? Yes
 Yes
 No

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

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.: 0970-0075
Expiration Date: 09/30/2020

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

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 performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

Community Action Kentucky collects data for performance measures from appropriate fuel vendors to compile the data for the 2020 Performance Measures Report. CAK will request the performance measures data from the appropriate fuel vendors in order to complete the 2020 Performance Measures Report. These reported measures may reveal information that could assist our agencies in potential areas where some of the citizens of the commonwealth may be overlooked. These measures can sharpen our focus on better serving the most vulnerable populations of our state.

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

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

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.: 0970-0075
 Expiration Date: 09/30/2020

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

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

17.1 Fraud Reporting Mechanisms

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

- Online Fraud Reporting
- Dedicated Fraud Reporting Hotline
- Report directly to local agency/district office or Grantee office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
- Other - Describe:

b. Describe strategies in place for advertising the above-referenced resources. Select all that apply

- Printed outreach materials
- Addressed on LIHEAP application
- Website
- Other - Describe:

 Posters which include the Office of Inspector General's Fraud Hotline are posted in community action agencies. Also, it is addressed on the client's denial notification.

17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?		
	Applicant Only	All Adults in Household	All Household Members
Social Security Card is photocopied and retained	Required	Required	Required
	Requested	Requested	Requested
Social Security Number (Without actual Card)	Required	Required	Required
	Requested	Requested	Requested

		Required		Required		Required
--	--	-----------------	--	-----------------	--	-----------------

Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)						
	Requested	Requested	Requested	Requested	Requested	Requested
Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1						

b. Describe any exceptions to the above policies.

Any household member who does not have a SSN must be advised to apply for one at the Social Security Office. Documentation consisting of a signed and dated statement from a SSA representative, a SS-5, or receipt of application for a SSN (SS-5028) will be accepted.

A child under two years of age that has not applied for a SS card will be exempt.

17.3 Identification Verification

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

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

17.4. Citizenship/Legal Residency Verification

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.

- Clients sign an attestation of citizenship or legal residency
- Client's submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card
- Other - Describe:

17.5. Income Verification

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

- Require documentation of income for all adult household members
- Pay stubs
- Social Security award letters
- Bank statements
- Tax statements
- Zero-income statements
- Unemployment Insurance letters

<p>Other - Describe:</p> <p>Most recent DCBS award letter for KTAP, State Supplementation, or Kinship Care.</p> <p>Pension statement</p> <p>Internal Revenue Service records</p> <p>Veterans Administration records</p> <p>Railroad Retirement records</p> <p>Court support records</p> <p>Union records</p> <p>SSA verification forms</p> <p>College financial aid award documents</p> <p>Contracts for sale of property</p> <p>Statement from absent parent or copy of checks from absent parent for support payments</p> <p>statement from individual providing income to the consumer</p> <p>employer statement or contract</p> <p>records maintained by individual or self-employment income</p> <p>contracts</p> <p>records of income and expenses on farm or rental income</p>
<p>Computer data matches:</p>
<p>Income information matched against state computer system (e.g., SNAP, TANF)</p>
<p>Proof of unemployment benefits verified with state Department of Labor</p>
<p>Social Security income verified with SSA</p>
<p>Utilize state directory of new hires</p>
<p>Other - Describe:</p>
<p>17.6. Protection of Privacy and Confidentiality</p>
<p>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</p>
<p>Policy in place prohibiting release of information without written consent</p>
<p>Grantee LIHEAP database includes privacy/confidentiality safeguards</p>
<p>Employee training on confidentiality for:</p>
<p>Grantee employees</p>
<p>Local agencies/district offices</p>
<p>Employees must sign confidentiality agreement</p>
<p>Grantee employees</p>
<p>Local agencies/district offices</p>
<p>Physical files are stored in a secure location</p>
<p>Other - Describe:</p> <p>Per contractual agreement CAK and the CAAs are required to maintain confidential information acquired from the applicants or provided by the Cabinet consistent with the requirements of KRS194A.060. Confidentiality of Records and Reports, KRS 205.175. Confidential treatment of information and records, and KRS 205.177 information may be shared by state and local government agencies.</p>
<p>17.7. Verifying the Authenticity</p>
<p>What policies are in place for verifying vendor authenticity? Select all that apply.</p>
<p>All vendors must register with the State/Tribe.</p>
<p>All vendors must supply a valid SSN or TIN/W-9 form</p>
<p>Vendors are verified through energy bills provided by the household</p>

Grantee and/or local agencies/district offices perform physical monitoring of vendors
Other - Describe and note any exceptions to policies above:
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
Applicants required to submit proof of physical residency
Applicants must submit current utility bill
Data exchange with utilities that verifies:
Account ownership
Consumption
Balances
Payment history
Account is properly credited with benefit
Other - Describe:
Centralized computer system/database tracks payments to all utilities
Centralized computer system automatically generates benefit level
Separation of duties between intake and payment approval
Payments coordinated among other energy assistance programs to avoid duplication of payments
Payments to utilities and invoices from utilities are reviewed for accuracy
Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
Direct payment to households are made in limited cases only
Procedures are in place to require prompt refunds from utilities in cases of account closure
Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
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 Grantee
Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
<p>During crisis CAK is required to provide the cabinet with a bulk fuel pricing report that compares fuel prices from local vendors with the US Energy Information Administration.</p> <p>CAAs are responsible for obtaining pricing from vendors in writing prior to the state of LIHEAP and any subsequent changes in fuel pricing should also be done in writing during LIHEAP season.</p>
17.10. Investigations and Prosecutions
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/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 Grantee conduct investigation of fraud complaints from public
Grantee attempts collection of improper payments. If so, describe the recoupment process
Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
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: CAK and local CAAs are required to document instances of fraud and abuse that occur during the program. Agencies are required to 1. complete the fraud and abuse report on each suspected case of fraud and abuse 2. submit a copy of the initial report to CAK at the time the fraud is initially suspected, and the local investigation of the case has begun 4. file a copy of each fraud and abuse report in the consumer's folder and 5 submit the report to the cabinet for further investigation if needed.
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,"

provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

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

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

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

explanation to this proposal.

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

Instructions for Certification

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

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

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

8. Nothing contained in the foregoing shall be construed to require

establishment of a system of records in order to render in good faith the certification

required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

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

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

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

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



Section 19: Certification Regarding Drug-Free Workplace Requirements

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 point 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 grantee 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 grantee 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 grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee 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 grantee's 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 grantee 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. Grantees' 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 grantee 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 grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee 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 grantee's 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 grantee's 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 grantee 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 (Street address, city, county, state, zip code)

275 E Main Street 3 E-I

* **Address Line 1**

Address Line 2

Address Line 3

Frankfort

* **City**

KY

* **State**

40601

* **Zip Code**

Check if there are workplaces on file that are not identified

here. Alternate II. (Grantees Who Are Individuals)

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or

entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

Assurances

Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant

program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

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

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

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

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

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

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

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

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

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will

contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grantees 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 disbursement 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.

Plan Attachments

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

**Low Income Home Energy Assistance Program (LIHEAP)
 2019-2020 ~~2020-2021~~ Compliance Review
 Section VII: Case Record Review**

Agency: _____ **Subcontract Number:** _____
Date of On-Site Visit: _____
Agency Staff Participating: _____ **Subsidy Case Review:** _____
CAK Review Staff: _____ **Crisis Case Review:** _____

	YES	NO	N/A	COMMENTS
1. In what county does the applicant reside?				
2. List the application number and the date of the application.				
3. Is the application an approval or denial?				
4. Is the application the original document?				
a. Is the application complete?				
b. Is the application signed by the head of the household or their designated authorized representative?				
c. If an authorized representative was utilized, was appropriate authorization obtained from the applicant and placed in the case file?				
d. What documentation was obtained to designate the authorized representative?				
e. Is the application signed by the caseworker?				
5. Was the application completed utilizing a face-to-face interview, an authorized representative, by phone or by mail?				

	YES	NO	N/A	COMMENTS
a. If a paper application was taken, what is the date of the paper application?				
b. What is the date of the CASTiNET application?				
c. Did the agency enter the application in CASTiNET in a timely manner?				
6. Was the SSN of all household members verified?				
a. What document was used to verify SSN?				
b. Was a copy placed in the case file?				
7. Was a metered utility bill provided to verify address?				
a. If not, what documentation was used to confirm the applicant's name and address?				
8. What is listed on the application as the total gross income for the household?				
9. Was the total income of all household members verified for the month preceding the application?				
a. What documentation was used to verify income?				
b. Does the documentation match the income as shown on the application?				
c. Was income calculated correctly?				
10. What are the household's liquid resources?				
11. What is the primary heat source?				

	YES	NO	N/A	COMMENTS
12. For what heat source is application being made?				
a. For Subsidy: If metered utility, was a utility bill provided?				
b. For Subsidy: If bulk fuel, how was fuel source verified?				
c. For Subsidy: If heating costs are included as an undesignated portion of rent, how was this verified?				
d. For Subsidy: If pre-pay electric, how was participation in a pre-pay program verified?				
e. For Crisis: If metered utility, was a disconnect notice provided?				
f. For Crisis: If bulk fuel, how was fuel source and within four days of running out of fuel verified?				
g. For Crisis: If heating costs are included as an undesignated portion of rent, was an eviction notice and copy of lease provided?				
h. For Crisis: If pre-pay electric, was a form from the utility company that shows the applicant has ten days or less of pre-paid electric provided?				
13. Was responsibility for home energy costs determined?				
a. What documentation was used to verify responsibility of home energy costs?				
b. If the utility bill is not in the name of the LIHEAP applicant, how was responsibility for home energy costs verified?				

	YES	NO	N/A	COMMENTS
14. If the application was denied:				
a. Does the application indicate the case was denied and the reason for the denial?				
b. If a paper application was taken or if the disposition of the application was determined after the initial application, was a copy of the Notice of Denial, specifying the reason for denial, included in the case record?				

**Low Income Home Energy Assistance Program (LIHEAP)
 2019-2020 2020-2021 Compliance Desk Review
 Section I: Agency Information**

Agency: _____ **Subcontract Number:** _____
Date of Desk Review: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. List and describe any updates or changes to your LIHEAP program since the last monitoring (such as changes in leadership procedures, activities, or practices).				
2. List and identify the Coordinator/Director for LIHEAP and/or Finance as well as all Board Members, Executive Staff, LIHEAP Staff, and volunteers.				
3. Are there any outstanding corrective action plans from last year's LIHEAP Monitoring? If yes, please describe timeline of completion.				
4. Do all staff have copies of the LIHEAP Manual and Internal Management Manual? Describe training for LIHEAP Staff and Volunteers.				
5. Are there written internal management policies and procedures for local program operations consistent with agency policies and comply with program requirements?				

