

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** HEALTH SERVICES KENTUCKY CABINET FOR

**Report Name:** DETAILED MODEL PLAN (LIHEAP)

**Report Period:** 10/01/2026 to 09/30/2027

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## Mandatory Grant Application SF-424

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b>		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b> <b>SF - 424 - MANDATORY</b>			
<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual	<b>* 1.c. Consolidated Application/ Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Unique Entity Identifier (UEI)</b> LECJQDCLHVE5	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier:</b>	<b>6. State Application Identifier:</b>
<b>7. APPLICANT INFORMATION</b>			
<b>* a. Legal Name:</b> Kentucky Cabinet for Health and Family Services			
<b>* b. Address:</b>			
* Street 1:	275 East Main Street, 5W-A	* Street 2:	
* City:	FRANKFORT	* County:	Franklin
* State:	KY	* Province:	
* Country:	United States	* Zip / Postal Code:	40601 - 2321
<b>c. Organizational Unit:</b>			
<b>Department Name:</b> Department of Community Based Services		<b>Division Name:</b> Division of Family Support	
<b>d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)</b>			
<b>* First Name:</b> Vickie		<b>* Last Name:</b> Bowling	
<b>Title:</b> Public Assistance Program Specialist		<b>Organizational Affiliation:</b> Department for Community Based Services	
<b>* Telephone Number:</b> 502-564-3440		<b>Fax Number</b>	
<b>* Email:</b> Vickie.Bowling@ky.gov			
<b>* 8. TYPE OF APPLICANT:</b> A: State Government			
<b>* a. Is the applicant a Tribal Consortium:</b> Yes <input type="radio"/> No <input checked="" type="radio"/>			
<b>* b. If yes please attach at least one the following documentation:</b>			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program	
<b>10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Low Income Home Energy Assistance Program			
<b>11. AREAS AFFECTED BY FUNDING:</b> State of Kentucky			
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b> 6th District - state of Kentucky			
<b>13. FUNDING PERIOD:</b>			
<b>a. Start Date:</b> 10/01/2026		<b>b. End Date:</b> 09/30/2027	
<b>* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under Executive Order 12372			

<b>Process for review on:</b>	
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.	
<b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
YES	
<input checked="" type="radio"/> NO	
<b>If Yes, explain:</b>	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<b>**I Agree</b> <input checked="" type="checkbox"/>	
<b>** 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.</b>	
17a. Typed or Printed Name and Title of Authorized Certifying Official Vickie Bowling	17c. Telephone (area code, number and extension) (502) 564-4687
	17d. Email Address Vickie.Bowling@ky.gov
17b. Signature of Authorized Certifying Official	17e. Date Report Submitted (Month, Day, Year)

## Section 1 - Program Components

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b>	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 <b>OMB Clearance No.: 0970-013</b> <b>Expiration Date: 02/28/2027</b>
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b>	

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

## Section 1 Program Components

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	11/03/2026	12/14/2026
<input checked="" type="checkbox"/>	Cooling assistance	4/13/2027	5/26/2027
<input checked="" type="checkbox"/>	Summer crisis assistance	6/15/2027	7/30/2027
<input checked="" type="checkbox"/>	Winter crisis assistance	01/06/2027	03/26/2027
<input type="checkbox"/>	Year-round crisis assistance		
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2026	09/30/2027

Provide further explanation for the dates of operation, if necessary

Kentucky's priority is to provide clients with heating needs. DCBS will offer cooling components/summer crisis if funding is available.

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 ( % )	Prior year totals
Heating assistance	25.00%	25.00%
Cooling assistance	7.00%	7.00%
Summer crisis assistance	0.00%	0.00%
Winter crisis assistance	42.00%	42.00%
Year-round crisis assistance	0.00%	0.00%
Weatherization assistance	15.00%	15.00%
Carryover to the following federal fiscal year	0.00%	0.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	1.00%	1.00%
Used to develop and implement leveraging activities	0.00%	0.00%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for

planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative costs in excess of these limits must be paid from non-federal sources.

**Alternate Use of 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 checked="" type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	<b>Other (specify:)</b> Remaining funds could also be used to provide additional components. EX: cooling subsidy or crisis.

**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 at least one household member receives at least 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	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 <input checked="" type="radio"/>
SSI	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 <input checked="" type="radio"/>
SNAP	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 <input checked="" type="radio"/>
Means-tested Veterans Programs	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 <input checked="" type="radio"/>

**1.4a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e. do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.**

**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?**

**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
<input type="checkbox"/>	Other - Describe

**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"/>	<input type="checkbox"/> Including MediCare deduction
<input checked="" type="checkbox"/>	<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"/>	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
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input checked="" type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child

