



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

Andy Beshear
Governor

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Eric C. Friedlander
Secretary

Marta Miranda-Straub
Commissioner

June 24, 2022

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 2023 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: 10/01/2022 to 09/30/2023

Report Status: Saved

Report Sections

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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: 12/31/2023	
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY			
* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/PI an/Funding Request? Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> 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): 16106004 39		* c. Organizational DUNS: 927049767	
* 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	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	* First Name: Vickie	Middle Name:	* Last Name: Bowling
Suffix:	Title: Public Assistance Program Specialis	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:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles		93.568	Low-Income Home Energy Assistance Program
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: 10/01/2022	b. End Date: 09/30/2023	* 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?			
<input type="radio"/> YES <input checked="" type="radio"/> 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 <input checked="" type="checkbox"/>			
** 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	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023
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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
 Expiration Date: 12/31/2023

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
<input checked="" type="checkbox"/> Heating assistance	11/07/2022	12/16/2022
<input checked="" type="checkbox"/> Cooling assistance	7/12/23	10/31/2023
<input checked="" type="checkbox"/> Crisis assistance	01/10/2022	03/31/2022
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2022	09/30/2023

Provide further explanation for the dates of operation, if necessary

If funding allows, the crisis component may be extended through the end of April.

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	31.00%
Cooling assistance	17.00%
Crisis assistance	32.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	0.00%
Administrative and planning costs	5.00%

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

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
TANF	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
SSI	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
SNAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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

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. No components are determined for 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

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 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 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 type="checkbox"/>	General Assistance benefits		
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits		
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input checked="" type="checkbox"/>	Cash gifts		
<input 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 type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input 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 checked="" type="checkbox"/>	Insurance payments made directly to the insured		
	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"/>	
<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 Expiration Date: 12/31/2023
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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 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:

In the Subsidy component, the biggest assistance will be provided to households with the lowest incomes relative to 150% FPL and the biggest 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. Benefits will be structured so the lowest income households with the biggest energy burden 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. For the pre-registration process, no benefits are issued until subsidy begins.

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. For the 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**

<input checked="" type="checkbox"/>	Home energy cost or need:		
<input type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input type="checkbox"/>	Individual bill		
<input checked="" type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Benefit levels only vary based upon income, household size, and dwelling type (whether a dwelling is subsidized or non-subsidized).			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies			
Minimum Benefit	\$50	Maximum Benefit	\$200
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
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. Blankets and heaters are provided as necessary.			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

Section 3 - COOLING ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023
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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? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Renters Living in subsidized housing ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Renters with utilities included in the rent ? | <input type="radio"/> Yes <input checked="" type="radio"/> 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 type="radio"/> Yes <input checked="" type="radio"/> 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):

- | | |
|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Income |
| <input checked="" type="checkbox"/> | Family (household) size |
| <input checked="" type="checkbox"/> | Home energy cost or need: |
| <input type="checkbox"/> | Fuel type |

<input type="checkbox"/>	Climate/region		
<input type="checkbox"/>	Individual bill		
<input checked="" type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	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(c)(1)(B)			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies			
Minimum Benefit	\$100	Maximum Benefit	\$400
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
Air conditioners are provided as described in section 3.4.			
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 4 - CRISIS ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023
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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	HHS Poverty Guidelines	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 type="radio"/> Yes <input checked="" type="radio"/> No
Disabled?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Young Children?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Households with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" 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 No

Must the household have non-working heating or cooling equipment? Yes No

Other? See below Yes No

Do you have additional / differing eligibility policies for:

Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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.</p> <p>*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 checked="" 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 2 00 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"/> Yes <input 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"/> Yes <input type="radio"/> No If No, explain.	
Travel to the sites at which applications for crisis assistance are accepted?	
<input checked="" type="radio"/> Yes <input 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	\$600.00 maximum benefit
Summer Crisis	\$600.00 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, heaters, air conditioners, and fans are provided as needed.

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 C risi s	Summer Crisi s	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.
Weatherization services may be eligible for households in FFY 2023 to re-weatherize units in which work was performed on or before September 30, 2012.
LIHEAP funding may be used on energy saving measures that (Savings to Investment Ratio) is at a .60 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 No

5.7 Do you have additional/differing eligibility policies for :	
Renters	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5.8 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
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> 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>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? <input type="radio"/> 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.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: replacement of cook stoves when they are a danger to the safety of the household.
<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, SS I, WAP, etc.).