**Low Income Home Energy Assistance Program (LIHEAP)
 2019-2020 2020-2021 Compliance Desk Review
 Section II: Vendor Information**

Agency: _____ **Subcontract Number:** _____
Date of Desk Review: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Describe the agency's written policies and procedures for vendor recruitment and selection. Provide copies of newspaper ads that include the name of the newspaper , posting dates, and list counties served by each paper . in local papers and Provide the date vendor packets were mailed to vendors in good standing from the prior program year .				
2. Did the agency perform a local area price survey for each bulk fuel type ? Describe the methodology used to determine a fair and reasonable price. Describe the process used to perform the survey and include the date the survey was				
3. Was a fair and reasonable price for fuel established? Describe the methodology used to determine a fair and reasonable price. Describe the process used to inform vendors they must provide fuel at the established price.				
4. Describe the process used to inform vendors that fuel must be provided at the established price.				
5, Do vendors provide price changes in writing to the agency? Provide an				

	YES	NO	N/A	COMMENTS
6.. Are all Vendor Agreements current? Provide a list of all approved vendors.				
7. Are Vendor Disclosure Statements for Board Members, agency Executive Staff, and LIHEAP Staff current? Provide the date that Executive Staff and LIHEAP Staff signed Vendor Disclosure Statements for the current contract period.				
8. Each Bulk Fuel Vendor shall be monitored once within a five year period to assure that LIHEAP recipient customers are treated the same as non-LIHEAP customers in terms of service delivery and price. Describe the agency's current plan for monitoring bulk fuel vendors and report the number of vendors, percentage of monitoring completed, and any findings found from those visits.				

Low Income Home Energy Assistance Program (LIHEAP)
2019-2020 2020-2021 Compliance Desk Review
Section III: Subsidy and Crisis Components

Agency: _____ **Subcontract Number:** _____
Date of Desk Review: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Describe outreach activities to assure that eligible households are made aware of the LIHEAP assistance that is available for Subsidy and Crisis.				
2. Did the agency provide a pre-registration process?				
3. What is the date the last Subsidy application was taken? The Crisis application?				
4. How many Subsidy applications were taken? Approved? Denied?				
5. How many Crisis applications were taken? Approved? Denied?				
6. Did the agency perform a local area price survey for each bulk fuel type? Describe the methodology used to determine a fair and reasonable price.				Moved to Section II #2
7. If a client did not receive services, are they referred to other local agencies. If yes, list agencies and the service(s) they provide.				

**Low Income Home Energy Assistance Program (LIHEAP)
~~2019-2020~~ **2020-2021** Compliance Desk Review
 Section IV: Certificate of Need**

Agency: _____ **Subcontract Number:** _____
Date of Desk Review: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. How many Certificates of Need were completed? List 30 Day Extension and Hardship Reconnect separately.				
How many 30 Day Extensions were a. completed?				
How many Hardship Reconnects were b. completed?				

Low Income Home Energy Assistance Program (LIHEAP)
~~2019-2020~~ 2020-2021 Compliance Desk Review
Section V: Financial

Agency: _____ **Subcontract Number:** _____
Date of Desk Review: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Provide copies of the first Subsidy invoice and the first Crisis invoice . Copies for all supporting documentation for all costs included on the invoice MUST be provided. Supporting documentation includes, but is not limited to: revenue and expense report; individual invoices; indirect costs, including procedures for billing, etc. List submission date.				
2. Was a 2 CFR Part 200 Subpart F-Audit report completed by an independent auditor, as mandated by CFR 200 annually?				
3. Was the Audit Engagement letter for current program year provided to CAK and CHFS no later than 90 days prior to the agency's fiscal year end? List audit firm and submission date.				We would be monitoring for the engagement letter for the curent program year; so instead of including the actual year, I changed to 'current program year'. With this change we will not havto revise the question to reflect the year.
4. Was the previous Program Year audit provided to CAK and CHFS no later than 9 months after the agency's fiscal year end? List audit firm and submission date.				We would be monitoring for the audit for the previous program year; so instead of including the actual year, I changed to 'previous program year'. With this change we will not havto revise the question to reflect the year.

	YES	NO	N/A	COMMENTS
5. Does the agency have separate individuals for authorizing, processing, & recording payments? Describe the agency procedures for processing payments with staff name or position listed.				
6. List vendors/carriers and policy effective dates of Directors and Officers Liability insurance; employee liability insurance; and other such liability insurance to provide adequate coverage against losses and liabilities.				
7. Did the agency submit invoices to CAK by the designated deadlines?				
8. Describe the agency's procedures for the reconciliation of CASTiNET and the agency's financial records.				
9. Are the vouchers and fax transmittal records reconciled at least once a month?				
10. Describe the agency's process for vendor billing to assure that all vouchers, fax transmittals, and/or Purchase Orders (PO) that were paid have proper documentation and signatures.				
11. Does the agency have an approved indirect cost allocation rate and plan or a cost allocation plan? List date when a copy of the approved indirect allocation rate and plan or a cost allocation plan was submitted to CHFS.				

	YES	NO	N/A	COMMENTS
12. Did the agency make appropriate payments to vendors within three days of receipt of payment from CAK? List an example of date funds received and date vendors were paid.				
13. Describe your financial procedures for voided vouchers.				

**Low Income Home Energy Assistance Program (LIHEAP)
2019-2020 ~~2020-2021~~ Compliance Review
Section I: Programmatic Review**

Agency: _____ **Subcontract Number:** _____
Date of On-Site Visit: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Are there any outstanding corrective action plans from previous LIHEAP monitoring? If yes, please describe and offer a timeline of when they will be completed				
2. List each county served, office address, days open, and the LIHEAP office hours for each county office.				
a. How are office locations and hours advertised to the public?				
3. Who is the Program Director/Coordinator?				
a. What percentage of time does the Program Director/Coordinator charge directly to the LIHEAP Program?				
4. Who is the Program Financial Manager/Director?				
a. What percentage of time does the Financial Manager/Director charge directly to the LIHEAP Program?				
5. Does the agency have written internal management policies and procedures for local program operations that are consistent with agency policies and that comply with the program requirements?				

	YES	NO	N/A	COMMENTS
Does the Internal Management Manual include:				
a. Crowd control? Describe the agency policies and procedures.				
b. Policies/procedures to assure applicants are served on a first come, first served basis. Describe the agency policies and procedures.				
c. Procedures for high volume days and the last day of the programs? Describe the agency policies and procedures.				
d. Process to assure that all applicants for the day are served? Describe the agency policies and procedures.				
e. Process followed if an applicant is turned away for any reason. Describe the agency policies and procedures. Are those applicants given any preference when they return?				
f. Process to assure that persons who are working may apply for LIHEAP. Describe the agency policies and procedures.				
g. Policies to assure persons who cannot go to the application location may apply for LIHEAP. Describe agency policies and procedures.				

	YES	NO	N/A	COMMENTS
h. Policies to assure persons who cannot apply on the scheduled date may apply for LIHEAP. Describe the agency policies and procedures.				
6. Does each LIHEAP Staff have a copy of the LIHEAP Program Manual and the Agency Internal Management Manual?				
7. Did the agency create or modify any CHFS approved forms for either the Subsidy or Crisis Component?				
a. If so, was prior approval obtained from CAK? Provide supporting documentation.				
8. Describe the agency's procedures for soliciting, accepting, and processing applications from homebound applicants.				
9. Describe the process followed to determine the responsibility of home energy costs, including when utilities are not in the name of the applicant.				
10. Describe the process followed when one or all of the household members claim zero income.				
11. Describe the process used to calculate income for:				
a. Fixed Income				
b. Irregular Income				
c. Wages when hours worked are constant				
d. Wages when hours worked are not constant				

	YES	NO	N/A	COMMENTS
12. Does the agency utilize paper applications? If NO, skip to #13.				
a. Describe instances in which paper applications are used.				
b. How and when is eligibility determined? (Is it a manual process at the time of application, or when the application is entered into CASTiNET,				
c. If eligibility is determined manually, describe the process used to provide notification to the applicant of the approval or denial of benefits. Does the notification provide contact information and the right to an appeal or a fair hearing? Provide a copy of the notification.				
13. Describe the process to provide the Notice of Appeal Rights to the applicant, including when the Notice of Appeal is explained to the applicant.				
14. Does the agency maintain an application log or sign-in sheet? Provide supporting documentation.				
a. If an application log or sign-in sheet is not maintained, describe how the agency determines the order in which applicants will be served.				
15. Describe the agency's process to ensure signature requirements, etc., are met prior to paying vouchers and/or transmittals.				

	YES	NO	N/A	COMMENTS
a. Describe agency policies and procedures for vouchers/transmittals submitted after the sixty (60) day time frame but before May 15.				
b. Describe the agency policies and procedures for vouchers/transmittals received after May 15.				
16. Describe the agency's policies and procedures for applicants that are undocumented non-citizens but are parents of eligible children in the household				
17. Are job openings for Subsidy and Crisis listed with the Kentucky Department of Employment Services? Provide supporting documentation.				
18. Describe trainings attended by LIHEAP staff.				
a. List the staff attending, name of training/conference location, and dates.				
b. List the dates that agency staff were trained and staff attending. Provide supporting documentation.				
19. Did the agency submit a written request for out of state travel? Provide supporting documentation which includes a copy of the request to and the approval from CAK. If NO, skip to 20.				
a. Was the request submitted forty-five (45) days in advance?				

	YES	NO	N/A	COMMENTS
b. Did the request include the name of the individual(s), justification for the travel, how it relates to job duties, and the funding source?				
c. Did the agency's approved out of state attendee provide a report and copies of conference materials to CAK within seven working days of the conference? Provide supporting documentation.				
20. If volunteers are used to assist in program operation, please describe how volunteers are utilized.				
a. Describe how volunteers are trained.				
21. If temporary/seasonal employees are used to assist in program operation, please describe how temporary/seasonal staff are utilized.				
a. Describe how temporary/seasonal staff are trained.				
22. Does the agency have written policy and procedures for the investigation and resolution of consumer complaints? Describe policies and procedures for processing complaints.				
b. Is a Complaint File maintained for both program components?				
c. Are complaints recorded on the Complaint Form and include a synopsis of the case and progress made in the resolution?				