<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
<p><b>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.</b></p>	
<p><b>1.10 Do you have an online application process</b> Yes <input type="radio"/> No <input checked="" type="radio"/></p>	
<p><b>1.10a If yes, describe the type of online application (Select all boxes that apply)</b></p>	
<input type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
<p>Please include a link(s) to a statewide application, if available:</p>	
<p><b>1.10b Can all program components be applied for online?</b> Yes <input type="radio"/> No <input checked="" type="radio"/></p>	
<p>If no, explain which components can and cannot be applied for online.</p> <p>Currently, Kentucky does not offer online applications.</p>	
<p><b>1.11 Do you have a process for conducting and completing applications by phone</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p><b>1.12 Do you or any of your subrecipients require in person appointments in order to apply</b> Yes <input type="radio"/> No <input checked="" type="radio"/></p>	
<p>If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.</p> <p>In-person applications are strongly encouraged, accommodations are made for homebound, working poor, and individuals unable to travel to the office.</p>	
<p><b>1.13 How can applicants submit documentation for verification? Select all that apply:</b></p>	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, please describe
<p>Applicants may submit documents via email.</p>	

## Section 2 - HEATING ASSISTANCE

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES</b>	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027		
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN</b>			
<b>Section 2 - Heating Assistance</b>			
<b>Eligibility, 2605(b)(2) - Assurance 2</b>			
<b>2.1 Designate the income eligibility threshold used for the heating component:</b>			
Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%
<b>2.2 Do you have additional eligibility requirements for Heating Assistance?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>2.3 Check the appropriate boxes below and describe the policies for each.</b>			
<b>Do you require an Assets test?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe: Do you have additional/differing eligibility policies for:</b>			
<b>Renters?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Renters Living in subsidized housing?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Renters with utilities included in the rent?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>If yes, describe:</b> Verification from the landlord is required to verify utilities are included as part of the rent. A copy of the lease may also be used.			
<b>Do you give priority in eligibility to:</b>			
<b>Older Adults (60 years or older)?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>If yes, describe:</b> Adults 60 and older on a fixed income may pre-register for heating assistance.			
<b>Individuals with a disability?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>If yes, describe:</b> Disabled individuals in a household with fixed incomes may pre-register for heating assistance.			
<b>Young children?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>Households with high energy burdens?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Other?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
Explanations of policies for each "yes" checked above: Older adult and disabled individuals with fixed income by pre-register for heating assistance.			
<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b>			

The highest benefit is provided to the households with the lowest income and highest energy burden based on family size and fuel type.

**2.5 Check the variables you use to determine your benefit levels. (Check all that apply):**

- Income
- Family (household) size
- Home energy cost or need:
  - Fuel type
  - Climate/region
  - Individual bill
  - Dwelling type
  - Energy burden (% of income spent on home energy)
  - Energy need
- Other - Describe:

Benefit levels differ between households residing in subsidized and unsubsidized housing types.

**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. Please note: the maximum and minimum benefits must be shown in the payment matrix.**

Minimum Benefit	\$21	Maximum Benefit	\$250
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**2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?**  Yes  No

If yes, describe.

Community Action Agencies (CAAs) may purchase bulk blankets, sleeping bags, etc. Space heaters are loaned to participants and are tracked.

**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

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES</b>	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027		
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN</b>			
<b>Section 3 - Cooling Assistance</b>			
<b>Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2</b>			
<b>3.1 Designate The income eligibility threshold used for the Cooling component:</b>			
Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%
<b>3.2 Do you have additional eligibility requirements for Cooling assistance?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>3.3 Check the appropriate boxes below and describe the policies for each.</b>			
<b>Do you require an Assets test?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Do you have additional/differing eligibility policies for:</b>			
<b>Renters?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Renters Living in subsidized housing?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Renters with utilities included in the rent?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>If yes, describe:</b> Written verification from the landlord is required to verify utilities are included as part of the rent or a copy of their lease. A copy of the applicant's lease may also be used.			
<b>Do you give priority in eligibility to:</b>			
<b>Older Adults (60 years or older)?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Individuals with a disability?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Young children?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Households with high energy burdens?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Other?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>If yes, describe:</b>			
<b>Explanations of policies for each "yes" checked above:</b>			
<b>3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b>			
Benefit amounts are based on income and household size. Cooling assistance provides electric benefits only. The highest benefits are awarded to the lowest income household size.			
<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>3.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>			
<input checked="" type="checkbox"/> Income			
<input checked="" type="checkbox"/> Family (household) size			

<input checked="" type="checkbox"/>	Home energy cost or need:		
<input checked="" type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input type="checkbox"/>	Individual bill		
<input 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:		
Benefit levels differ between households residing in subsidized and unsubsidized housing types.			
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.</b>			
Minimum Benefit	\$41	Maximum Benefit	\$250
<b>3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No			
During periods of extreme heat advisories, and contingent upon the availability of funding, air conditioners may be purchased for eligible households. To qualify, the household must lack an adequate source of cooling and meet all technical eligibility requirements. In addition, the household must include at least one vulnerable member, such as an individual with a medical condition requiring cooling to prevent further deterioration (as verified by a physician's statement), a person aged sixty-five (65) or older, or a child under the age of six (6).			
<b>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.</b>			

**Section 4 - CRISIS ASSISTANCE**

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

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

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

**Section 4: 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. If you administer multiple crisis assistance programs (winter, summer, and/or year-round), Include all program definitions.**

- An applicant in crisis shall be within (a) four (4) days of running out of fuel. If propane, fuel oil, coal, wood, or kerosene is the primary heat source.
- (b) Have received a past-due or disconnect notice, if natural gas or electric is the primary heat or cooling source; or
- (c) Have received a notice of eviction for nonpayment of rent, if home heating or cooling cost is included as an undesignated portion of the rent.