<input type="checkbox"/>	Joint application for multiple programs
<input checked="" type="checkbox"/>	Intake referrals to/from other programs
<input type="checkbox"/>	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 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 Agencies	Community Action Agencies	Community Action Agencies	Community Action Agencies
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.

921 KAR 4:116 authorizes the contract with CAK and local agency delegation.

8.7 How many local administering agencies do you use? 23

8.8 Have you changed any local administering agencies in the last year?

- Yes
 No

8.9 If so, why?

<input type="checkbox"/>	Agency was in noncompliance with grantee requirements for LIHEAP -
<input type="checkbox"/>	Agency is under criminal investigation
<input type="checkbox"/>	Added agency
<input type="checkbox"/>	Agency closed
<input type="checkbox"/>	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 <input checked="" type="radio"/> Yes <input type="radio"/> No	
Cooling <input checked="" type="radio"/> Yes <input type="radio"/> No	
Crisis <input checked="" type="radio"/> Yes <input type="radio"/> No	
Are there exceptions? <input checked="" type="radio"/> Yes <input type="radio"/> 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 No

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.

To ensure public safety, monitoring may be scheduled as a desk review due to the current pandemic.

The DFS LIHEAP Public Assistance Program Specialist (PAPS) participates on-site or by desk review in a minimum of 20% of annual reviews. The PAPS also reviews a copy of each monitoring report and approves prior to CAK notifying the local agency. DAFM selects 4 local CAAs from the ones that have been completed for review. DAFM chooses agencies that were not chosen during the previous year.

DCBS tracks expenditures through a daily scheduled CASTineT report emailed to DFS and DAFM. The report includes the following details per local CAA: Total Allocation, Expenditures, % of allocation spent, remaining benefits, anticipated days left of funds to be available, date running out, # of apps, and # of HH approved.

Audit Process

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

Yes No

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
1	financial	Southern KY CAA had a finding regarding controls over financial processes to ensure funding was reconciled properly.	In Progress	staffing/management changes
2	financial	Southern -program year 2018-2019 audit not submitted to CAK timely.	In Progress	procedure/policy changes
3	financial	Southern - 2018-2019 audit engagement letter not submitted timely.	In Progress	procedure/policy changes
4	financial	Southern - 2019-2020 Audit engagement letter was due May 31, 2020 due to an extension granted by CHFS. It was not received until June 30, 2020.	Yes	procedure/policy changes

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:

DCBS monitors invoices monthly and reconciles against the daily scheduled CASTinet report.

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.

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.

10.7. Describe how you select local agencies for monitoring reviews.

Site Visits:

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. During the current state of emergency, all monitoring is currently scheduled as desk reviews.

Desk Reviews:

Desk reviews are completed annually for the remaining 2/3 of agencies not monitored on-site. Due to the current COVID situation (which may or may not change) all monitoring will be completed by desk review.

10.8. How often is each local agency monitored ?

Annually, either on-site or by desk review.

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? 1

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 1

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 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 will be July 2022.

11.2 What changes did you make to your LIHEAP plan as a result of this participation?

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
1		

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 is 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 for 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 for technical assistance and consultation. KHC will also review complaints and ensure all complaints have been resolved.

<p>12.5 When and how are applicants informed of these rights?</p> <p>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.</p>
<p>12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner.</p> <p>Same as section 12.4</p>
<p>12.7 When and how are applicants informed of these rights?</p> <p>Same as section 12.5</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 13 - Reduction of home energy needs, 2605(b)(16) - Assurance 16

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 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.

Participants that visited Northern Kentucky Community Action Agencies or who had appointments over the phone for assistance with their high heating costs were given energy reduction solutions and education/counseling, including but not limited to: the completion of and follow-up on Weatherization applications/ referrals to Financial Literacy and Home Ownership classes and Energy Education workshops. The participants were also encouraged to take part in one-on-one counseling by certified Financial literacy and HUD counseling staff; basic Budget and Credit counseling and/or classes, and referral to free tax preparation through the VITA (Volunteer Income Tax Assistance) for low income families.