	YES	NO	N/A	COMMENTS
d. Describe the steps taken to ensure that complaints are resolved in a timely manner.				
e. What is the record retention time frame for complaints?				
f. Provide the total number of complaints and the resolution status by county, name, and number.				
g. Describe the process used to properly maintain and safeguard complaint files.				
23. Does the agency have written policies and procedures for requesting a hearing and filing an appeal? Describe policies and procedures for hearings and appeals.				
a. Provide the total number of hearing and/or appeal requests received by county.				
b. Were requests for and dispositions of hearings/appeals submitted in writing to CAK? Provide supporting documentation.				
24. Describe the agency's written Confidentiality policies and procedures to protect the privacy of records containing confidential information? Provide supporting documentation.				
25. Does the agency have written confidentiality policies for vendors? Describe the agency's confidentiality policies and procedures for vendors.				

	YES	NO	N/A	COMMENTS
26. Does the agency have written policies consistent with KRS 45A.340, Conflicts of Interest of Public Officers and Employees? Provide supporting documentation.				
27. Does the agency have written policies consistent with KRS 45A.455, Gratuities and Kickbacks - Use of Confidential Information? Provide supporting documentation				
28. Does the agency have written policies regarding lobbying activities to ensure compliance with Section 1352, Title 31, US Code? Provide supporting				
29. Does the agency have written policies and procedures regarding Consumer Fraud and Abuse? Describe policies and procedures for Consumer Fraud and Abuse.				
b. Is a separate Fraud and Abuse File maintained?				
c. Are on-site visits made when fraud is suspected?				
d. Is a Fraud and Abuse Report completed on each suspected case?				
e. Is a copy placed in the case record?				
f. Is a copy of the initial report and the final report submitted to CAK?				
30. Does the agency have written policies and procedures regarding Agency Fraud and Abuse? Describe policies and procedurs for Agency Fraud and Abuse.				

	YES	NO	N/A	COMMENTS
a. Are these policies included in the agency's Internal Management Policies and Procedures Manual?				
31. Does the agency have written policies certifying the agency is a drug free workplace? Provide supporting documentation.				
a. Did the agency publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited from the workplace and the specific actions that will be taken for violation of such prohibition?				
b. Do policies include the establishment of an on-going drug free awareness program to inform employees of the danger of drug abuse in the workplace; the agency's policy of maintaining a drug free workplace; available drug counseling, rehabilitation, and employee assistance programs?				
c. Provide documentation that employees are aware of drug free workplace policies.				
32. Does the agency have written Whistleblower Protection Policies? Describe policies and procedures for Whistleblow Protection.				

	YES	NO	N/A	COMMENTS
33. Does the agency have non-discrimination policies in place and abide by the KRS 344 Kentucky Civil Rights Act? (non-discrimination because of race, religion, color, national origin, sex, or age)				
34. Does the agency have posted in conspicuous place, available to employees and applicants for employment, notices setting forth the provisions of the non-discrimination contract?				
a. Where are they posted?				

**Low Income Home Energy Assistance Program (LIHEAP)
2019-2020 ~~2020-2021~~ Compliance Review
Section II: Vendor Information**

Agency: _____ **Subcontract Number:** _____
Date of On-Site Visit: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Describe the agency's written policies and procedures for the recruitment/procurement and selection of vendors.				
a. Does the agency's Board of Directors require their approval of vendor recruitment and selection policies and procedures? If so, did the agency's Board of Directors approve the policies for vendor recruitment and selection.? On what date were the policies approved? Provide copies of the Board Minutes				
b. Is the Agency Board Statement of Board Notification Vendor Selection Approval signed, dated, and maintained on file with the agency? On what date was the Statement signed? Provide supporting documentation.				
c. Were vendors recruited for both program components or were vendors recruited for each component separately?				
d. On what date were vendor packets mailed to vendors in good standing from the prior year?				

	YES	NO	N/A	COMMENTS
e. On what date were newspaper advertisements posted in local papers to recruit vendors? Provide copies of newspaper ads that include name of the newspaper, posting date, counties covered , etc.				
f. Describe the agency's process to recruit minority owned businesses as vendors.				
2. Were Vendor Disclosure Statements signed by every Board member, agency's executive staff, and each LIHEAP staff member prior to the solicitation of any vendor for the program? Provide supporting documentation .				
a. Describe the procedures followed for staff hired and board members appointed after vendors were solicited.				
b. Provide a list of all Board Members, executive staff, and LIHEAP staff. Include the date of hire or appointment to the Board if any Board Member or staff came on board after the solicitation of vendors.				
3. Describe the process used to explain program operation and the requirements of vendors, including the process to inform vendors fuel must be provided at the established price.				
a. If a vendor information sheet was provided: Explain the method used to disseminate the information to vendors and provide a copy of the vendor information sheet.				

	YES	NO	N/A	COMMENTS
b. If a vendor meeting was conducted in each county: Describe the method used to inform vendors of the meetings, including the county and dates of meetings, items discussed/agenda, and number of vendors attending. Provide supporting documentation (Agenda, Sign-in sheet, minutes of meetings etc.).				
4. Describe the agency's requirements and procedures for placing a vendor on the Approved Vendor List. Provide copy of the Approved Vendor List and Vendor Agreements.				
5. Describe the policies and procedures for vendor notification to the CAA for changes in pricing.				
6. Did all vendors sign a completed the Vendor Agreement prior to being placed on the Approved Vendor List? Provide copy of the Approved Vendor List and Vendor Agreements.				
7. Did all vendors complete and sign appropriate vendor documents, prior to being placed on the Approved Vendor List, that discloses the following:				
a. Official Name of Vendor				
b. Business Address of the Vendor				
c. Set price for delivered fuel, expressed in common units, if applicable				

	YES	NO	N/A	COMMENTS
d. Set price for fuel if picked by the applicant, expressed in common units, if applicable				
8. In accordance with 921 KAR 4:116, Section 11, describe the process used to advise vendors of the following information: reconnection of utilities and delivery of fuel during a Crisis component shall be accomplished upon certification for payment; households shall be charged, in the normal billing process, the difference between actual cost of the home energy and amount of payment made through LIHEAP; LIHEAP recipients shall be treated the same as a household not receiving benefits; households shall not be discriminated against; and landlords shall not increase the rent of a recipient's household due to receipt of LIHEAP payment.				
a. Did the agency obtain written confirmation of understanding from the vendor?				
9. Describe the procurement standards used to select vendors for the provision of materials and services (space heaters, blankets).				
a. Do the agency's procedures assure that the provision of materials and services allow for the participation of small and minority-owned businesses?				

	YES	NO	N/A	COMMENTS
10. Each Bulk Fuel Vendor shall be monitored once within a five year period to assure that LIHEAP recipient customers are treated the same as non-LIHEAP customers in terms of service delivery and price. Describe the agency's current plan for monitoring bulk fuel vendors and report the number of vendors, percentage of monitoring completed, and any findings found from those visits.				

**Low Income Home Energy Assistance Program (LIHEAP)
2019-2020 ~~2020-2021~~ Compliance Review
Section III: Subsidy Component**

Agency: _____ **Subcontract Number:** _____
Date of On-Site Visit: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Describe outreach activities designed to assure that eligible households, especially elderly and/or disabled individuals and families with children under the age of six (6), are made aware of the LIHEAP assistance that is available. Provide supporting documentation for newspaper ads, etc.				
a. Did advertising include the alphabetical schedule, office hours, and locations?				
b. Did the agency disseminate any outreach information and materials independently? If so, was prior approval obtained from CAK? Provide supporting documentation.				
2. Did the agency provide pre-registration? If NO, skip to 3.				
a. Describe the population the agency includes in the pre-registration process?				
b. Describe the agency's process for making the elderly and disabled aware of the ability to pre-register.				

	YES	NO	N/A	COMMENTS
c. Describe the agency's pre-registration and application process. This includes the application sites and process, including the appointment and scheduling process, documentation required, and the process followed from the time the applicant walks in the door to their departure.				
d. List the beginning and ending dates for pre-registration.				
e. On what date were benefits applied?				
3. On what date did the Subsidy program begin?				
a. If the program began before or after the official Subsidy start date, provide a detailed explanation.				
4. On what date was the last Subsidy application taken?				
a. If any applications were taken after the official Subsidy end date, provide the number and a detailed explanation.				
5. How many applications were in pending status at the close of business on the official Subsidy end date?				
a. On what date was the last pending application processed?				
6. How many Subsidy applications were taken?				
7. How many Subsidy applications were approved?				
8. How many Subsidy applications were denied? (Excluding applications that were voided.)				

	YES	NO	N/A	COMMENTS
9. What was the total amount of Subsidy benefits obligated?				
10. Describe the agency's policies and procedures for taking applications for the Subsidy component. This includes documentation required, application, appointment, and scheduling process, and the process followed from the time the applicant walks in the door to their departure				
a. Did the agency follow the alphabetical schedule for applications? If the alphabetical schedule was not followed, provide an explanation and describe the process followed. If your agency has an appointment scheduling system purchased with LIHEAP funds, provide a detailed report/explanation regarding the system and how it improved the application process.				

**Low Income Home Energy Assistance Program (LIHEAP)
2019-2020 ~~2020-2021~~ Compliance Review
Section IV: Crisis Component**

Agency: _____ **Subcontract Number:** _____
Date of On-Site Visit: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Did agency perform a local area fuel price survey for each bulk fuel type prior to the opening of the Crisis component? Provide Supporting documentation.				
a. On what date was the survey conducted?				
b. Describe the process followed to conduct the survey.				
c. Was a fair and reasonable price for fuel established? Describe the methodology used to determine a fair and reasonable price.				
2. Describe outreach activities designed to assure that eligible households, especially elderly and/or disabled individuals and families with children under the age of six, are made aware of the Crisis component. Provide supporting documentation for newspaper ads, etc.				
a. Did advertising include office hours and locations?				

	YES	NO	N/A	COMMENTS
b. Did the agency disseminate any outreach information and materials independently? If so, was prior approval obtained from CAK? Provide supporting documentation.				
3. On what date did the Crisis component begin?				
a. If the program began before or after the official Crisis start date, provide a detailed explanation.				
4. On what date was the last Crisis application taken?				
a. If any applications were taken after March 31, provide the number and a detailed explanation.				
5. How many applications were in pending status at the time of the Compliance Review or close of business on March 31? (If an agency is monitored prior to March 31, provide the number in pending status at the time of the review.)				
a. On what date was the last pending application processed?				
6. How many Crisis applications were taken?				
7. How many Crisis applications were approved?				
8. How many Crisis applications were denied? (Excluding applications that were voided.)				
9. What was the total amount of Crisis benefits obligated?				