**4.3 What constitutes a life-threatening crisis?**

Kentucky defines life-threatening situations in state regulation 921 KAR 4:116 (1)(13): Life-threatening means, at the time of application, a household is or will be without heating or cooling within eighteen (18) hours and temperatures are at a dangerous level as determined by the National Weather Service. In addition to this language, if a household has no heating/cooling source or has a disconnection notice for their primary source of heating/cooling and the health or wellbeing of a household member would be in danger if the heating/cooling crisis is not alleviated. Each application is evaluated on a case-by-case basis to determine if there is a crisis and whether it is life-threatening. Other factors taken into consideration are weather conditions, extreme temperatures, ages of household members, and household members' health.

**Crisis Requirement, 2604(c)**

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
<b>4.6 Do you have additional eligibility requirements for Crisis Assistance?</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**4.7 Check the appropriate boxes below to indicate type(s) of assistance provided**  
 0

**Do you require an Assets test?**

**Do you give priority in eligibility to:**

<b>Older Adults (60 years or older)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Individuals with a disability?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Young Children?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Households with high energy burdens?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (Specify):</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In Order to receive crisis assistance:**

<b>Must the household have received a shut-off notice or have a near empty tank?</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Must the household have been shut off or have an empty tank?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Must the household have exhausted their regular heating benefit?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Must renters with heating costs included in their rent have received an eviction notice?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have additional/differing eligibility policies for:</b>			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanations of policies for each "yes" checked above:			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input checked="" type="checkbox"/>	Separate component		
<input type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.		
<input checked="" type="checkbox"/>	Other - Describe: Crisis situations will be addressed by CAK within 48 hours.		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input checked="" type="checkbox"/>	Amount to resolve the crisis. \$400		
<input checked="" type="checkbox"/>	Other - Describe: Crisis benefits are determined by the amount of funds it takes to get the client out of crisis with a maximum benefit amount of \$400. Clients can receive up to this maximum dollar amount in one or more crisis events.		
<b>Crisis Requirements, 2604(c)</b>			
<b>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?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>			
Offices are located in all 120 counties across Kentucky, ensuring statewide accessibility to services.			
<b>4.11 Do you provide individuals who are individuals with a disability the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
<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?			
<b>Benefit Levels, 2605(c)(1)(B)</b>			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	\$400.00	maximum benefit	
Summer Crisis	\$400.00	maximum benefit	
Year-round Crisis	\$0.00	maximum benefit	
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>If yes, Describe</b>			
Blankets and sleeping bags may be provided and space heaters are loaned as needed to alleviate the crisis situation.			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			

Yes <input checked="" type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.			
	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<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 <input checked="" type="radio"/> 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.			
4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe			
Benefits may be replaced if bulk fuel purchased with crisis benefits is lost due to a natural disaster.			
<b>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.</b>			

## Section 5 - WEATHERIZATION ASSISTANCE

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES</b>	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027		
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN</b>			
<b>Section 5: WEATHERIZATION ASSISTANCE</b>			
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance 2			
<b>5.1 Designate the income eligibility threshold used for the Weatherization component</b>			
Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%
<b>5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component?</b> <input checked="" type="radio"/> Yes No			
<b>5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract.</b> Kentucky Housing Corporation (KHC)			
<b>5.4 Is there a separate monitoring protocol for weatherization?</b> <input checked="" type="radio"/> Yes No			
<b>WEATHERIZATION - Types of Rules</b>			
<b>5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)</b>			
<input type="checkbox"/> Entirely under LIHEAP (not DOE) rules			
<input type="checkbox"/> Entirely under DOE WAP (not LIHEAP) rules			
<input type="checkbox"/> Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):			
<input type="checkbox"/> Income Threshold			
<input type="checkbox"/> 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			
<input type="checkbox"/> Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).			
<input type="checkbox"/> Other - Describe:			
<input checked="" type="checkbox"/> Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)			
<input checked="" type="checkbox"/> Income Threshold			
<input checked="" type="checkbox"/> Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.			
<input type="checkbox"/> Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR ) standards.			
<input checked="" type="checkbox"/> Other - Describe:  Weatherization of entire multi-family housing structures is permitted if at least 66% of units are eligible units or will become eligible within 180 days. The Weatherization program allows for 200% FPL.			
Eligibility, 2605(b)(5) - Assurance 5			
<b>5.6 Do you require an assets test?</b>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
<b>5.7 Do you have additional/differing eligibility policies for :</b>			
Renters		Yes <input type="radio"/> No <input checked="" type="radio"/>	
Renters living in subsidized housing?		Yes <input type="radio"/> No <input checked="" type="radio"/>	
Renters with utilities included in the rent?		<input checked="" type="radio"/> Yes No <input type="radio"/>	
<b>5.8 Do you give priority in eligibility to:</b>			
Older Adults?		<input type="radio"/> Yes No <input checked="" type="radio"/>	
Individuals with a disability?		<input type="radio"/> Yes No <input checked="" type="radio"/>	