As applicants apply at Community Action Council, they receive information to make them aware of actions they can take to reduce energy consumption. Topics covered include but are not limited to, turning off lights in rooms not using, usage of compact fluorescent bulbs, turning down thermostat when away and at night, changing air filters.

The Council hopes by providing energy saving tips coupled with financial counseling participants' household expense will decrease and start a pathway to financial stability.

Printed materials are in English and Spanish. Other brochures and handouts are available and used at the discretion of the neighborhood and community centers.

This is not an additional contract. All local Community Action Agencies have the opportunity to provide Assurance 16 activities given funds are available. NOTE: Northern Kentucky Community Action is a subgrantee through CAK. This overview was provided as an example of the programs offered/actions taken by participating agencies.

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. Five percent of the administrative portion award is calculated prior to distribution of funding to allowable funds are not exceeded.

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 with 108 tax returns for recipients; 62 applications were taken for weatherization; 379 participants in Credit and Budget counseling; one on one counseling for 36 participants; home ownership workshops for 3 participants; and Budgeting and Efficiency Education for 53 people.

The Community Action Council has seen an increase in home energy costs due to COVID related issues have been devastating for many families and individuals this year. We have seen an increase in income eligible families/individuals due to the affects of COVID. Through LIHEAP assistance and education/information thorough energy counseling it is able to inform, educate families/individuals on the impact of energy saving steps/tips that can assist with keeping their home energy costs lower and more affordable while circumstances have impacted within their households due to COVID.

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.

CAC Lexington: Families/individuals were able to access various programs this year through LIHEAP due to the pandemic and in addition to those funds we have WinterCare and possible enrollment in on-going programs to receive credit on their utility bills, Weatherization and additional federal, local and state funds we could apply/assist with as well.

13.5 How many households applied for these services? 6,835

13.6 How many households received these services? 6,675

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: 12/31/2023
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Section 14:Leveraging Incentive Program, 2607(A)

14.1 Do you plan to submit an application for the leveraging incentive program?
 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 Statutes 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 county area.	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 customers.	This resource serves households that are eligible for and receive LIHEAP subsidy. An agreement between Columbia Gas of Kentucky and Community Action Council specifies 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 for energy	Enhances low-income households by providing weatherization services.
7	Distribution of fans, air conditioners, and payments toward utility bills.	Private cash donations or in-kind donations by community action agencies, utility companies, city and county government and civic organizations.	Funds will be used to supplement LIHEAP or used when LIHEAP funds are expended.
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 (Governed by the Public Serv	Clients must meet the criteria for LIHEAP and agree to apply for the weatherization

	CFN)	ice Commission and administered by CAAs to either give a 30 day extension or a reconnection for services for a natural gas and electric household.	n 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

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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:

<input checked="" type="checkbox"/> Formal training on grantee policies and procedures	
How often?	
<input checked="" type="checkbox"/> Annually	
<input type="checkbox"/> Biannually	
<input type="checkbox"/> As needed	
<input type="checkbox"/> Other - Describe:	
<input checked="" type="checkbox"/> Employees are provided with policy manual	
<input checked="" type="checkbox"/> Other-Describe: Employees are provided with Supplemental Changes to the Manual when and if they occur.	

b. Local Agencies:

<input checked="" type="checkbox"/> Formal training conference	
How often?	
<input checked="" type="checkbox"/> Annually	
<input type="checkbox"/> Biannually	
<input type="checkbox"/> As needed	
<input type="checkbox"/> Other - Describe:	
<input checked="" type="checkbox"/> On-site training	
How often?	
<input type="checkbox"/> Annually	
<input type="checkbox"/> Biannually	
<input checked="" type="checkbox"/> As needed	
<input type="checkbox"/> Other - Describe:	
<input checked="" type="checkbox"/> Employees are provided with policy manual	
<input type="checkbox"/> Other - Describe CAK may provide teleconferences as needed. See attachment Sec 15 state plan attachment response.	

c. Vendors

<input checked="" type="checkbox"/> Formal training conference	
How often?	
<input checked="" type="checkbox"/> Annually	
<input type="checkbox"/> Biannually	
<input type="checkbox"/> As needed	
<input type="checkbox"/> Other - Describe:	
<input type="checkbox"/> Policies communicated through vendor agreements	
<input type="checkbox"/> Policies are outlined in a vendor manual	

