

## **DETAILED MODEL PLAN (LIHEAP)**

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

**Grantee Name:** Tennessee Housing Development Agency

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

**Report Period:** 10/01/2024 to 09/30/2025


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

### **Report Sections**

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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> PE5YAVXSBZL7	<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> Tennessee Housing Development Agency			
<b>* b. Address:</b>			
* Street 1:	502 Deaderick Street, 3rd Floor	Street 2:	
* City:	NASHVILLE	* County:	DAVIDSON
* State:	TN	* Province:	
* Country:	United States	* Zip / Postal Code:	37243 - 0900
<b>c. Organizational Unit:</b>			
<b>Department Name:</b> Community Programs		<b>Division Name:</b> Community Services	
<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> Rebecca		<b>* Last Name:</b> Carter	
<b>Title:</b> Director Of Community Services		<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> 615-815-3732		<b>Fax Number</b>	
<b>* Email:</b> RCarter@thda.org			
<b>* 8. TYPE OF APPLICANT:</b>			
A: State Government			
<b>* a. Is the applicant a Tribal Consortium:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>* b. If yes please attach at least one the following documentation:</b>			
<b>9. CFDA Numbers and Titles</b>			
	Catalog of Federal Domestic Assistance Number: 93.568	CFDA Title: Low-Income Home Energy Assistance Program	
<b>10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>			
Low Income Home Energy Assistance for Regular and Crisis Assistance			
<b>11. AREAS AFFECTED BY FUNDING:</b>			
State of Tennessee			
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>			
5			
<b>13. FUNDING PERIOD:</b>			
<b>a. Start Date:</b> 10/01/2024		<b>b. End Date:</b> 09/30/2025	
<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			

Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="radio"/> YES <input checked="" type="radio"/> NO	
If Yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official Rebecca Carter	17c. Telephone (area code, number and extension)  17d. Email Address RCarter@thda.org
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 12/09/2024

## Section 1 - Program Components

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

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

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 1 - Program Components

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	10/01/2024	09/30/2025
<input checked="" type="checkbox"/>	Cooling assistance	10/01/2024	09/30/2025
<input type="checkbox"/>	Summer crisis assistance		
<input type="checkbox"/>	Winter crisis assistance		
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/01/2024	09/30/2025
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2024	09/30/2025

Provide further explanation for the dates of operation, if necessary

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	45.00%	51.00%
Cooling assistance	13.00%	17.00%
Summer crisis assistance	0.00%	10.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	10.00%	0.00%
Weatherization assistance	10.00%	10.00%
Carryover to the following federal fiscal year	10.00%	0.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	2.00%	2.00%
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.

<b>1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:</b>			
<input type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	<b>Other (specify:)</b> Subgrantees offer year-round crisis assistance. If they request to reallocate funds after March 15 to assistance, we will approve.

<b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</b>				
<b>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?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>				
	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
TANF	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SSI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SNAP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

<b>1.4a. - Provide your definition of categorical eligibility.</b>

<b>1.5 Do you automatically enroll households without a direct annual application?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>If Yes, explain:</b>

<b>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?</b>

<b>SNAP Nominal Payments</b>
<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.</b>
<b>1.7b Amount of Nominal Assistance:</b> \$0.00
<b>1.7c Frequency of Assistance</b>
<input type="checkbox"/> Once Per Year
<input type="checkbox"/> Once every five years
<input type="checkbox"/> Other - Describe:
<b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>

<b>Determination of Eligibility - Countable Income</b>
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?</b>
<input checked="" type="checkbox"/> Gross Income
<input type="checkbox"/> Net Income
<input type="checkbox"/> Other - Describe
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>
<input checked="" type="checkbox"/> Wages
<input checked="" type="checkbox"/> Self - Employment Income
<input checked="" type="checkbox"/> Contract Income
<input 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 checked="" 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 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 type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input checked="" type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)