<b>Young Children?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>House holds with high energy burdens?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Other?</b>	Yes <input checked="" type="radio"/> No
<p><b>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.</b></p> <p>The state establishes a Health and Safety (H&amp;S) threshold that requires a request to exceed approval in jobs that need to exceed the established threshold or cap. Additionally, Kentucky generally requires that energy efficiency measures meet a Savings-to-Investment Ratio (SIR) of 1.0 or greater, with limited exceptions for specific measures such as air sealing. These policies ensure cost-effectiveness while maintaining health and safety standards in weatherized homes". Generally, Kentucky's Weatherization Assistance Program (WAP) operates in accordance with federal DOE guidelines with the exceptions described above.</p>	
<b>Benefit Levels</b>	
<b>5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?</b> Yes <input checked="" type="radio"/> No	
<b>5.9a If yes, what is the maximum?</b> \$0	
<b>5.10 Do you use an Average Cost per Unit (ACPU).</b> Yes <input checked="" type="radio"/> No	
<b>5.10a If so, what is the ACPU amount?</b> \$0	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
sent	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input 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 type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input checked="" type="checkbox"/> Compact fluorescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Smoke & Carbon Monoxide detectors
<p><b>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.</b></p>	

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN</b>	

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

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

- Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- Publish articles in local newspapers or broadcast media announcements.
- Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- Mass mailing(s) to prior-year LIHEAP recipients.
- Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- Web Posting
- Email
- Texting
- Events
- Social Media
- Other (specify):
 

The Division of Family Support issues a memorandum to each local Department for Community Based Services (DCBS) office with the dates, times, and locations where recipients may apply for services. This information is posted in DCBS office lobbies and waiting areas.

Information regarding cooling program changes is also published on the Cabinet for Health and Family Services (CHFS) website, the Community Action Kentucky (CAK) website, all 23 local Community Action Agency websites, and Facebook page.

Outreach materials are distributed throughout the community in locations frequently accessed by low-income individuals. These include social media platforms (such as Facebook), agency websites, resource centers, Senior Citizen Centers, Head Start Centers, state offices, community centers, DCBS offices, Department for Employment Services offices, courthouses, County Extension Offices, post offices, libraries, local vendors, and other nonprofit social service agencies (e.g., Red Cross, Salvation Army, Legal Aid), as well as grocery stores and laundromats.

**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**

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

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

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

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

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

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

Community Action Agencies (CAAs) serve as the primary service providers for LIHEAP and also administer other energy assistance programs, including the Weatherization Assistance Program and privately funded energy assistance programs. Each local CAA coordinates available energy assistance resources and provides referrals to other agencies and programs as needed. Households experiencing high energy costs are referred for weatherization services to aid them in reduce future costs.

**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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027															
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN</b>																
<b>Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state Grant recipients and the Commonwealth of Puerto Rico)</b>																
<b>8.1 How would you categorize the primary responsibility of your State agency?</b>																
<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"/>	State Department of Welfare (administers TANF, SNAP, and/or Medicaid)															
<input type="checkbox"/>	Economic Development Agency															
<input type="checkbox"/>	Other - Describe:															
Include current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number. <i>Used for Near hotline and OCS Service Provider Tool and clearinghouse.</i>																
<b>Alternate Outreach and Intake, 2605(b)(15) - Assurance 15</b>  If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.																
<b>8.2 How do you provide alternate outreach and intake for heating assistance?</b>  Community Action Agencies serve as the service providers for the heating assistance program. They conduct outreach and manage intake services statewide for all program components.																
<b>8.3 How do you provide alternate outreach and intake for cooling assistance?</b>  Community Action Agencies serve as the service providers for the cooling assistance program. They conduct outreach and manage intake services statewide for all program components.																
<b>8.4 How do you provide alternate outreach and intake for crisis assistance?</b>  Community Action Agencies serve as the service providers for crisis assistance. They conduct outreach and manage intake services statewide for all program components.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">8.5 LIHEAP Component Administration.</th> <th style="width: 15%;">Heating</th> <th style="width: 15%;">Cooling</th> <th style="width: 15%;">Crisis</th> <th style="width: 20%;">Weatherization</th> </tr> </thead> <tbody> <tr> <td>8.5a Who determines client eligibility?</td> <td>Community Action Agencies</td> <td>Community Action Agencies</td> <td>Community Action Agencies</td> <td>State Housing Agency</td> </tr> <tr> <td>8.5b Who processes benefit payments to gas and electric vendors?</td> <td>Community Action Agencies</td> <td>Community Action Agencies</td> <td>Community Action Agencies</td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization	8.5a Who determines client eligibility?	Community Action Agencies	Community Action Agencies	Community Action Agencies	State Housing Agency	8.5b Who processes benefit payments to gas and electric vendors?	Community Action Agencies	Community Action Agencies	Community Action Agencies	
8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization												
8.5a Who determines client eligibility?	Community Action Agencies	Community Action Agencies	Community Action Agencies	State Housing Agency												
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?				State Housing Agency
<p style="text-align: center;"><b>Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.</b></p>				
<p>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.</p>				
<p>8.6 What is your process for selecting local administering agencies?</p>				
<p>The Cabinet for Health and Family Services (CHFS), through the Department for Community Based Services (DCBS), has served as the single state agency responsible for administering the Low Income Home Energy Assistance Program (LIHEAP) since FY 1982, as well as other federal and state energy programs in prior years.</p> <p>Under contract with CHFS, Community Action Kentucky, Inc. (CAK) subcontracts with twenty-three (23) Community Action Agencies to operate LIHEAP statewide. CAK has administered the Crisis component since federal fiscal year (FFY) 1986 and the Subsidy component since 1990 and has received federal funding for the administration of energy assistance programs both before and after the enactment of the Low Income Home Energy Assistance Act.</p> <p>CAK will continue to subcontract with local Community Action Agencies to provide services in all 120 counties across the state. Administrative authority for contracting with CAK and delegating responsibilities to local agencies is established under 921 KAR 4:116.</p>				
<p>8.7 How many local administering agencies do you use? 23</p>				
<p>8.8 Have you changed any local administering agencies in the last year?</p> <p>Yes  <input type="radio"/> No</p>				
<p>8.9 If so, why?</p>				
<input type="checkbox"/>	Agency was in noncompliance with Grant recipient 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			
<p>8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? Yes  <input checked="" type="radio"/> No</p>				
<p>8.10a If yes, please explain.</p>				
<p>8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. Yes <input checked="" type="radio"/> No</p>				
<p>8.10c If yes, please explain.</p>				
<p style="text-align: center;"><b>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.</b></p>				