	YES	NO	N/A	COMMENTS
10. Describe the agency's policies and procedures for taking applications for the Crisis component. Include the applicant process, documentation required, appointments and scheduling process, and the process followed from the time the applicant walks in the door to their departure.				
11. Describe the agency's process to determine when a household is in a home heating crisis situation for the following:				
a. Bulk Fuel				
b. Metered Utility				
c. Heating costs are an undesignated portion of rent				
d. Pre-Pay Electric				
12. Describe the agency's process to determine the minimum amount necessary to alleviate the heating crisis.				
13. Describe the agency's process to ensure that families approved for the Crisis component are provided energy assistance benefits within eighteen (18) hours of being determined eligible if the household is in a life threatening situation and within forty-eight (48) hours if the household is not in a life threatening situation as defined in the LIHEAP manual.				
14. Did the agency purchase bulk supplies of fuel, blankets, or space heaters? If NO, skip to 15.				

	YES	NO	N/A	COMMENTS
a. Describe agency policies and procedures for purchasing bulk supplies of fuel, blankets, or space				
b. Was prior approval obtained from CAK? Provide supporting documentation of the request to and the approval from CAK.				
c. Describe the agency's policies for the distribution of fuel, blankets, and space heaters.				
d. Were the costs of fuel, if applicable, and the costs for blankets that were provided counted against the applicant's Allowable Crisis Maximum?				
e. Describe how such purchase reduced service costs or increased the efficiency of service delivery.				
15. Describe agency's policies and procedures regarding co-payments.				
16. Describe agency's policies and procedures for renters that receive a utility allowance payment.				
17. Does the agency provide services that encourage and enable households to reduce home energy costs? If NO, skip to end.				
a. Describe the services provided.				
b. Was prior approval obtained from CAK and CHFS? Provide program plan and request to and approval by CAK.				
c. What percentage and amount of funds of the Crisis allocation was used for this service?				

	YES	NO	N/A	COMMENTS
d. Describe how the type and costs of services are readily identifiable and how they are tracked.				

**Low Income Home Energy Assistance Program (LIHEAP)
2019-2020 ~~2020-2021~~ Compliance Review
Section V: Certificate of Financial Need**

Agency: _____ **Subcontract Number:** _____
Date of On-Site Visit: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Describe the application process for a CFN, including eligibility requirements, documentation required, etc.				
2. Describe the agency's Certificate of Financial Need policies and procedures for a Thirty (30) Day Extension of service, including when the bill is not in the name of the LIHEAP applicant.				
a. Are policies consistent with 807 KAR 5:006?				
b. Provide the county and the number of Thirty (30) Day Extensions issued for each county.				
3. Describe the agency's Certificate of Financial Need policies and procedures for a Hardship Reconnection of Service, including when the bill is not in the name of the LIHEAP applicant.				
a. Are policies consistent with 807 KAR 5:006?				
b. Provide the county and the number of Hardship Reconnections for each county.				

**Low Income Home Energy Assistance Program (LIHEAP)
~~2019-2020~~ 2020-2021 Compliance Review
 Section VI: Financial**

Agency: _____ **Subcontract Number:** _____
Date of On-Site Visit: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Provide copies of the first Subsidy invoice and the first Crisis invoice . Copies of supporting documentation for all costs included on the invoice MUST be provided. Supporting documentation includes, but is not limited to: revenue and expense report; individual invoices; indirect costs, including procedures for				
2. Did the agency place advance payment in an interest bearing account? If not, explain exemption.				
3. How does the agency ensure that LIHEAP funds are not co-mingled with other state or federal funds and that LIHEAP costs are not charged to other programs?				
4. Did the agency expend \$750,000 or more in federal funds?				
a. Was a 2 CFR Part 200 Subpart F-Audit report completed by an independent auditor, as mandated by CFR 200?				

	YES	NO	N/A	COMMENTS
b. Was the Audit Engagement Letter for the current program year Program Year 2018-2019 provided to CAK and CHFS no later than ninety (90) days prior to the agency's fiscal year end? Provide supporting documentation.				Audit Engagement is monitored for the current year. I changed the language to reflect 'current progra year' so we don't have to update each year.
c. Was the 2017-2018 Program Year previous program year audit provided to CAK and CHFS no later than nine months after the agency's fiscal year end? Provide supporting documentation.				Audit is monitored for the previous year. I changed the language to reflect his so we don't have to upate every year.
5. Does the agency have a written procedure to ensure separation of financial duties?				
a. Does the agency have separate individuals for authorizing, recording, and the custody of funds? Provide copies of supporting documentation.				
b. Does the agency have a minimum of two fiscal staff involved with LIHEAP?				
c. If not, describe how the agency ensures that LIHEAP funds are being appropriately monitored and managed.				
6. Does the agency have a record retention plan? How long are records kept? Provide supporting documentation.				
7. Provide documentation of Directors and Officers Liability insurance; workers compensation insurance; employee liability insurance; and other such liability insurance to provide adequate coverage against losses and liabilities.				
8. Did the agency submit invoices to CAK by the designated deadline?				

	YES	NO	N/A	COMMENTS
9. Does the accounting department use CASTiNET reports to set up vouchers as payable?				
10. Describe the agency's procedures for the reconciliation of CASTiNET and the agency's financial records.				
a. Are records reconciled at least once monthly?				
b. Are they reviewed by management in a timely manner? Provide supporting documentation.				
11. Describe the agency's process for vendor billing to assure that all vouchers, fax transmittals, and/or P.O.'s that have been paid have proper documentation and signatures.				
a. Does the agency have separate individuals that requests and approves payment?				
12. Describe the agency's financial policies and procedures if a voucher has been				
13. Does the agency have an approved indirect cost allocation rate and plan? Provide supporting documentation.				
a. If the agency does not have an indirect cost plan, describe the process of applying shared costs (rent, utilities, water, depreciation, repairs, maintenance, or any cost that is not program specific).				
b. Was CHFS provided a copy of the agency's indirect cost plan? Provide supporting documentation.				

	YES	NO	N/A	COMMENTS
14. Did the agency make appropriate payments to vendors within three days of receipt of payment from CAK? Provide supporting documentation.				

**Low Income Home Energy Assistance Program (LIHEAP)
2018-2019 Compliance Desk Review
Section I: Agency Information**

Agency: _____ Subcontract Number: _____
 Contract Year: _____
 Date of Desk Review: _____
 Agency Staff Participating: _____
 CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Provide any updates or changes to your LIHEAP program since the last monitoring (such as changes in leadership procedures, activities, or practices).				
2. Identify the Coordinator/Director for LIHEAP and/or Finance as well as all Board Members, Executive Staff, LIHEAP Staff, and volunteers.				
3. Are there any outstanding corrective action plans from last year's LIHEAP Monitoring? If yes, please describe timeline of completion.				
4. Do all staff have copies of the LIHEAP Manual and Internal Management Manual? Describe training for LIHEAP Staff and Volunteers.				
5. Are there written internal management policies and procedures for local program operations consistent with agency policies and comply with program requirements? Provide documentation.				

**Low Income Home Energy Assistance Program (LIHEAP)
2018-2019 Compliance Desk Review
Section II: Vendor Information**

Agency: _____ Subcontract Number: _____
 Contract Year: _____
 Date of Desk Review: _____
 Agency Staff Participating: _____
 CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Provide the agency's written policies and procedures for vendor recruitment and selection. Provide copies of newspaper ads that include posting dates in local papers and the date vendor packets were mailed.				
2. Was a fair and reasonable price for fuel established? Describe the process used to inform vendors they must provide fuel at the established price				
3. Are all Vendor Agreements current?				
4. Provide a list of all approved vendors.				

**Low Income Home Energy Assistance Program (LIHEAP)
2018-2019 Compliance Desk Review
Section III: Subsidy and Crisis Components**

Agency: _____ Subcontract Number: _____
 Contract Year: _____
 Date of Desk Review: _____
 Agency Staff Participating: _____
 CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. Describe outreach activities to assure that eligible households are made aware of the LIHEAP assistance that is available for Subsidy and Crisis.				
2. Did the agency provide a pre-registration process?				
3. What is the date the last Subsidy application was taken? The Crisis application?				
4. How many Subsidy applications were taken? Approved? Denied?				
5. How many Crisis applications were taken? Approved? Denied?				
6. Did the agency perform a local area price survey for each bulk fuel type prior to the opening of the Crisis Component?				
7. Were bulk supplies of blankets or space heaters purchased? If yes, describe the process.				

**Low Income Home Energy Assistance Program (LIHEAP)
2018-2019 Compliance Desk Review
Section IV: Certificate of Need**

Agency: _____ Subcontract Number: _____
Contract Year: _____
Date of Desk Review: _____
Agency Staff Participating: _____
CAK Review Staff: _____

	YES	NO	N/A	COMMENTS
1. How many Certificates of Need were completed?				

**Low Income Home Energy Assistance Program (LIHEAP)
2018-2019 Compliance Desk Review
Section V: Financial**

Agency: _____
Contract Year: _____
 Date of Desk Review: _____
 Agency Staff Participating: _____
 CAK Review Staff: _____
 Subcontract Number: _____

	YES	NO	N/A	COMMENTS
1. Provide copies of the first Subsidy invoice and the first Crisis invoice . Copies for all supporting documentation for all costs included on the invoice MUST be provided. Supporting documentation includes, but is not limited to: revenue and expense report; individual invoices; indirect costs, including procedures for billing, etc.				
2. Was a 2 CFR Part 200 Subpart F-Audit report completed by an independent auditor, as mandated by CFR 200 annually?				
3. Was the Audit Engagement letter for program year 2018-2019 provided to CAK and CHFS no later than 90 days prior to the agency's fiscal year end? Provide supporting documentation.				
4. Was the 2017-2018 Program Year audit provided to CAK and CHFS no later than 9 months after the agency's fiscal year end? Provide documentation.				

	YES	NO	N/A	COMMENTS
<p>5. Does the agency have separate individuals for authorizing, recording, and the custody of funds? Describe the agency's process for requesting and approving payments? Does the agency have separate individuals that request and approve payments. Provide names of individuals.</p>				
<p>6. Provide documentation of Directors and Officers Liability insurance; employee liability insurance; and other such liability insurance to provide adequate coverage against losses and liabilities.</p>				
<p>7. Did the agency submit invoices to CAK by the designated deadlines?</p>				
<p>8. Does the LIHEAP expenditures reported independently by the agency's fiscal system and CASTiNET compare?</p>				
<p>9. Describe the agency's procedures for the reconciliation of CASTiNET and the agency's financial records. Provide copies of supporting documentation for the reconciliation of the agency's financial records and CASTiNET for the first Subsidy invoice and the first Crisis invoice.</p>				
<p>10. Are the vouchers and fax transmittal records reconciled at least once a month?</p>				
<p>11. Describe the agency's process for vendor billing to assure that all vouchers, fax transmittals, and/or Purchase Orders (PO) that were paid have proper documentation and signatures.</p>				

	YES	NO	N/A	COMMENTS
12. Does the agency have an approved indirect cost allocation rate and plan? Provide documentation for the date CHFS was provided a copy of the allocation rate or plan.				
13. Did the agency make appropriate payments to vendors within three days of receipt of payment from CAK? Provide documentation.				
14. Describe your financial policies and procedures for voided vouchers.				
15. If a client did not receive services, are they referred to other local agencies. If yes, list agencies and the service(s) they provide.				