<input checked="" type="checkbox"/> Other - Describe: Policies are provided to vendors through vendor agreements.	
15.2 Does your training program address fraud reporting and prevention? <input checked="" type="radio"/> Yes <input type="radio"/> 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
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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 2022 Performance Measures Report. CAK will request the performance measures data from the appropriate fuel vendors in order to complete the 2022 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
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**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	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Other		Applicant Only	Applicant Only	All Adults in	All Adults in	All Household	All Household

	Required	Requested	Household Required	Household Requested	Members Required	Members Requested
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Describe any exceptions to the above policies.</p> <p>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.</p> <p>A child under two years of age that has not applied for a SS card will be exempt.</p>						
<p>17.3 Identification Verification</p> <p>Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply</p>						
<input type="checkbox"/> Verify SSNs with Social Security Administration						
<input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency						
<input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)						
<input type="checkbox"/> Match with state Department of Labor system						
<input checked="" type="checkbox"/> Match with state and/or federal corrections system						
<input type="checkbox"/> Match with state child support system						
<input type="checkbox"/> Verification using private software (e.g., The Work Number)						
<input type="checkbox"/> In-person certification by staff (for tribal grantees only)						
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)						
<input type="checkbox"/> Other - Describe:						
<p>17.4. Citizenship/Legal Residency Verification</p> <p>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.</p>						
<input type="checkbox"/> Clients sign an attestation of citizenship or legal residency						
<input checked="" type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency						
<input checked="" type="checkbox"/> Noncitizens must provide documentation of immigration status						
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport						
<input type="checkbox"/> Noncitizens are verified through the SAVE system						
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card						
<input type="checkbox"/> Other - Describe:						
<p>17.5. Income Verification</p> <p>What methods does your agency utilize to verify household income? Select all that apply.</p>						
<input checked="" type="checkbox"/> Require documentation of income for all adult household members						
<input checked="" type="checkbox"/> Pay stubs						
<input checked="" type="checkbox"/> Social Security award letters						
<input checked="" type="checkbox"/> Bank statements						
<input checked="" type="checkbox"/> Tax statements						
<input checked="" type="checkbox"/> Zero-income statements						
<input checked="" type="checkbox"/> Unemployment Insurance letters						
<input checked="" type="checkbox"/> Other - Describe: <ul style="list-style-type: none"> Most recent DCBS award letter for KTAP, State Supplementation, or Kinship Care. Pension statement Internal Revenue Service records Veterans Administration records Railroad Retirement records Court support records 						

Union records

SSA verification forms

College financial aid award documents

Contracts for sale of property

Statement from absent parent or copy of checks from absent parent for support payments

statement from individual providing income to the consumer

employer statement or contract

records maintained by individual or self-employment income

contracts

records of income and expenses on farm or rental income

Computer data matches:

Income information matched against state computer system (e.g., SNAP, TANF)

Proof of unemployment benefits verified with state Department of Labor

Social Security income verified with SSA

Utilize state directory of new hires

Other - Describe:

17.6. Protection of Privacy and Confidentiality

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.

Policy in place prohibiting release of information without written consent

Grantee LIHEAP database includes privacy/confidentiality safeguards

Employee training on confidentiality for:

Grantee employees

Local agencies/district offices

Employees must sign confidentiality agreement

Grantee employees

Local agencies/district offices

Physical files are stored in a secure location

Other - Describe:

Per contractual agreement CAK and the CAAs are required to maintain confidential information acquired from the applicants or provided by the Caintet consistent with the requiremenets of KRS194A.060. Confidentiality of Records and Reports, KRS 205.175. Confidential treatment of information and records, and KRS 205.177 informrnation may be shared by state and local government agencies.

17.7. Verifying the Authenticity

What policies are in place for verifying vendor authenticity? Select all that apply.

All vendors must register with the State/Tribe.

All vendors must supply a valid SSN or TIN/W-9 form

Vendors are verified through energy bills provided by the household

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

<input type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval
<input checked="" type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	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.	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe: 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. 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.
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.	
<input checked="" type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input type="checkbox"/>	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input type="checkbox"/>	Grantee attempts collection of improper payments. If so, describe the recoupment process
<input type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input checked="" type="checkbox"/>	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. c

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 pint is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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

1. By signing and/or submitting this application or grant agreement, the 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 3W * 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).