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN**

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

**9.1 Do you make payments directly to home energy suppliers?**

Heating       Yes    No

Cooling       Yes    No

Crisis         Yes    No

Are there exceptions?  Yes    No

**If yes, Describe.**

Payments are authorized directly to the energy provider, including landlords when heating costs are included as an undesignated portion of rent, through a one-party check upon delivery of fuel, restoration or continuation of service. The only exception occurs when the landlord or vendor refuses to accept the 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 upon approval of the application.

**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 11 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.**

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

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

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

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

<p><b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES</b></p>	<p>August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027</p>
<p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN</b></p>	
<p><b>Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)</b></p>	
<p><b>10.1a Provide your definitions of the following:</b></p>	
<p><b>Obligation</b>  An obligation is a binding agreement that results in current or future outlays. Obligations may take the form of contracts, memoranda of agreement, memoranda of understanding, or provisions within a state plan. Budgetary resources must be available before an obligation can be legally incurred. Funds are considered obligated when they are placed under contract or through contract modifications, in accordance with Section 20.5 of OMB Circular No. A-11 (2021).</p>	
<p><b>Expenditures</b>  Expenditures are the disbursement of funds in contracts or funds obligated in a state plan to pay for services incurred.</p>	
<p><b>Expenditure timeframe</b>  Expenditure timeframe references the time in which the expenditure is posted, and which grant period to which they align.</p>	
<p><b>Administrative costs</b>  Administrative costs refer to expenditure for governmental functions normally associated with administration of a public assistance program must be included in determining administrative costs subject to the statutory limitation on administrative costs, regardless of whether the expenditure is incurred by State, subrecipient, grantee, or a contractor of the state.</p>	
<p><b>Audit Process</b>  An audit process is a systematic, independent examination of public sector entities to ensure financial accuracy, compliance with laws, and operation efficiency. It involves testing transactions, reporting findings, and following up on recommendations to maintain accountability, transparency, and public trust.</p>	

**10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?**  
 Yes  No

**10.2a - if yes, describe your auditor selection process.**  
 A single audit is required for non-federal entities that spend 750K or more in Federal funds during the fiscal year. Each agency selects their external auditor through an RFP process. The audit is performed by a public auditing firm.

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**10.3. Describe any audit findings of the grant recipient (i.e. State/Tribe/Territory) rising to the level of material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year.**  
 No findings to date for the most recently audited FY26.

Finding	Type	Brief Summary	Resolved?	Action Taken

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

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

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

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

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

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

**Compliance Monitoring**

**10.5. Describe your monitoring process for compliance at each level below. Check all that apply.**  
 Grant recipients have a policy in place for appropriate separation of duties and internal controls.

Internal program review

Departmental oversight

Secondary review of invoices and payments

Other program review mechanisms are in place. Describe:  
 DCBS monitors invoices monthly and reconciles against the daily scheduled 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.**  
 Community Action Kentucky (CAK) monitors each local Community Action Agency administering LIHEAP once per program year to ensure proper service delivery and accurate documentation of case actions. Monitoring reports are completed for each visit and include any required corrective actions. In accordance with contractual requirements, CAK follows up on all corrective action plans and reports resolutions to the Department for Community Based Services (DCBS). DCBS reviews all findings and provides final approval of resolutions.