File Review Summary

Job #	WX 800	Inc Ver	Own	Work Order	WX 710	NEAT Audit Setup	WX900G/E/SF/Oil	Lead List	Base Load List	Mold List

Key:

WX-800 = Application, Inc. Ver. = Income Verification, Own = Proof of ownership, Work order = NEAT/MHEA generated work order, WX-710 = Completed dwelling report,

NEAT/MHEA audit: Review agency setup library: measure costs, fuel cost, selected candidate measure, User-defined measures, and Weather file.

WX900G/E/SF/Oil: = Energy systems check list(s).

For the work order, crew based or contracting agency determines required paperwork in file – could be more than above.

For each job, “Y” means the item is in the file and is acceptable. “N” means the item is not in the file and/or is not acceptable.

NEAT/MHEA Audit Review:	Yes	No	Comments/Documentation
Have you reviewed the NEAT/MHEA setup?			
Are work measure costs in the setup and supply libraries accurate and current?			
Are all work measure items classified properly under the appropriate work category in the audit?			
Was all input data entered correctly in the audit?			
Were any audits ran an excessive number of times.			
Do the estimated costs in the audit match the estimated costs in the work order?			
Are DOE/LIHEAP funded work measures/costs properly segregated from DSM/Third Party funded work measures/costs in the audit, work order and client completion report?			
Do work measures on the work order match/follow the list of recommended work measures in the audit?			
Does each work measure in the work order contain sufficient details so the type and location of work is understandable and traceable to the job?			
Are actual costs within 10% of NEAT/MHEA audit and work order estimated costs?			
Are final SIR's of each applicable work measure 1.0 or greater? (.8 or greater if LIHEAP only?)			
FILE REVIEW	Yes	No	Comments/Documentation
Is the WX Client File Complete with all required forms and documents enclosed?			
Are zero income declaration forms notarized?			
Is the Client Completion Report completed properly and do total costs match the total costs billed on the WX710?			
Is the heat system post inspection date on the WX900 dated before the WX-710 final inspection date?			
Is the WX-710 Completed & Does It Agree With the Cost Records Supporting Documentation?			
Is a signed/dated winning contractor bid in the file?			
Are there bid spread sheet results for each bid packet awarded in the agency files?			
Were NEAT/MHEA Electronic/Exported Audit Files Received for the Job?			
Do any work measures have a questionable amount of labor hours charged to them?			

FILE REVIEW-Continued	Yes	No	Comments/Documentation
Do any work measures have a questionable amount of travel time hours charged to them?			
Were any work measures performed that are not an allowable weatherization work measure?			
Is there proof in the client file that Certificates of Insulation were provided to the client as applicable?			
Were any heat system replacements properly justified and documented in the file?			
Was proof of delivery of client education/health & safety documents and owner's manuals as applicable in the file?			
Are Material Safety Data Sheets on file and available for review for all weatherization materials that are installed?			
Was proof of Lead Paint Testing/Assumption of Lead Presence and Lead Safe Work Practices documentation in the file if applicable?			
Are all required forms/documents in the client file filled out, dated and signed?			
If any refrigerator has been replaced, is there written documentation in the file to verify the old refrigerator has been disposed of properly per Section 608 of the 1990 Clean Air Act, as amended by 40 CFR 82, Subpart F? (Also Re: WPM, (Rev. 10/8/14) Sec. 6.7, item # 3.)			

Weatherization Deferrals	Yes	No	Comments/Documentation
Pick a sample of 1-5 weatherization applicants who received deferral status and go to the home to interview the client to gain the following information:			
Did the agency actually come and inspect the home before assigning deferral status?			
Did the client receive written notification from the agency and a list of reasons for the deferral?			
Did the agency refer the client to other agencies/organizations for assistance?			

Duct Blaster Testing Results

Job #	Measured Total Leakage In CFM	Measured Leakage To Outside In CFM	Total Leakage Limit: 12 CFM per 100ft ²	Leakage to Outside Limit: 8 CFM/ 100ft ²	Total Leakage Limit Met?	Leakage to Outside Limit Met?

Heat System Test Summary

Job #	Unit Tested	Carbon Monoxide	Draft	Dropout Safety Valve Working?	Stack Temp.	Gas Leaks	Voltage Test	Amp Draw

Field Monitoring Query

Monitoring Query Item	Yes	No	Comments
Did you inspect all DOE/LIHEAP funded work measures listed on the work order for completeness and quality?			
Was the client satisfied with the work performed?			
Did you conduct all required test outs on the home and compare them to agency test out readings?			
Was heat system work performed in compliance with the applicable code(s) and are all the heat systems now conforming to code(s) as found during the monitoring visit.			
Does each heating system pass test outs as found during the monitoring visit?			

Does mechanical ventilation installed conform to ASHRAE 62.2-2016 standards on this home?			
Does the evaluator show proficiency in conducting all testing requested during the monitoring visit?			
Does the evaluator need T&TA in any areas of the DNE process/and or Post Inspection Process?			
If a pre-1978 home, was any work performed that would have disturbed any existing lead paint?			
Were any work measures listed on the audit not listed on the work order?			
Were any work measures listed on the work order not listed on the audit?			
Was any work measures not evaluated that you determined could have been evaluated?			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present	Leslie Marcum		
	Yes	No	Supporting Information
Financial Review			
Does agency utilize a separate line item accounting system or separate bank accounts for various funding sources? (Obtain chart of accounts detailing Weatherization and LIHEAP cost codes or view evidence of separate bank accounts)			
List the month of the invoice being reviewed			
Does the agency use separate budget line items for materials and labor expenditures?			
Does the general ledger report for the month support the dollar amounts billed?			
Are receipts and or other supporting documentation provided for the expenditures listed on the monthly expenditure report?			
Do Personnel Activity Reports (PARs) support the labor and program support hours billed?			
Do PARs contain detail of service provided?			
Are labor hours recorded on the Personnel Activity Reports traceable to a specific client?			
Does this agency leverage a DSM program with the weatherization program funds?			
If yes, were materials for the DSM program purchased with separate funds?			
Training Requirements			
DNE/QCI			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present	Leslie Marcum		
	Yes	No	Supporting Information
Is current CPR/First Aid certification on file for all employees? <i>(WX Subcontract, Duties of the Service Provider, items 18c)</i>			
Is proof of certification on file for all staff conducting evaluation services (DNE/QCI)? <i>(WX Subcontract, Duties of the Service Provider, items 5, 6, 19)</i>			
Is proof of energy auditor training on file for all staff conducting evaluation services?			
Is NEAT/MHEA training on file?			
Is LED training on file?			
Is CAZ training on file?			
Is Zonals training on file?			
Have DNEs successfully completed ASHRAE training? <i>(WX Subcontract, Duties of the Service Provider, items 5, 6, 32; State Plan, section v.7, pg 24)</i>			
Is Lead Safe Work Practices on file (required for all wx workers)? <i>(WX Subcontract, Duties of the Service Provider, items 32; State Plan, section V.7, pg 20)</i>			
Is Lead Renovator training on file (required for DNE's and crew leaders)? <i>State Plan, pg 20 WX Subcontract, Duties of the Service Provider, items 5, 6, 32; State Plan, section V.7, pg 20)</i>			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present	Leslie Marcum		
	Yes	No	Supporting Information
Is Mold and Indoor Air Quality Issues training on file? (<i>WX Subcontract, Duties of the Service Provider, item 32; State Plan, section)</i>)			
Is Asbestos training on file (required for all wx workers)? (<i>WX Subcontract, Duties of the Service Provider, items 18, 32; State Plan, section V.7, pg 17</i>)			
Is Safety Training on file (can be OSHA or in-house training)? (<i>WX Program Manual, Section 13.34</i>)			
CREW LEADER			
Is Crew Leader training on file?			
Is current CPR/First Aid certification on file for all employees? (<i>WX Subcontract, Duties of the Service Provider, items 18c</i>)			
Have crew leaders successfully completed ASHRAE training? (<i>WX Subcontract, Duties of the Service Provider, items 5, 6, 32; State Plan, section v.7, pg 24</i>)			
Is Lead Safe Work Practices on file (required for all wx workers)? (<i>WX Subcontract, Duties of the Service Provider, items 32; State Plan, section V.7, pg 20</i>)			
Is Lead Renovator training on file (required for DNE's and crew leaders)? (<i>State Plan, pg 20 WX Subcontract, Duties of the Service Provider, items 5, 6, 32; State Plan, section V.7, pg 20</i>)			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present	Leslie Marcum		
	Yes	No	Supporting Information
Is Mold and Indoor Air Quality Issues training on file? <i>(WX Subcontract, Duties of the Service Provider, item 32; State Plan, section)</i>			
Is Asbestos training on file (required for all wx workers)? <i>(WX Subcontract, Duties of the Service Provider, items 18, 32; State Plan, section V.7, pg 17)</i>			
Is Safety Training on file (can be OSHA or in-house training)? <i>(WX Program Manual, Section 13.34)</i>			
INSTALLER			
Is Retrofit Installer training on file?			
Is current CPR/First Aid certification on file for all employees? <i>(WX Subcontract, Duties of the Service Provider, items 18c)</i>			
Is Lead Safe Work Practices on file (required for all wx workers)? <i>(WX Subcontract, Duties of the Service Provider, items 32; State Plan, section V.7, pg 20)</i>			
Is Mold and Indoor Air Quality Issues training on file? <i>(WX Subcontract, Duties of the Service Provider, item 32; State Plan, section)</i>			
Is Asbestos training on file (required for all wx workers)? <i>(WX Subcontract, Duties of the Service Provider, items 18, 32; State Plan, section V.7, pg 17)</i>			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present	Leslie Marcum		
	Yes	No	Supporting Information
Is Safety Training on file (can be OSHA or in-house training)? <i>(WX Program Manual, Section 13.34)</i>			
Is EPA Lead Safe Firm certificate on file? <i>(WX Subcontract, Duties of the Service Provider, item 4; State Plan, section V.7, pg 20)</i>			
Insurance			
Does the agency maintain Directors and Officers Liability Insurance (Errors and Omissions)?			
Worker's Comp Insurance?			
Employer Liability Insurance?			
Pollution Liability coverage (\$500,000)?			
\$1,000,000 liability for damage to persons or properties in connection with WX activities? (\$800K for LIHEAP)			
\$1,000,000 for all vehicles purchased with WX funds? (\$800K for LIHEAP)			
Fair Housing			
Does the agency have a Title VI Coordinator?			
Has the agency completed a Title VI Self Survey ?			
Has the Title VI Self Survey been submitted to KHC and maintain an approval letter on file?			
Does the agency have a Section 504 Plan? (disabilities)			
Does the agency have non discrimination policies in place and abide by the KRS 344 Kentucky Civil Rights Act ? (non discrimination because of race, religion, color, national origin, sex, or age)			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present	Leslie Marcum		
	Yes	No	Supporting Information
Does the agency have posted in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of the non discrimination contract?			