<input checked="" type="checkbox"/>	<b>Other</b>  Railroad retirement, workers compensation, training stipends, military allotments or regular support from an absent family member, or someone not living in the household.
<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>	
<b>1.10 Do you have an online application process?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>1.10a If yes, describe the type of online application (Select all boxes that apply)</b>	
<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Online application that is also mobile friendly
<input checked="" type="checkbox"/>	<b>Other, please describe</b>  Please note, the PDF version of the application is available on each subgrantee's website and can be downloaded, filled out and mailed in for processing. It is not available on the THDA website since we do not offer a state-wide application online. We do have an application online that is intended for subgrantees to access and customize for their use. A link to the various applications available to subgrantees can be found here: <a href="https://thda.org">Tennessee Housing Development Agency   Low Income Home Energy Assistance Program (LIHEAP) for Administrators (thda.org)</a> If a member of the general public were to access the subgrantee forms and complete the application provided for their customization, it would be accepted.
<b>Please include a link(s) to a statewide application, if available:</b>  <a href="https://thda.org">Tennessee Housing Development Agency   Low Income Home Energy Assistance Program (LIHEAP) for Administrators (thda.org)</a>	
<b>1.10b Can all program components be applied for online?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>If no, explain which components can and cannot be applied for online.</b>  Heating and Cooling assistance can be applied for online. Crisis and Weatherization assistance can not be applied for online.	
<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	
<b>1.12 Do you or any of your subrecipients require in person appointments in order to apply?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.</b>	
<b>1.13 How can applicants submit documentation for verification? Select all that apply:</b>	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	<b>Other, please describe</b>  Verbal verification via phone can be taken for applications, signatures, and form verification. The person obtaining verbal confirmation / verification must document the following on each item verified: date of initial contact by client, name of person taking the verbal information (subgrantee), person calling to provide the information (applicant), date verbal verification is received, time of verbal verification, method of receipt (i.e.: mobile phone). The subgrantee must receive verbal consent from the applicant to allow verbal verification on each form. The applicant's consent to allow verbal verification must be documented on each form and noted in the client database system. If an applicant refuses to allow verbal verification, another intake method must be provided (i.e.: mail, drop off, electronic).

**Hidden for Section 1**

## Section 2 - HEATING ASSISTANCE

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

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

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 2 - Heating Assistance

#### Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

2.2 Do you have additional eligibility requirements for Heating Assistance? ☐ Yes ☒ No

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

Do you require an Assets test? ☐ Yes ☒ No

If yes, describe: Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☒ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☒ No

If yes, describe:

Renters with utilities included in the rent? ☐ Yes ☒ No

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☒ Yes ☐ No

If yes, describe:

Individuals 60 years of age and older receive additional priority points.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Individuals with documentation of a disability or self-declared disability will receive priority points.

Young children? ☒ Yes ☐ No

If yes, describe:

Children age 5 and under receive additional priority points.

Households with high energy burdens? ☒ Yes ☐ No

If yes, describe:

The household energy burden calculation determines the points awarded.

Other? Active Duty and Veterans ☒ Yes ☐ No

If yes, describe:

Households with proof of any active duty (full-time) member of the Armed Forces (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard); Reserve or National Guard members on Active Guard Reserve (AGR); and Veterans will receive priority points.

Explanations of policies for each "yes" checked above:

For any household member meeting priority eligibility, additional points will be awarded with proof of priority exhibited.

- Individuals with a documented disability or self-declared disability will receive priority points. Documentation can include an SSDI determination letter, SSDI income, documentation from a healthcare provider, or self-declared disability.



- Children 5 and under do not require any documentation. Parent, guardian or caregiver self-declaration of age, with date of birth, is required.
- A households energy burden is calculated and points awarded are as follows. See PDF titled "Priority Points and Benefit Levels Matrices."
- Active Duty priority points will be awarded with proof of active duty (full-time) in the Armed Forces (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard); or Reserve or National Guard members on Active Guard Reserve (AGR).
- Veteran priority points will be awarded with proof (i.e.: DD2 or Form 2A, government issued military ID, etc.).

#### Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)

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

Priority is given to households with a vulnerable member. A priority point system assigns extra points for a member who is elderly, disabled, a child 5 and under, active duty, or military veteran. Additionally, extra points are given to households with the highest energy burden. THDA also bases the initial allocation of funds on census data that includes poverty. After the total number of points is determined for the household, the applicants are ranked from highest to lowest. The household with the highest number of points receive priority for assistance and will be served subject to available funds. The total number awarded to households is the determining factor in benefit level of assistance provided.

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

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

For the Fiscal Year 2025 performance year, THDA will use the FY2025 State Median Income for Tennessee, adjusted for household size.