**10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.**  
 All CAAs are monitored annually. The reviews are scheduled throughout the year and determined on necessity and geographical location to optimize use of funds.

**Site Visits:**  
The monitoring schedule is developed with CAK to visit all sites each year. All reviews are conducted on-site to ensure every agency is following the same procedures across the state.

**Desk Reviews:**  
Desk reviews are administered when deemed necessary.

**10.8. How often is each local agency monitored? *Please attach a monitoring schedule if one has been developed.***  
Annually

**10.9. How many local agencies are currently on corrective action plans? 0**

**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)**

<p><b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b></p>	<p>August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01                  OMB Clearance No.: 0970-013                  Expiration Date: 02/28/2027</p>	
<p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN</b></p>		
<p><b>Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)</b></p>		
<p>11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.                  Note: Tribes do not need to hold a public hearing but must ensure participation through other means.</p>		
<p><input type="checkbox"/> Tribal Council meeting(s)</p>		
<p><input checked="" type="checkbox"/> Public Hearing(s)</p>		
<p><input type="checkbox"/> Draft Plan posted to website and available for comment</p>		
<p><input checked="" type="checkbox"/> Hard copy of plan is available for public view and comment</p>		
<p><input type="checkbox"/> Comments from applicants are recorded</p>		
<p><input checked="" type="checkbox"/> Request for comments on draft Plan is advertised</p>		
<p><input checked="" type="checkbox"/> Stakeholder consultation meeting(s)</p>		
<p><input type="checkbox"/> Comments are solicited during outreach activities</p>		
<p><input checked="" type="checkbox"/> Other - Describe:</p>		
<p>A public hearing will be held in July 2026, exact date TBD.</p>		
<p><b>Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only</b></p>		
<p>11.2 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?</p>		
	<p><b>Date</b></p>	<p><b>Event Description</b></p>
	<p>July 2026</p>	<p>A presentation will be made to the Interim Joint Committee on Natural Resources and Energy with information for LIHEAP FFY 2026-2027.</p>
<p>11.3. How many parties commented on your plan at the hearing(s)?</p>		
<p>11.4 Summarize the comments you received at the hearing(s).</p>		
<p>11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?</p>		
<p><b>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.</b></p>		

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

**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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MODEL PLAN**

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

**12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 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 and/or not acted upon in a timely manner.**

LIHEAP households whose applications are denied or not acted upon in a timely manner are provided with the opportunity to request a fair hearing through a clearly defined appeals process. Requests for a hearing must be submitted in writing within thirty (30) days of the notice of the eligibility decision, although the Community Action Agency (CAA) may assist applicants in preparing and submitting the request. Prior to scheduling a formal hearing, CAA staff will meet with the applicant to discuss the issue and attempt to resolve the concern informally.

If the issue is not resolved, a hearing is conducted in accordance with the CAA’s appeal procedures as outlined in the LIHEAP manual. Hearings are scheduled at a reasonable time and place, with adequate written notice provided in advance. They are conducted by an impartial designee who was not involved in the original decision. During the hearing, claimants or their representatives are given full opportunity to review case records, present evidence, bring witnesses, and question or refute opposing testimony.

Decisions are based solely on the evidence presented during the hearing, and a complete record of proceedings, including testimony, exhibits, and decisions maintained and made accessible to the claimant. Written decisions clearly state the reasons for determination and reference the supporting evidence and applicable regulations. If the claimant is dissatisfied with the outcome, they may appeal the decision to CAK and subsequently to CHFS. Any individual involved in the original decision is prohibited from participating in the appeal decision-making process.

Final administrative action is taken within ninety (90) days of the hearing request, and the claimant is notified in writing. If the decision is favorable, the agency promptly issues payment; if unfavorable, the notice includes information on further appeal rights, including judicial review. Subject to provisions for safeguarding public assistance information, all hearing decisions of the agency are accessible to the public.

For Weatherization, LIHEAP weatherization subrecipients 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 to provide technical assistance and consultation.

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

All claimants are informed at the time of application, and at the time of any action affecting their claim, of their right to a hearing, the method of obtaining it, and their right to be represented by others or to represent themselves. An appeal rights information sheet is provided to clients at the beginning of the application process, before the entry of any information for the application.

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN**

**Section 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?**

LIHEAP funds are used to support a range of services aimed at reducing household energy needs including:

- Energy Education: Households participate in energy-saving education through one-on-one sessions, small group guidance, and county-specific classes.
- Workshops: Workshops focus on budgeting, credit, and energy conservation strategies.
- Behavioral Change Support: Follow-up surveys are conducted to assess behavioral changes in energy use.
- Weatherization Referrals: Households are referred to or assisted with Weatherization Assistance Program applications.
- Case Management: Households receive individualized case management which includes energy-focused planning and referrals to additional resources.