LIHEAP - Summer Components 2022/2023

Summary of Changes:

A Summer Subsidy Component and Summer Crisis Component will be offered during the 2022/2023 program year to assist clients during the summer months with the following changes:

The Summer Components will follow the Guidance in the LIHEAP manual except for the changes listed in this supplement.

Below is a summary of the changes for the Summer Components:

Components:	Summer Crisis Summer Subsidy
Start Date:	7/12/2022
End Date:	10/31/2022 (or until funds are expended)
Pre-Registration:	None
Income Eligibility:	150% of the Federal Poverty Guidelines

Benefits:

Summer Subsidy Matrix Non-Subsidized Housing	
Poverty Level	Electric
0-100%	\$ 400
101-150%	\$ 300

Subsidized Housing	
Poverty Level	Electric
0-100%	\$ 100
101-150%	\$ 200

Summer Crisis

A household can receive no more than \$600 for electric.

Crisis Situations:

1. The household has received a past due/disconnect notice if natural gas or electric is the energy source. Past due notices (or negative balance in case of pre-pay) are acceptable if the metered utility company does not send out disconnect notices. If the utility does not use disconnect notices, the agency must have written documentation that shows that households are in a home energy crisis situation and at risk of losing their heating/cooling in case of carrying a past-due (or negative) balance. This could be a statement from the utility, an order from the PSC, etc. (Note: The bill must state "past due" or "disconnect" or "reflect a negative balance in the case of prepay" for it to be considered appropriate documentation). The household participates in a Pre-Pay Electric Program and is within ten (10) days of running out of pre-paid electric.
2. The household's home energy costs are included as an undesignated portion of the rent, and the household has received an eviction notice for non-payment of rent from the landlord.

3. The household's home energy costs are included as a designated portion of the rent, and the household has received an eviction notice for non-payment. The household may receive benefits for the home energy costs only.
4. Households that would be disconnected or evicted if it would not be for a moratorium due to a local, state or federal state of emergency.
5. Households has a Past Due Amounts or has received a past due notice.
6. Households that have an active Utility Arrearage Payment Plan. Benefits will be the minimum amount to alleviate the Crisis situation.

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present			
	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?			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present			
	Yes	No	Supporting Information
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?			
Service Provision			
What is the agency's process for serving referrals from the cabinet? <i>(WX subcontract, Duties of the Service Provider, item 8; State Plan, V.3)</i>			
List the number of eligible households that have been served in which there are children who have been identified by the Cabinet for Health and Family Services as being at risk for removal. Did agency adhere to policies and procedures in providing service? <i>(WX subcontract, Duties of the Service Provider, Item 8; State Plan, V.3)</i>			
Does the agency make approvals no more than once per month and no less than once every six months? <i>(WX subcontract, Duties of the Service Provider, item 2; State Plan, V)</i>			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present			
	Yes	No	Supporting Information
Does this agency prioritize by individual county or by one list for the entire service area? (<i>State Plan, section V</i>)			
Were any funds used to perform services on units that have been weatherized since October 1, 1994? How does the agency verify this? Does the agency have a process in place by which to search addresses of previously weatherized units? (<i>WX subcontract, Duties of the Service Provider, item 13; State Plan, section V.1.2</i>)			
Does the agency solicit, accept, and process applications from homebound applicants? What is their process? (<i>WX Subcontract, Duties of the Service Provider, item 10</i>)			
Does the agency have a written Hazard Communication Program? (<i>WX Manual, Section 13.34</i>)			
Training Requirements			
List the current WX staff			
Is current CPR certification on file for all employees? (<i>WX Subcontract, Duties of the Service Provider, items 18c</i>)			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present			
	Yes	No	Supporting Information
Is current 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? <i>(WX Subcontract, Duties of the Service Provider, items 5, 6, 19)</i>			
Have DNEs and 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>			
Lead Safe Work Practices (required for all wx workers) <i>(WX Subcontract, Duties of the Service Provider, items 32; State Plan, section V.7, pg 20)</i>			
Lead Renovator training (required for DNE's and crew leaders, State Plan, pg 20) <i>(WX Subcontract, Duties of the Service Provider, items 5, 6, 32; State Plan, section V.7, pg 20)</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>			
Mold and Indoor Air Quality Issues <i>(WX Subcontract, Duties of the Service Provider, item 32; State Plan, section)</i>			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present			
	Yes	No	Supporting Information
Asbestos training (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 ASHRAE training on file for DNEs and crew leaders?			
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 ?			