#### 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	\$600	Maximum Benefit	\$1,000
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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.**

THDA will allow subgrantees to purchase tangible goods and pay for services that are considered "other forms of benefits" for LIHEAP eligible households. The amount of the tangible good/service should be included in the maximum benefit calculation. If the tangible goods or services are provided in-kind, the maximum benefit will not be impacted.

- Blankets with a value limit of \$60 per unit.
- Space/kerosene heaters with a value limit of \$200 per unit.
- Heating unit repair with a service value limit of \$499.
- Wood/pellet stove purchase with a value limit of \$499 per unit.

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

## Section 3 - COOLING ASSISTANCE

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

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

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 3 - Cooling Assistance

### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

3.2 Do you have additional eligibility requirements for Cooling assistance? ☐ Yes ☒ No

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

Do you require an Assets test? ☐ Yes ☒ No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☒ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☒ No

If yes, describe:

Renters with utilities included in the rent? ☐ Yes ☒ No

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☒ Yes ☐ No

If yes, describe:

Individuals 60 years of age and older receive additional priority points.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Individuals with documentation of a disability or self-declaration of a disability will receive additional priority points.

Young children? ☒ Yes ☐ No

If yes, describe:

Children age 5 and under receive additional priority points.

Households with high energy burdens? ☒ Yes ☐ No

If yes, describe:

The household energy burden calculation determines the points awarded.

Other? Active Duty and Veterans ☒ Yes ☐ No

If yes, describe:

Households with proof of any active duty (full-time) member of the Armed Forces (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard); Reserve or National Guard members on Active Guard Reserve (AGR); and Veterans will receive priority points.

Explanations of policies for each "yes" checked above:

For any household member meeting priority eligibility, additional points will be awarded with proof of priority exhibited.

- Individuals with a documented disability or self-declared disability will receive priority points. Documentation can include an SSDI determination letter, SSDI income, documentation from a healthcare provider, or self-declared disability.

- Children 5 and under do not require any documentation. Parent, guardian or caregiver self-declaration of age, with date of birth, is required.
- A household's energy burden is calculated and points awarded are as follows. See PDF titled "Priority Points and Benefit Levels Matrices."
- Active Duty priority points will be awarded with proof of active duty (full-time) in the Armed Forces (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard); or Reserve or National Guard members on Active Guard Reserve (AGR).
- Veteran priority points will be awarded with proof (i.e.: DD2 or Form 2A, government issued military ID, etc.).

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

Priority is given to households with a vulnerable member. A priority point system assigns extra points for a member who is elderly, disabled, a child 5 and under, active duty, or military veteran. Additionally, extra points are given to households with the highest energy burden. THDA also bases the initial allocation of funds on census data that includes poverty. After the total number of points is determined for the household, the applicants are ranked from highest to lowest. The household with the highest number of points receive priority for assistance and will be served subject to available funds. The total number awarded to households is the determining factor in benefit level of assistance provided.

**Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)**

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

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

For the Fiscal Year 2025 performance year, THDA will use the FY2025 State Median Income for Tennessee, adjusted for household size.

**Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)**

**3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.**

Minimum Benefit	\$600	Maximum Benefit	\$1,000
-----------------	-------	-----------------	---------

**3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? ☒ Yes ☐ No**

If yes, describe.

THDA will allow subgrantees to purchase tangible goods and pay for services that are considered "other forms of benefits" for LIHEAP eligible households. The amount of the tangible good/service should be included in the maximum benefit calculation. If the tangible goods or services are provided in-kind, the maximum benefit will not be impacted.

- Fans with a value limit of \$60 per unit.
- Window unit with a value limit of \$350 per unit.
- Cooling unit repair with a service value limit of \$499.

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

## Section 4 - CRISIS ASSISTANCE

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

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

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 4 - Crisis Assistance

## 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	State Median Income	60.00%

#### 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.**

Crisis Assistance will be provided based on the household's determined benefit level.