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

Agencies ensure compliance with Assurance 16 requirements under LIHEAP through several key practices. Detailed budget tracking systems are used to monitor expenditures and ensure that activities remain within the allowable percentage. In addition, regular internal and external audits and program reviews are conducted to verify that spending aligns with program regulations. Agencies also engage in advance allocation planning to ensure that no more than five percent of LIHEAP funds are designated for Assurance 16 activities, maintaining adherence to federal guidelines.

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

These activities significantly expanded outreach and support:

- 2,809 Households received services directly related to energy education, financial literacy, and case management.
- These services contributed to improved energy efficiency and financial stability, reducing future dependence on LIHEAP assistance.
- Workshops, referrals, and personalized support helped households make lasting changes in energy use behavior.

**\*FFY 24-25 reported as 25-26 data is not yet available.**

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

Direct benefits provided to households included:

- Energy Assistance Stipends: 100 households received \$100 stipends after completing workshops.
- Weatherization Support: 88 households were assisted with applications, and 4 completed weatherization upgrades.
- Financial Literacy Gains: 520 participants achieved financial fitness goals.
- Employment and Housing Support: 18 clients received job coaching and eviction assistance, contributing to overall household stability.

**\*FFY 24-25 reported as 25-26 data is not yet available. FFY 25-26 will be provided with final State Plan submission.**

**13.5 How many households received these services?** Will be provided with final State Plan submission.

**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**

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b>		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b>			
<b>Section 14: Leveraging Incentive Program, 2607(A)</b>			
<b>14.1 Do you plan to submit an application for the leveraging incentive program?</b> Yes <input checked="" type="radio"/> No			
<b>14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.</b>			
<b>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:</b>			
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	A utility-funded customer donation program	Administered by CAK and provides supplemental assistance when LIHEAP benefits are insufficient, subject to available funds.
2	Winterhelp	A donation-based program supported by community contributions and matching funds from LG&E	Provides one-time payments to utility vendors for households in crisis, typically accessed through local community ministries.
3	Columbia Gas Energy Assistance Program (EAP)	This program provides bill credits on heating bills to low-income Columbia Gas customers.	A utility-sponsored assistance program for low-income Columbia Gas customers that is administered through local Community Action Agencies and prioritizes households that qualify for or receive LIHEAP. Eligibility, benefit levels, and availability are determined through agreements between Columbia Gas of Kentucky and Community Action agencies, and participation is limited based on available program slots.
4	Delta Gas Energy Assistance Program	Cash benefits for low-income Delta customers which provide credit to their Delta Gas account for five heating months (November - March).	Delta Natural Gas offers energy assistance, including the Budget Payment Plan to manage monthly payments and specific programs for qualifying, low-income customers facing financial hardship. Programs often include LIHEAP, one-time crisis assistance, and deferred payment arrangements for qualifying households.
5	Salvation Army, United Way, Schools Ministerial Associations, Churches, and other non-profit organizations.	Private in-kind or cash donations,	Funds from non-profit organizations are used to supplement LIHEAP or when LIHEAP funds are expended.
6	Demand Side Management programs are utility-sponsored energy efficiency programs to lower the current demand for energy.	KY Public Service Commission	Kentucky Demand-Side Management (DSM) refers to programs run by utility companies in Kentucky that aim to reduce or shift customers' energy use rather than increasing energy supply. Programs are approved and overseen by the Kentucky Public Service Commission.
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 operations.	Funds will be used to supplement LIHEAP or when LIHEAP funds are expended.
8	Project Warm and other similar resources	Provided by local non-profit organizations and utility companies.	Provides weatherization activities and energy audits, window replacements, and insulation materials to low-income households.
10	Certificate of Need (CFN)	KY Cabinet for Health and Family Services	A CFN provides a 30-day extension of service or to reconnect service.

		either give a 30-day extension or a reconnection for services for a natural gas or electric household.	
11	Miscellaneous leveraging activities	Utility companies.	Waivers of utility applications, reconnect fees, late payment charges, security deposits, reimbursement for energy efficient appliances, and reduced cost of fuel.
12	Columbia Gas Low Income Furnace Replacement Program	Columbia Gas Utility Company	Provides replacement of inefficient furnaces with high-efficiency models to reduce natural gas consumption and lower utility costs which may reduce a household's overall energy burden and reliance on LIHEAP.

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

## Section 15 - Training

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 15: Training

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

**a. Grant recipient Staff:**

Formal training provided virtually, on-site, and/or formal training conference

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

Employees are provided with supplemental changes to the manual when and if they occur.

**b. Local Agencies:**

Formal training provided virtually, on-site, and/or formal training conference

How often?

Annually

Biannually

As needed

Other, describe:

On-site training

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

CAK may provide teleconferences as needed to provide training and technical assistance.