Agency Name			
Date(s) of Review:			
Director of Agency			
Weatherization Director			
Finance Director			
Other Agency Representatives Present			
KHC Compliance Representatives Present			
	Yes	No	Supporting Information
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)			
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?			

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 within the last 12 months or prior to contract award: <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:

Approved Contractor List

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)
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 10 hour OSHA training on file for all employees
Is 30 hour OSHA training on file for crew leaders

Approved Contractor List

Approved Contractor List

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>	
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:	
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	DBCAA		
Date of review	6/15/2015		
	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?			

LIHEAP re

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 fo 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>							

<p>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></p>			
<p>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></p>			
<p>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></p>			
<p>Is a hold harmless statement in the client file? <i>(WX Subcontract, Duties of the Service Provider, Insurance and Liability Section, Hold Harmless)</i></p>			
<p>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></p>			
<p>Is a job completion report in the client file? <i>(Effective 6/20/13; KHC PN 02-13)</i></p>			
<p>If multiple funding sources were invested in the unit, is the funding source for each measure clearly documented? <i>(2 CFR 230; LIHEAP contract, Duties of Service Provider, item 4)</i></p>			
<p>Is the total investment of each funding source clearly documented? <i>(2 CFR 230; LIHEAP contract, Duties of Service Provider, item 4)</i></p>			
<p>Are WX15 change orders completed for changes to the original work order? <i>(Effective 9/24/13; KHC PN 03-13)</i></p>			
<p>This section for rental properties only.</p>			
<p>Is a copy of title (deed) on file?</p>			

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?			
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?			
Additional Comments:			

quirement

Agency Name							
Client Name							
Job Number							
Date of completion							
Funding source:		DOE		LIHEAP	x	DSM	OTHER
	Yes	No	Supporting Information				
County Served:							
Priority Points for client							
Is this unit owned or rented?							
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 fo 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 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 clearly documented? <i>(2 CFR 230; LIHEAP contract, Duties of Service Provider, item 4)</i>			
Is the total investment of each funding source clearly documented? <i>(2 CFR 230; LIHEAP contract, Duties of Service Provider, item 4)</i>			
Are WX15 change orders completed for changes to the original work order? <i>(Effective 9/24/13; KHC PN 03-13)</i>			

Additional Comments:

LIHEAP requirement

Agency Name							
Client Name							
Job Number							
Date of completion							
Funding source:		DOE	<input checked="" type="checkbox"/>	LIHEAP		DSM	OTHER
		Yes	No	Supporting Information			
County Served:							
Priority Points for client							
Is this unit owned or rented?							
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 fo 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 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 clearly documented? <i>(2 CFR 230; LIHEAP contract, Duties of Service Provider, item 4)</i>			
Is the total investment of each funding source clearly documented? <i>(2 CFR 230; LIHEAP contract, Duties of Service Provider, item 4)</i>			

Are WX15 change orders completed for changes to the original work order? (Effective 9/24/13; KHC PN 03-13)			
Additional Comments:			

LIHEAP requirement

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?							
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 fo 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 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 clearly documented? <i>(2 CFR 230; LIHEAP contract, Duties of Service Provider, item 4)</i>			
Is the total investment of each funding source clearly documented? <i>(2 CFR 230; LIHEAP contract, Duties of Service Provider, item 4)</i>			
Are WX15 change orders completed for changes to the original work order? <i>(Effective 9/24/13; KHC PN 03-13)</i>			

Additional Comments:

LIHEAP requirement

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?			

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
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			
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?			

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 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>			
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>			
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>			

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>			
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)?			