A household is eligible for Crisis Assistance when they meet the following criteria:

- receipt of a shut off notice, disconnection or lack of home delivered fuel notice, **AND** one of the following:
- Unanticipated medical expense or major household expense.
- Household wage earner with at least 1 year of stable work history has lost his/her job within the last twelve (12) months.
- Household wage earner has left the home within the past forty-five (45) days.
- Death of wage earner within the last twelve (12) months.
- Significant loss of work hours.
- Household wage earner is unable to work due to illness and does not receive sick leave or compensation for personal time off.
- Household has a non-functioning or malfunctioning cooling / heating system.
- The household has one or more family members who meet priority eligibility (age sixty (60) and older, disability, child age five (5) and under, active military, or Veteran).

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

A crisis is deemed life-threatening when a household member is in eminent danger of death or serious injury. Subgrantees are required to respond to a life-threatening crisis within eighteen (18) hours. Statewide training for all subgrantee staff is held annually and subgrantees are reminded of this requirement. Subgrantees are required to outline their policy for handling a life-threatening crisis in their Agency Specific Operational Plan ("the plan"). The plan is signed by the subgrantee's Executive Director, Program Director and Fiscal Officer. The plan is discussed in detail with the subgrantee to ensure all are aware of the eighteen (18) hour requirement and policy.

#### Crisis Requirement, 2604(c)

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
<b>4.6 Do you have additional eligibility requirements for Crisis Assistance?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4.7 Check the appropriate boxes below to indicate type(s) of assistance provided</b>			
0			
<b>Do you require an Assets test?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify): Active Duty & Veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>In Order to receive crisis assistance:</b>			
Must the household have received a shut-off notice or have a near empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input 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): See 4.2 above.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Explanations of policies for each "yes" checked above:</b>			
<p>Crisis Assistance will be provided based on the household's determined benefit level.</p> <p>A household is eligible for Crisis Assistance when they meet the following criteria:</p> <ul style="list-style-type: none"> <li>• receipt of a shut off notice, disconnection or lack of home delivered fuel notice, <b>AND</b> one of the following:</li> <li>• Unanticipated medical expense or major household expense. Out of pocket expense should exceed 100% of the current utility bill. Documentation could include receipts of payment made to meet unanticipated medical or major household expense.</li> <li>• Household wage earner with at least 1 year of stable work history has lost his/her job within the last twelve (12) months. Documentation could include a letter from an employer, termination or lay-off notice, unemployment income claims, or unemployment notice of eligibility.</li> <li>• Household wage earner has left the home within the past forty-five (45) days. Documentation could include recent application for family assistance (Families First) an order of protection, police report, revised lease, or other legal documentation.</li> <li>• Death of wage earner within the last twelve (12) months. Documentation could include obituary, death certificate, or funeral program.</li> <li>• Significant loss of work hours. Documentation could include a letter from the employer outlining details of loss of work hours or a pay stub showing fewer hours/wages.</li> <li>• Household wage earner is unable to work due to illness and does not receive sick leave or compensation for personal time off. Documentation could include a statement from the employer.</li> <li>• Household has a non-functioning or malfunctioning cooling / heating system.</li> <li>• The household has one or more family members who meet priority eligibility (age sixty (60) and older, disability, child age five (5) and under, active military, or Veteran).</li> </ul>			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input type="checkbox"/>	Separate component		
<input checked="" 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 type="checkbox"/>	Other - Describe:		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input type="checkbox"/>	Amount to resolve the crisis. \$0		
<input type="checkbox"/>	Other - Describe:		
<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 Explain.			
<b>4.11 Do you provide individuals who are individuals with a disability the means to:</b>			
Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			