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

Other, describe:

Policies communicated through vendor agreements

<input type="checkbox"/> Policies are outlined in a vendor manual	
<input checked="" type="checkbox"/> Other, describe: Agencies hold vendor meetings prior to Fall Subsidy. Policies are provided to vendors through vendor agreements.	
<b>15.2 Does your training program address fraud reporting and prevention?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>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.</b>	

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

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

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

OMB Clearance No.: 0970-013

Expiration Date: 02/28/2027

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

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

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

Community Action Kentucky (CAK) collects data for performance measures from appropriate fuel vendors and compiles this information for the Performance Measures Report. These reported measures help identify potential service gaps and areas where some residents of the Commonwealth may be underserved. CAK also includes metered fuel type information in the report. These performance measures help improve program focus and enhance service to the most vulnerable populations in the state.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN</b>	

### 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.**

<input type="checkbox"/>	Online Fraud Reporting
<input checked="" type="checkbox"/>	Dedicated Fraud Reporting Hotline
<input checked="" type="checkbox"/>	Report directly to local agency/district office or Grant recipient office
<input checked="" type="checkbox"/>	Report to State Inspector General or Attorney General
<input checked="" type="checkbox"/>	Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
<input type="checkbox"/>	Other - Describe:

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

<input checked="" type="checkbox"/>	Printed outreach materials
<input checked="" type="checkbox"/>	Posted in local administering agencies offices.
<input checked="" type="checkbox"/>	Addressed on LIHEAP application
<input checked="" type="checkbox"/>	Website
<input checked="" type="checkbox"/>	Other - Describe:  Posters displaying the Office of Inspector General's Fraud Hotline are posted in Community Action Agency locations. The Fraud Hotline information is also included on client denial notifications.

**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 type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input 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 Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
Legal Permanent Residents, Refugees, Asylees, and certain Visa Holders) must provide proof of immigration status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DCBS provides an electronic listing of SNAP and TANF recipients, as a searchable database. This data gives general case information for TANF and SNAP recipients to be used for verifying TANF & SNAP benefits, earned and unearned income. Information provided in the list may include the name of the head of household, the total number in the household and the household's gross income as verified by CHFS.

**b. Describe any exceptions to the above policies.**

**17.5 Identification Verification**

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

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff (for tribal Grant recipients only)
- Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
- 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
- Grant recipient LIHEAP database includes privacy/confidentiality safeguards
- Employee training on confidentiality for:
  - Grant recipient employees
  - Local agencies/district offices
- Employees must sign confidentiality agreement
  - Grant recipient employees
  - Local agencies/district offices
- Physical files are stored in a secure location
- Electronic files are protected in a secure location.
- Other - Describe:
 

Per contractual agreement CAK and the CAAs are required to maintain confidential information acquired from the applicants or provided by the Cabinet consistent with the KRS 194A.060. Confidentiality of Records and Reports, KRS 205.175. Confidential treatment of information and records, and KRS 205.177 information may be shared by state and local government agencies.

**17.7. Verifying the Authenticity**

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

- All vendors must register with the State/Tribe.
- All vendors must supply a valid SSN or TIN/W-9 form
- Vendors are verified through energy bills provided by the household
- Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
- Other - Describe and note any exceptions to policies above:

**17.8. Benefits Policy - Gas and Electric Utilities**

**What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.**

<input checked="" type="checkbox"/>	<b>Applicants required to submit proof of physical residency</b>
<input checked="" type="checkbox"/>	<b>Applicants must submit current utility bill</b>
<input checked="" type="checkbox"/>	<b>Data exchange with utilities that verifies:</b>
<input checked="" type="checkbox"/>	<b>Account ownership</b>

<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 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 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:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
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 type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe:  CAAs are responsible for obtaining pricing from vendors in writing prior to the start of LIHEAP and any subsequent changes in fuel pricing should also be made in writing during LIHEAP season.  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.
<b>17.10. Investigations and Prosecutions</b>
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.
<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 Grant recipient conduct investigation of fraud complaints from public
<input type="checkbox"/> Grant recipient 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 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 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 Grant recipient is providing the certification set out below.**
- 2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the Grant recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.**
- 3. For Grant recipients other than individuals, Alternate I applies.**
- 4. For Grant recipients who are individuals, Alternate II applies.**
- 5. Workplaces under grants, for Grant recipients other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the Grant recipient does not identify the workplaces at the time of application, or upon award, if there is no application, the Grant recipient must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the Grant recipients drug-free workplace requirements.**
- 6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).**
- 7. If the workplace identified to the agency changes during the performance of the grant, the Grant recipient shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).**
- 8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grant recipients attention is called, in particular, to the following definitions from these rules:**

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

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

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

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

#### **Certification Regarding Drug-Free Workplace Requirements**

##### **Alternate I. (Grant recipients Other Than Individuals)**

The Grant recipient certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grant recipients workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The Grant recipients policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a

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

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The Grant recipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

275 E Main Street  
Address Line 1

Address Line 2

Address Line 3

Frankfort  
City

KY  
State

40621  
Zip Code

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

**Alternate II. (Grant recipients Who Are Individuals)**

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

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

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

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

**Section 20: Certification Regarding Lobbying**

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

**Assurances**

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 a State may not exclude a household from eligibility in a fiscal year solely based on 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 with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local Grant recipients and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

**(8) provide assurances that,**

**(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and**

**(B) the State will treat owners and renters equitably under the program assisted under this title.**

**(9) provide that--**

**(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and**

**(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));**

**(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper 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.**



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

## Plan Attachments

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