DNE					
QCI					
Energy Auditor					
NEAT/MHEA					
CAZ					
Zonals					
LED					
CPR/First Aid					
ASHRAE 2016					
LSWP					
Lead Renovator					
Mold					
Asbestos					
Safety					
Crew Leader					
Retrofit Installer					

Approved Contractor List

Agency Name	
Date of Review	
Recruitment Process	
Does the service provider recruit and advertise for private contractors at least annually? Describe the method and frequency of advertisement used. <i>(Master File, section V.8.1.A.)</i>	
Approval Process	
Type of Contractor	
Location of Contractor:	
Did service provider obtain a Weatherization Contractor Application (WX10)? <i>(Master File, section V.8.1, pg 42)</i>	
Date WX10 submitted:	
Did service provider obtain, sign and retain the Non-Financial Agreement (WX12)? <i>(Master File, section V.8.1., pg 42)</i>	
Did service provider review the WX10 and verify in writing all information using the Contractors Work Reference (WX11)? <i>(Master File, section V.8.1., pg 42)</i>	
Contractor's status from the Excluded Parties list: <i>(WX Subcontract, Duties of the Service Provider, Purchasing and Procurement, Debarment and Suspension)</i>	
Does the agency have documentation in the file that displays the contractor's non-debarment status? <i>(WX Subcontract, Duties of the Service Provider, Purchasing and Procurement, Debarment and Suspension)</i>	
Is there a subcontractor hold harmless statement on file for this contractor which indemnifies KHC?	
Insurance and licensing	
Does service provider have Certificates of Insurance on file for this contractor?	
List amount of coverage: _____	
Requirements:	
HVAC - \$500,000 general liability, \$300,000 property	
Plumbing - \$250,000 general liability	
Electric - \$500,00 general liability	
Does service provider ensure appropriate coverage is maintained on an annual basis?	
Are notices of insurance coverage change mailed directly from the insurance company to the service provider?	
Are copies of professional licenses maintained in the contractor file for HVAC, plumbing and electrical contractors?	
Training	
List all current employees of contractor who perform work on WX jobs	
Are CPR certs on file for all employees (90 day grace period, KHC PN 02.11, 3/2/11)	
Is Lead Safe Work Practices certification on file for all employees (90 day grace period, KHC PN 02.11, 3/2/11)	

Approved Contractor List

Is Lead Renovator certification on file for crew leaders (90 day grace period, KHC PN 02.11, 3/2/11)	
Is Lead Safe Firm certification on file (90 day grace period, KHC PN 02.11, 3/2/11)	
Is Mold & Moisture certification on file for all employees	
Is Asbestos training on file for all employees	

Agency Name	
Date of review	
Client Name	
Unit Address	
County	
WX-800 date	
Was WX-800 determined eligible? If yes, what date? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2)</i>	
Date Pre-Inspection or Walk-thru completed <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2 & V.5.1, Dwelling Needs Evaluation, Item A; pg 12)</i>	
Was client notified of unit's lack of eligibility? <i>(State Plan, section V.1.2, Deferrals, item 5.a; pg 6)</i>	
Date and method of notification <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.a; pg 6)</i>	
Did notification identify reason for ineligibility? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.c; section V.5.1, Dwelling Needs Evaluation, item B, pg 13)</i>	
Did service provider refer the client to any alternate program? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.b; pg 6)</i>	
Additional Comments:	
Client Name	
Unit Address	
County	
WX-800 date	
Was WX-800 determined eligible? If yes, what date? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2)</i>	
Date Pre-Inspection or Walk-thru completed <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2 & V.5.1, Dwelling Needs Evaluation, Item A; pg 12)</i>	
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Additional Comments:	
Client Name	
Unit Address	
County	
WX-800 date	
Was WX-800 determined eligible? If yes, what date? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2)</i>	
Date Pre-Inspection or Walk-thru completed <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2 & V.5.1, Dwelling Needs Evaluation, Item A; pg 12)</i>	
Was client notified of unit's lack of eligibility? <i>(State Plan, section V.1.2, Deferrals, item 5.a; pg 6)</i>	
Date and method of notification <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.a; pg 6)</i>	
Did notification identify reason for ineligibility? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.c; section V.5.1, Dwelling Needs Evaluation, item B, pg 13)</i>	
Did service provider refer the client to any alternate program? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.b; pg 6)</i>	
Additional Comments:	
Client Name	
Unit Address	
County	
WX-800 date	

Was WX-800 determined eligible? If yes, what date? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2)</i>	
Date Pre-Inspection or Walk-thru completed <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2 & V.5.1, Dwelling Needs Evaluation, Item A; pg 12)</i>	
Was client notified of unit's lack of eligibility? <i>(State Plan, section V.1.2, Deferrals, item 5.a; pg 6)</i>	
Date and method of notification <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.a; pg 6)</i>	
Did notification identify reason for ineligibility? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.c; section V.5.1, Dwelling Needs Evaluation, item B, pg 13)</i>	
Did service provider refer the client to any alternate program? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.b; pg 6)</i>	
Additional Comments:	
Client Name	
Unit Address	
County	
WX-800 date	
Was WX-800 determined eligible? If yes, what date? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2)</i>	
Date Pre-Inspection or Walk-thru completed <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2 & V.5.1, Dwelling Needs Evaluation, Item A; pg 12)</i>	
Was client notified of unit's lack of eligibility? <i>(State Plan, section V.1.2, Deferrals, item 5.a; pg 6)</i>	
Date and method of notification <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.a; pg 6)</i>	
Did notification identify reason for ineligibility? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.c; section V.5.1, Dwelling Needs Evaluation, item B, pg 13)</i>	
Did service provider refer the client to any alternate program? <i>(WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2, Deferrals, item 5.b; pg 6)</i>	
Additional Comments:	

Inventory

Agency Name			
Date of review			
	Yes	No	Supporting Information
Does the agency have a written process for inventory control? (LIHEAP contract, Duties of Service Provider, item 48)			
Is the inventory stored in a secure area?			
Does the written procedure identify the specific staff person(s) responsible for inventory oversight? (LIHEAP contract, Duties of the Service Provider, item 48)			
Does the written procedure describe the process for purchasing items that will be inventoried? (LIHEAP contract, Duties of the Service Provider, item 48)			
Does the written procedure detail who has access to the materials? (LIHEAP contract, Duties of the Service Provider, item 48)			
Does the written procedure detail the process for the addition of materials into the inventory? (LIHEAP contract, Duties of the Service Provider, item 48)			
Does the written procedure detail the process for removing items from the inventory? (LIHEAP contract, Duties of the Service Provider, item 48)			
Can the agency provide inventory control sheets for all materials in stock?			
How often is an updated inventory completed?			
Does the agency maintain an ongoing record of previous physical inventory counts?			

Agency Name							
Client Name							
Job Number							
Date of completion							
Funding source:	DOE	X	LIHEAP	X	DSM		OTHER
	Yes	No	Supporting Information				
County Served:							
Priority Points for client							
Is this unit owned or rented? (If rental, complete lines 25 - 31.)							
What is the clients heat source?							
Application date?							
Is income calculated correctly and supported with appropriate documentation? (<i>WX subcontract, Duties of the Service Provider, item 9; WXPM 3.1 - 3.5; State Plan, section V.1.1</i>)							
Is the total income of the applicant's household at or below 200% of poverty? (<i>WX Subcontract, Duties to the Service Provider, item 9; WXPM 3.1 - 3.5; State Plan, section V.1.1</i>)							
Was the Wx-800 signed by the Program Director or Executive Director before work was started or commenced on the dwelling? (<i>WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.1.2</i>)							
Are points on the WX-800 (application) calculated correctly? See pg.2 application (<i>WX Subcontract, Duties of the Service Provider, item 2; State Plan, section V.3</i>)							

Is the client notified of the status of their application in writing and signed by an agency representative in a timely manner? <i>(WX Subcontract, Duties of the Service Provider, item 11)</i>			
Is the client notified of their right to appeal and of the agencies grievance process? <i>(WX Subcontract, Duties of the Service Provider, item 12)</i>			
Does the notification contain the name, address and phone number of a staff person? <i>(WX Subcontract, Duties of the Service Provider, item 11)</i>			
Is a hold harmless statement in the client file? <i>(WX Subcontract, Duties of the Service Provider, Insurance and Liability Section, Hold Harmless)</i>			
Is there documentation of ownership on file? <i>(WXPM, Section 2.4.1 Owner Occupied)</i>			
Are all intake forms completed in full?			
Is client education documented in the client file? <i>(Effective 6/20/13; KHC PN 02-13; State Plan, section V.7, pg 25)</i>			
Is a job completion report in the client file? <i>(Effective 6/20/13; KHC PN 02-13)</i>			
If multiple funding sources were invested in the unit, is the funding source for each measure and the total clearly documented? <i>(2 CFR 230; LIHEAP contract, Duties of Service Provider, item 4)</i>			
Is SIR value 1 or greater for all regular WX measures?			
Are WX15 change orders completed for changes to the original work order? <i>(Effective 9/24/13; KHC PN 03-13)</i>			

This section only for work completed by contractor.			
Are contractor forms on file (Wx14, Wx16, Wx17 on file)?			
Does file contain bid documentation?			
Does the winning bid match the WX17? (If not, a WX15 should be on file.)			
This section for rental properties only.			
Is documentation of ownership on file?			
Is the WXRental Agreement completed with the landlord and tenant signatures and maintained in the file?			
If unit(s) was vacant at the time weatherization work was performed, was the unit occupied within 180 days of the unit being weatherized?			
For duplexes or four-plexes, were at least 50% of the units eligible dwelling units? (Or, at least 50% of the units became eligible dwelling units in 180 days.)			
units eligible dwelling units? (Or, at least 66% became eligible dwelling units within 180 days.)			
Did tenant(s) report an increase in rent in 18 months after enhancements were completed?			
<p style="text-align: center;">Additional Comments:</p>			

Low Income Home Energy Assistance Program (LIHEAP) Vendor Agreement

This Agreement entered into by and between _____ (CAA or Agency) and _____ (Vendor) is effective as of _____.