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
\$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)			
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

Approved Contractor List

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)	
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	
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Additional Comments:	
Client Name	
Unit Address	
County	
WX-800 date	

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Additional Comments:	
Client Name	
Unit Address	
County	
WX-800 date	
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County	
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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? <i>(LIHEAP contract, Duties of Service Provider, item 48)</i>			
Is the inventory stored in a secure area?			
Does the written procedure identify the specific staff person(s) responsible for inventory oversight? <i>(LIHEAP contract, Duties of the Service Provider, item 48)</i>			
Does the written procedure describe the process for purchasing items that will be inventoried? <i>(LIHEAP contract, Duties of the Service Provider, item 48)</i>			
Does the written procedure detail who has access to the materials? <i>(LIHEAP contract, Duties of the Service Provider, item 48)</i>			
Does the written procedure detail the process for the addition of materials into the inventory? <i>(LIHEAP contract, Duties of the Service Provider, item 48)</i>			
Does the written procedure detail the process for removing items from the inventory? <i>(LIHEAP contract, Duties of the Service Provider, item 48)</i>			
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 fo 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			
Did tenant(s) report an increase in rent in 18 months after enhancements were completed?			
<p style="text-align: center;">Additional Comments:</p>			

LIHEAP requirement

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>)							
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<p style="text-align: center;">Additional Comments:</p>			

LIHEAP requirement

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Additional Comments:			

LIHEAP requirement

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Client Name							
Job Number							
Date of completion							
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	Yes	No	Supporting Information				
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<p style="text-align: center;">Additional Comments:</p>			

LIHEAP requirement



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

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 and 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.

DocuSigned by:
Marta Miranda-Straub
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Signature

Commissioner _____
Title

Cabinet for Health and Family Services _____
Organization

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)

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]

DocuSigned by:

Marta Miranda-Straub

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Signature

Commissioner

Title

Cabinet for Health and Family Services

Organization

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

DocuSigned by:
Marta Miranda Straub
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Signature

Commissioner
Title

Cabinet for Health and Family Services
Organization

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned 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.

DocuSigned by:

Marta Miranda-Straub

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Signature

Commissioner

Title

Cabinet for Health and Family Services

Organization

BLOCK GRANT PROGRAM STATUS REPORT

July 1, 2021 – December 31, 2021

Department: Community Based ServicesBlock Grant: Low Income Home Energy Assistance Program (LIHEAP)

This report is submitted in compliance with KRS 45.357. This report on achievements may be compared to the Block Grant application currently on file with LRC.

Block Grant Manager: Marta Miranda-Straub 1/31/2022
 Marta Miranda-Straub Date
 Commissioner

1. FINANCES	Federal Funds	General Funds	Trust/Local Match	Total
Annual Budget	\$47,286,500.00	\$0	\$0	\$47,286,500.00
Actual Expenditures	\$3,550,165.62	\$0	\$0	\$3,550,165.62
Encumbrances	\$0	\$0	\$0	\$0
Available Balance	\$43,736,334.38	\$0	\$0	\$43,736,334.38

1. FINANCES	Federal COVID Relief ARPA Funds	General Funds	Trust/Local Match	Total
Annual Budget	\$75,000,000.00	\$0	\$0	\$75,000,000.00
Actual Expenditures	\$54,366,255.54	\$0	\$0	\$54,366,255.54
Encumbrances	\$0	\$0	\$0	\$0
Available Balance	\$20,633,744.46	\$0	\$0	\$20,633,744.46

*Note that ARPA funds are being utilized first as they have a liquidation deadline of 9/30/2022.

2. RESULTS BUDGETED/ACHIEVED

OBJECTIVES	ACHIEVEMENTS
1. A subsidy cooling utility component began in July 1, 2021, and ended October 30, 2021. The summer subsidy cooling component offers assistance for summer cooling costs and serves households at or below 150% federal poverty level	1. During the subsidy cooling component of the LIHEAP program, 76,539 households were served with an average benefit amount totaling \$361.74 with a total benefits paid amount of \$27,687,849.