WHEREAS, Title XXVI of the Low Income Home Energy Assistance Act of 1981 (P.L. 97-52) provides for Home Energy Assistance to eligible households; and

WHEREAS, parties hereto desire to establish an arrangement to carry out the provisions of this Act and to assure that funds available under this Act are used in accordance therewith.

The Vendor shall:

1. Comply with 921 KAR 4:116 Low Income Home Energy Assistance Program
 - a. **Provide the Agency with a fixed price in gallons for kerosene, propane or fuel oil, cords of wood, or tons of coal, delivered or picked up by the client.** Agency may accept additional units of measurement, but the vendor must provide the conversion to the base units described (gallons for propane, kerosene, and/or fuel oil; cords for wood; tons for coal).
 - b. **Allow Agency and authorized federal or state representatives to inspect records upon request:** All records maintained by the Vendor relating to this Agreement shall be available on reasonable notice, for inspection, audit or other examination and copying, by the Cabinet for Health and Family Services (Cabinet) and Community Action Kentucky (CAK) representatives or their delegates, and authorized federal representatives. Such records shall show the amount of home energy delivered to each eligible Household, the amount of payments made for home energy by such eligible Households, the dollar value of credit received on behalf of each eligible household. Records shall be maintained for a period of three (3) years following the termination of this Agreement.
 - c. **Maintain records to financial transactions regarding LIHEAP for a period of three (3) years.** Vendor must establish such fiscal control and fund accounting procedures as may be necessary to assure the proper use and accounting of funds under this Agreement. All records shall be maintained for a period of 3 years following the termination of this Agreement.
 - d. **Inform the Agency if information is received that a household has obtained a benefit by misrepresentation.** This includes any instances where the Vendor may be aware that a household has been approved for benefits by misrepresentation of the household's situation.
 - e. **Provide fuel as specified and at the price quoted** to the CAA. Price changes must be submitted in writing to the CAA. Provide services to the account as specified and authorized by the CAA. LIHEAP funds can only be credited to the account authorized.
 - f. **Comply with federal and state law pertaining to equal employment opportunity** including Equal Employment Opportunity standards.
 - g. **Comply with billing procedures established by the Agency.**
 - h. **Comply with the following provisions when accepting payment from LIHEAP for energy or service**
 - i. **Reconnection of utilities and delivery of fuel during a crisis component shall be accomplished upon certification for payment.** Reconnect utilities and/or deliver fuel upon certification of payment.
 - ii. **A household shall be charged, in the normal billing process, the difference between actual cost of the home energy and amount of payment made through this program.** 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 through this program. Upon request, bulk fuel vendors shall provide a report to the CAA to demonstrate that LIHEAP recipient customers are charged the same as non-LIHEAP customers.
 - iii. **A LIHEAP recipient shall be treated the same as a household not receiving benefits.** Not treat a Household receiving assistance under the program adversely because of such assistance; and shall agree to charge eligible LIHEAP recipients the price normally charged to a non-eligible household. This includes charging LIHEAP customers only for fees that they would normally charge any/all customers.
 - iv. **The household on whose behalf benefits are paid shall not be discriminated against, either in the costs of goods supplied or the services provided.** Not discriminate against any certified household in any manner, including terms and conditions of sale, credit, delivery or price whether in the cost of the goods supplied or the services provided because of such households' participation in LIHEAP;
 - v. **A landlord shall not increase the rent of a recipient household due to receipt of a LIHEAP payment.** Not increase the household's rent on the basis of receipt of the payment.

- i. **Time Standards:** Under a crisis or cooling component, benefits shall be authorized so that a Crisis situation is resolved within forty-eight (48) hours; or Life-threatening situation is resolved within eighteen (18) hours. Whereby a vendor cannot or will not deliver fuel within the required time period, the vendor agrees to notify the local CAA office immediately. If for any reason the fuel is not delivered in the timeframe, the CAA may declare the voucher null and void and will not be responsible for payment.
- 2. Provide services under LIHEAP in compliance with Title VI of the Civil Rights Act of 1964, and not discriminate based on the basis of race, color, sex, sexual orientation, gender identity, national origin, physical or mental handicap. Also, the requirement of any other nondiscrimination federal and state statutes, regulations and executive orders which may apply to the services provided via this agreement.
- 3. Comply with all applicable Federal and State law and regulations, including confidentiality of all records, termination and restoration of Home Energy service and discrimination in accordance with the Privacy Act of 1974
- 4. Report any situations that threatens life, health and safety to the CAA.
- 5. Delivery of Benefits and Payment Documentation
 - a. Vendor will contact client to arrange delivery
 - b. Vendor must provide CAA with "proof of receipt" documentation for all bulk fuels that are either picked up by or delivered to the client as required by CAA instructions. Obtain the client's signature for the delivery of fuel on the voucher or provide a delivery ticket to certify date, quality and quantity of bulk fuel deliveries in accordance with local CAA instructions.
 - c. Submit all vouchers and/or delivery tickets, to the local CAA within 60 days of issuance or 30 days after the official end date of the program, whichever comes first to receive payment. Any vouchers or bills that do not have the required delivery information and vouchers/bills that are not submitted within this time frame shall not be paid. Vendors will be paid for the quantity of fuel delivered. Payment adjustments will be made if the quantity delivered is less than the quantity authorized.
 - d. Return to the CAA any/all credits on client accounts from the LIHEAP program, not used by the client for any reason, within 45 days from the date the program closed. Credits and/or refunds should include the following per each application: quantity of fuel refunded; dollar amount of the refund; client name and other identifying information such as client address, account number, transmittal number, application number, and/or voucher number.
- 6. Provide at no cost to the Cabinet, Community Action Kentucky, or the CAA, information on each applicant's energy costs for a twelve (12) month consecutive billing period. The Cabinet or its designee may use these data for the purposes of client outreach and referral, LIHEAP performance management, and meeting state and federal reporting requirements.

The CAA reserves the right to terminate this Vendor Agreement. The CAA reserves the right to reject any price quotes from Vendors.

The Cabinet, CAK and the CAA reserve the right to monitor the implementation of this Agreement by the Vendor.

This agreement will terminate effective immediately upon determination by the CAA that the Vendor is not in compliance with the terms of this agreement. The Vendor will be notified within 10 days of termination.

This contract supersedes all previous Vendor Agreements signed by both parties.

In Witness Whereof, Vendor and CAA, by their duly authorized representative, have caused this Agreement to be executed the dates shown below.

VENDOR:

Business Name

Federal ID Number

Telephone Number

Fax Number

Business Address

Contact Name

Mailing Address

Email Address

I further understand that giving wrong information on purpose is FRAUD and may result in legal action against me.

Vendor Signature

Date

CAA: Agency Representative: _____

Date Received: _____

Low Income Home Energy Assistance Program (LIHEAP) Vendor Subsidy Agreement

This Agreement entered into by and between _____ (CAA or Agency) and _____ (Vendor) is effective as of _____.

WHEREAS, Title XXVI of the Low Income Home Energy Assistance Act of 1981 (P.L. 97-52) provides for Home Energy Assistance to eligible households; and

WHEREAS, parties hereto desire to establish an arrangement to carry out the provisions of this Act and to assure that funds available under this Act are used in accordance therewith.

The Vendor shall:

1. Comply with 921 KAR 4:116 Low Income Home Energy Assistance Program
 - a. **Provide the Agency with a fixed price in gallons for kerosene, propane or fuel oil, cords of wood, or tons of coal, delivered or picked up by the client.** Agency may accept additional units of measurement, but the vendor must provide the conversion to the base units described (gallons for propane, kerosene, and/or fuel oil; cords for wood; tons for coal).
 - b. **Allow Agency and authorized federal or state representatives to inspect records upon request:** All records maintained by the Vendor relating to this Agreement shall be available on reasonable notice, for inspection, audit or other examination and copying, by the Cabinet for Health and Family Services (Cabinet) and Community Action Kentucky (CAK) representatives or their delegates, and authorized federal representatives. Such records shall show the amount of home energy delivered to each eligible Household, the amount of payments made for home energy by such eligible Households, the dollar value of credit received on behalf of each eligible household. Records shall be maintained for a period of three (3) years following the termination of this Agreement.
 - c. **Maintain records to financial transactions regarding LIHEAP for a period of three (3) years.** Vendor must establish such fiscal control and fund accounting procedures as may be necessary to assure the proper use and accounting of funds under this Agreement. All records shall be maintained for a period of 3 years following the termination of this Agreement.
 - d. **Inform the Agency if information is received that a household has obtained a benefit by misrepresentation.** This includes any instances where the Vendor may be aware that a household has been approved for benefits by misrepresentation of the household's situation.
 - e. **Provide fuel as specified and at the price quoted** to the CAA. Price changes must be submitted in writing to the CAA. Provide services to the account as specified and authorized by the CAA. LIHEAP funds can only be credited to the account authorized.
 - f. **Comply with federal and state law pertaining to equal employment opportunity** including Equal Employment Opportunity standards.
 - g. **Comply with billing procedures established by the Agency.**
 - h. **Comply with the following provisions when accepting payment from LIHEAP for energy or service**
 - i. Reconnect utilities and/or deliver fuel upon certification of payment.
 - ii. **A household shall be charged, in the normal billing process, the difference between actual cost of the home energy and amount of payment made through this program.** 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 through this program. Upon request, bulk fuel vendors shall provide a report to the CAA to demonstrate that LIHEAP recipient customers are charged the same as non LIHEAP customers.
 - iii. **A LIHEAP recipient shall be treated the same as a household not receiving benefits.** Not treat a Household receiving assistance under the program adversely because of such assistance; and shall agree to charge eligible LIHEAP recipients the price normally charged to a non-eligible household. This includes charging LIHEAP customers only for fees that they would normally charge any/all customers.
 - iv. **The household on whose behalf benefits are paid shall not be discriminated against, either in the costs of goods supplied or the services provided.** Not discriminate against any certified household in any manner, including terms and conditions of sale, credit, delivery or price whether in the cost of the goods supplied or the services provided because of such households' participation in LIHEAP;
 - v. **A landlord shall not increase the rent of a recipient household due to receipt of a LIHEAP payment.** Not increase the household's rent on the basis of receipt of the payment.
2. Provide services under LIHEAP in compliance with Title VI of the Civil Rights Act of 1964, and not discriminate based on the basis of race, color, sex, sexual orientation, gender identity, national origin, physical or mental handicap. Also, the

requirement of any other nondiscrimination federal and state statutes, regulations and executive orders which may apply to the services provided via this agreement.

- 3. Comply with all applicable Federal and State law and regulations, including confidentiality of all records, termination and restoration of Home Energy service and discrimination in accordance with the Privacy Act of 1974
- 5. Report any situations that threatens life, health and safety to the CAA.
- 6. Delivery of Benefits and Payment Documentation
 - a. Vendor will contact client to arrange delivery
 - b. Vendor must provide CAA with "proof of receipt" documentation for all bulk fuels that are either picked up by or delivered to the client as required by CAA instructions. Obtain the client's signature for the delivery of fuel on the voucher or provide a delivery ticket to certify date, quality and quantity of bulk fuel deliveries in accordance with local CAA instructions.
 - c. Submit all vouchers and/or delivery tickets, to the local CAA within 60 days of issuance or 30 days after the official end date of the program, whichever comes first to receive payment. Any vouchers or bills that do not have the required delivery information and vouchers/bills that are not submitted within this time frame shall not be paid. Vendors will be paid for the quantity of fuel delivered. Payment adjustments will be made if the quantity delivered is less than the quantity authorized
 - d. Return to the CAA any/all credits on client accounts from the LIHEAP program, not used by the client for any reason, within 45 days from the date the program closed. Credits and/or refunds should include the following per each application: quantity of fuel refunded; dollar amount of the refund; client name and other identifying information such as client address, account number, transmittal number, application number, and/or voucher number.
- 7. Provide at no cost to the Cabinet, Community Action Kentucky, or the CAA, information on each applicant's energy costs for a twelve (12) month consecutive billing period. The Cabinet or its designee may use these data for the purposes of client outreach and referral, LIHEAP performance management, and meeting state and federal reporting requirements.

The CAA reserves the right to terminate this Vendor Agreement. The CAA reserves the right to reject any price quotes from Vendors.

The Cabinet, CAK and the CAA reserve the right to monitor the implementation of this Agreement by the Vendor.

This agreement will terminate effective immediately upon determination by the CAA that the Vendor is not in compliance with the terms of this agreement. The Vendor will be notified within 10 days of termination.

This contract supersedes all previous Vendor Agreements signed by both parties.

In Witness Whereof, Vendor and CAA, by their duly authorized representative, have caused this Agreement to be executed the dates shown below.

VENDOR:

<i>Business Name</i>	<i>Federal ID Number</i>
<i>Business Address</i>	<i>Contact Name</i>
<i>Mailing Address</i>	<i>Email Address</i>
<i>Telephone Number</i>	<i>Fax Number</i>

I further understand that giving wrong information on purpose is FRAUD and may result in legal action against me.

Vendor Signature	Date
-------------------------	-------------

CAA: Agency Representative: _____

Date Received: _____



Andy Beshear
GOVERNOR

OFFICE OF THE GOVERNOR
Office of the General Counsel

The State Capitol
700 Capitol Avenue, Suite 108
Frankfort, Kentucky 40601
Phone: (502) 564-2611
Fax: (502) 564-6858

La Tasha Buckner
GENERAL COUNSEL
S. Travis Mayo
CHIEF DEPUTY GENERAL COUNSEL

September 9, 2020

Lauren Christopher
Director
Office of Community Services
Division of Energy Assistance
330 C Street, SW
Washington, DC 20201

Dear Ms. Christopher:

As Governor of the Commonwealth of Kentucky, I delegate authority to the Commissioner of the Department for Community Based Services, Cabinet for Health and Family Services, or her designee, to serve as the official signatory for the Community Services Block Grant (CSBG) State Plan and Application, the Low Income Home Energy Assistance Program (LIHEAP) State Plan, and associated federal assurances, reports, and other submittals requiring my signature.

This letter also serves as notification that the state administrating agency for CSBG and LIHEAP in Kentucky is the Cabinet for Health and Family Services, Department for Community Based Services.

If you have questions regarding this matter, please contact Jason Dunn at Jason.Dunn@ky.gov.

Sincerely,

A handwritten signature in blue ink, appearing to be "AB", written over the printed name and title.

Andy Beshear
Governor

Division of Family Support

Address:
275 East Main St., 3E-I
Frankfort, KY 40621

Director's Office
Jason Dunn, Division Director (3661)
Todd Trapp, Assistant Director (3692)
Gayla Boone, Admin Spec III

Fax Numbers:
(502) 564-4021
(502) 564-9810
(502) 564-0405
Conf. Rm. Ext. 3699



<p><u>Medical Support and Benefits Branch</u> Justin Shaw, Br Manager (3694) Vacant, Admin Spec III (3687)</p>	<p><u>Family Self-Sufficiency Branch</u> Tonya Feese, Br Manager (3664) Breanna Dean, Admin Spec III (3932) Nicole (Ursula) Johnson, OSA II (3665)</p>	<p><u>Policy Development Branch</u> Jessica Hinkle, Br Manager (3679) Breanna Dean, Admin Spec III</p>	<p><u>Program Integrity Branch</u> Wendy Cumpston, Br Manager (3659) Thomas Moore, Admin Spec III (3681)</p>	<p><u>Nutrition Assistance Branch</u> Brittany Neat, Br Manager (3702) Tonya Richards, Admin Spec III (3666)</p>
<p><u>Case Processing Section</u> Deborah Wisdom, Supervisor (3680) Dejaneas Demartra-Pressley, (3618) Darren Fielder, (3667) Julia Howard, (3803) Monica Jones, (859-987-4655 ext.125) Samantha Miley, (3654) Kevin Miller, (3701) Brian Minch, (3782) Tyler Netherton, (3926) Sonya Roark, (3703)</p>	<p><u>Technical Support Section</u> Samuel Crossfield, Supervisor (3927) Dylan Drown, (3657) Sarah Poole, (3644) Vanessa Reasoner, (3646) Phyllis Wilson, (3668) Vacant, FSSIII</p>	<p><u>Program Support Section</u> Corrie Hall, Supervisor (3691) Shelly Carter, (3707) Erin Kidder, (3648) Christina Marraccini, (3693) Clarizza Singayao, (3689) Ann Smith, (3675) Glenda Surratt</p>	<p><u>Integrity & Analysis Section</u> Melissa Williams, Supervisor (3751) Arielle Akin Brittany Groves, (3695) Megan Mosley Vicki Tucker, (3672)</p>	<p><u>SAFE Section</u> Christina Lilly, (3705) LeeAnn May, (3658) Nicole Rodgers, (3676)</p>
<p><u>Medicaid Program Assistance Section</u> Lora Clubb, Supervisor (3886) Heather Boggs, (3653) Wendy Hayden, (3686) Jennifer Johnson, (3673) Steph (Alesa) Lasley, (xxxx) Elizabeth Meade, (3649) Keri Reynolds, (3684) Jadena Todd, (3925) Vacant, MMSSII</p>	<p><u>KTAP Program Assistance Section</u> Jessica Womack, Supervisor (3674) Marie Braden, (3652) Timothy Downey, (3647) Beverly Druin, (3921) Sherry Egner, (3671) Lisa Fields, (3682) Jennifer Jarrett, (3737) Gena McCormick, (3924) Esther Wilhoite, (3696)</p>	<p><u>Community Support Section</u> Leigh Ann Dixon, Supervisor (3660) Vickie Bowling, (3683) Jennifer Miller, (3677) Kim Pass, (3882) Nancy Rowland LaShana Watson, (3700) Vacant, PAPS</p>	<p><u>Claims Management Section</u> Patty Rawlings, Supervisor (3655) Kelly Casolari, (3650) Victoria Dobson, (3656) Natasha Kincaid, (3662) Travis Sims, (3709) Teralea Griffin, (xxxx) Vacant, PIO II</p>	<p><u>Nutrition Program Assistance Section</u> Nyoka Johnson, Supervisor (3889) Afton Baxter, (3970) Artena Eubanks Megan Snow, (3621) Rhonda Wilson, (3698) Vacant, Proc Dev Spec II, (3650)</p>
<p><u>Medicaid Technical Support Section</u> Vacant, Supervisor (3663) Sharon Day, (3678) Jiordan Griffin, (3616) Destiny Lang, (3641) Joe Quillen, (3704) Rachael Roehrig, (3923) Donna Skaggs, (3710) Sheree Umholtz, (3688) Whitley Walker, (3887)</p>				

Updated as of 5/16/21

MATTHEW G. BEVIN
GOVERNOR



THOMAS B. STEPHENS
SECRETARY

501 HIGH STREET, 3RD FLOOR
FRANKFORT, KENTUCKY 40601
PHONE: (502) 564-7430
FAX (502) 564-7603
[HTTPS://PERSONNEL.KY.GOV](https://PERSONNEL.KY.GOV)

MEMORANDUM

PERSONNEL MEMO 19-11

TO: All State Employees

FROM: Thomas B. Stephens, Secretary

TBS

DATE: August 19, 2019

RE: Drug-Free Workplace

The federal statute governing drug-free workplace requirements for federal grant recipients requires recipients of federal funds to certify that they have met requirements designed to promote a drug-free workplace (41 U.S.C. § 8103). In compliance with this Act, and at the discretion of the Governor, all state employees are notified that:

- A. The unlawful manufacture, distribution, dispensing, possession, or use of any controlled substance is strictly prohibited in the workplace.
- B. The Personnel Cabinet will continue to improve drug-free awareness programs through employee assistance and, in cooperation with state agencies, to eradicate the dangers that drugs in the workplace create for our employees. State-supported health insurance provides coverage for employees referred to or seeking treatment for drug and alcohol-related problems.
- C. Compliance with drug-free workplace requirements is a condition of continued employment with state government for all state employees. Each employee is obligated to report any conviction he or she receives as a result of a violation of any criminal drug statute occurring in the workplace within five (5) days after such conviction. Such a report is to be made to the employee's appointing authority and is required by federal law. Failure of any employee to report his or her conviction to the appointing authority may result in disciplinary action. The agency is obligated to report such conviction to the federal grantor within ten (10) days after it receives notice.
- D. Employees found to be in violation of drug-free workplace requirements may face disciplinary action by the appointing authority up to and including dismissal, in accordance with state law, or may be required to satisfactorily participate in a drug abuse assistance or treatment program.

Feel free to contact your supervisor or Rosemary Holbrook, Executive Director, Personnel Cabinet, Office of Legal Services at (502) 564-7430 with any questions concerning this directive.