BLOCK GRANT PROGRAM STATUS REPORT

July 1, 2021 – December 31, 2021

Department: Community Based Services

Block Grant: Low Income Home Energy Assistance Program (LIHEAP)

<p>(FPL).</p> <p>2. A cooling utility crisis component began July 1, 2021, and ended October 30, 2021.</p> <p>3. The subsidy fall component began November 1, 2021, and ended December 10, 2021. The fall subsidy component offers energy utility assistance to households at or below 150% FPL.</p> <p>4. Fifteen percent of LIHEAP funds were transferred to the Kentucky Housing Corporation (KHC) for use in the Weatherization Assistance Program (WAP), which is administered through Community Action Kentucky, Inc. The purpose of these funds is to increase the number of homes weatherized and reduce utility costs for these low-income households. Weatherization assistance is provided to low-income households at or below 200% of the FPG utilizing a combination of U.S. Department of Energy (DOE) funds and LIHEAP Weatherization funds. Weatherization activities are designed to make the living conditions of a home safe and healthy. Additionally, successful implementation of the program provides homes with more efficient energy use, conservation, and lower energy bills.</p>	<p>2. During the cooling crisis component, 47,930 households were served with an average benefit amount of \$298.68 with a benefits total paid amount of \$14,315,901.</p> <p>3. During the subsidy fall component, 62,700 households were served with an average benefit of \$167.83 and a benefits total paid amount of \$10,552,671.66. Note: Community Action Kentucky (CAK) is using the ARPA funding first because it has a liquidation deadline of 9/30/22.</p> <p>4. Approximately, 185 homes were weatherized during this timeframe with an average benefit of \$14,166.86. using a combination of DOE, WAP, and LIHEAP funds.</p>
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3. AUTHORIZED CHANGES (from the Block Grant Plan in Finances and/or Objectives)

For State Fiscal Year 2020, the Cabinet for Health and Family Services agreed to transfer 15% of the LIHEAP allocation to KHC for weatherization activities. The program will be operated in accordance with DOE and LIHEAP rules.

On May 28, 2020, the Cabinet for Health and Family Services (CHFS) filed ordinary and emergency administrative regulation amendments to 921 KAR 4:116 to “revise the income limit for eligibility ceiling from 130% to 150% of the federal poverty level for LIHEAP services. The amendment also granted CHFS the flexibility to omit copays and authorize summer cooling. This funding was provided to “prevent, prepare for, or respond to” home energy needs related to the national emergency created by COVID-19. The additional CARES funding is being used to administer a new cooling program for Kentucky. LIHEAP provides bill payment assistance year-round for heating and cooling during subsidy and crisis components of the program. The LIHEAP heating subsidy component offsets home heating costs; assistance amounts are structures as a percentage of the household’s annual heating costs and percentage of poverty met by the household. The LIHEAP heating crisis component offers assistance for an energy emergency. Assistance is limited to the amount necessary to relieve the crisis with the maximum amount not to

BLOCK GRANT PROGRAM STATUS REPORT

July 1, 2021 – December 31, 2021

Department: Community Based Services

Block Grant: Low Income Home Energy Assistance Program (LIHEAP)

exceed community action agency’s local cost for a deliverable supply of the households’ primary heating fuel or \$600 for gas or electric. The LIHEAP cooling subsidy/crisis component offers emergency cooling assistance. Recipients may apply more than once up to the maximum benefit amount of \$600.

4. EVALUATION OF RESULTS

LIHEAP includes quality assurance and compliance monitoring as evaluative components. The 23 agencies that administer direct LIHEAP services conduct self-evaluations of their services and are subject to annual program performance evaluations by the Community Action of Kentucky, Inc. (CAK) in an effort to continuously improve the program. CAK monitors each of the 23 agencies between February and May of each year to ensure compliance with programmatic requirements, including correct eligibility and benefit determinations.

5. ALTERNATIVES FOR IMPROVED SERVICE DELIVERY

Since 1989, the Cabinet for Health and Family Services has contracted with CAK to operate the Crisis Component and the Subsidy Component. CAK subcontracts with the state’s 23 Community Action Agencies to operate the LIHEAP program throughout the Commonwealth’s 120 counties. The community action agencies have operated the program and delivered services in a manner that is consistent with the LIHEAP Block Grant Application, the federal and state regulations, and Cabinet policy. Annually, the program is reviewed for ways to improve services. Each year, a change committee meeting is held which consists of front line staff, program managers and others to discuss and submit changes that would improve the overall effectiveness and efficiency of the program. These changes are submitted to the Cabinet as recommendations for change to the program design. All approved changes are added to the LIHEAP program manual and appropriate staff are made aware of those changes.

To provide oversight and technical assistance, DCBS participates with CAK monitoring agencies for fiscal and program requirements.