<p><b>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></p> <p style="text-align: center;">We did not answer "no" to either of the options in 4.11, but we do allow subgrantees to travel to homes where disabled individuals live in order to receive an application.</p>			
<p><b>Benefit Levels, 2605(c)(1)(B)</b></p>			
<p><b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b></p>			
<p><b>Winter Crisis</b></p>	<p>\$0.00 maximum benefit</p>		
<p><b>Summer Crisis</b></p>	<p>\$0.00 maximum benefit</p>		
<p><b>Year-round Crisis</b></p>	<p>\$1,000.00 maximum benefit</p>		
<p><b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b></p>			
<p><input checked="" type="radio"/> Yes <input type="radio"/> No If yes, Describe</p>			
<p>THDA will allow subgrantees to purchase tangible goods and pay for services that are considered "other forms of benefits" for LIHEAP eligible households. The amount of the tangible good/service should be included in the maximum benefit calculation. If the tangible goods or services are provided in-kind, the maximum benefit will not be impacted.</p> <ul style="list-style-type: none"> <li>Blankets/Fans with a value limit of \$60 per unit.</li> <li>Space heaters/Kerosene heaters with a value limit of \$200 per unit.</li> <li>Window unit with a value limit of \$350 per unit.</li> <li>Heating/Cooling unit repair with a service value limit of \$499.</li> <li>Wood/Pellet Stove purchase with a value limit of \$499 per unit.</li> </ul>			
<p><b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b></p>			
<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>			
<p><b>If you answered "Yes" to question 4.14, you must complete question 4.15.</b></p>			
<p><b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b></p>			
	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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):  Space heater/kerosene heater, Window Unit, Fans, blankets.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b></p>			
<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>			
<p><b>If you responded "Yes" to question 4.16, you must respond to question 4.17.</b></p>			
<p><b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b></p>			
<p> </p>			
<p><b>4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>			
<p><b>If yes, describe</b></p> <p>Subgrantees are able to utilize LIHEAP funds (cooling, heating or crisis) to address disaster related crisis situations when a disaster is declared.</p> <p>After a Federal or State declared natural disaster, LIHEAP funds can be used to meet the energy related needs of Eligible Low-Income</p>			

households. Below is a list of items that the THDA has deemed allowable usage of LIHEAP funds in response to a natural disaster.

These items are only available to LIHEAP eligible households that have been deemed affected by the natural disaster with verification by local jurisdiction records or energy vendor records for extended power outages or damage. If a FEMA number is assigned the number must be provided, once available. No payments can be made directly to the client. All client information must be tracked using the statewide database for eligibility. Payments must be processed through the online LIHEAP system directly to the supplier.

**Allowable** uses of LIHEAP funds to deal with disaster situations, particularly with respect to assistance for home energy related needs resulting from a tornado or other natural disaster, include:

- Eligible households have a maximum income of 60% State Median Income
  - Costs to temporarily shelter or house individuals in hotels, apartments or other living situations in which homes have been destroyed or damaged, i.e., placing people in settings to preserve health and safety and to move them away from the crisis situation
  - LIHEAP funding for temporary housing due to energy related needs will not exceed **3 days** and must be reasonable. Any period requested beyond 3 days must be submitted to THDA for review on a case-by-case basis.
- Costs for transportation (such as taxis, ride-share cars, shuttles, buses) to move individuals away from the crisis area to shelters, when health and safety is endangered by loss of access to heating or cooling.
  - Costs must be reasonable and energy related. Vehicles are not allowed to be purchased.
- Utility reconnection costs
  - Must be energy related and if costs exceed \$500 they must be approved by THDA on a case by case basis.
- Repair or replacement costs for furnaces and air conditioners.
- Insulation repair.
- Coats and blankets, as tangible benefits to keep individuals warm.
- Crisis payments for utilities and utility deposits.
- Purchase and installation of fans and air conditioners.
- Purchase and installation of generators.
  - Generators may be purchased in life threatening situations when a household member must have power for medical equipment

All costs must be reasonable and follow State and Federal regulations including established procurement requirements. Subgrantees shall contact THDA on a case-by-case basis for any questions or for additional review.

Costs of these items are only allowable for LIHEAP eligible households that were affected by the natural disaster. State and Federal LIHEAP regulations must be followed and all eligibility guidelines must be followed as described in the THDA LIHEAP Manual. Reasonable exceptions for documentation requirements or alternative documentation, when original versions have been destroyed, must be submitted to THDA for review on case-by-case bases.

All LIHEAP households must have an approved LIHEAP Application. If the household has already been approved for LIHEAP during the current program year, the original application can be used and they do not have to re-apply. If a client has not yet been served by LIHEAP, they will be required to provide a new application in order to be approved for LIHEAP Crisis Disaster Assistance.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 5 - Weatherization Assistance

#### Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract.

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

#### WEATHERIZATION - Types of Rules

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

☐ Entirely under LIHEAP (not DOE) rules

☐ Entirely under DOE WAP (not LIHEAP) rules

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

☐ Income Threshold

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

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

☐ Other - Describe:

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

☒ Income Threshold

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

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

☒ Other - Describe:

200% FPL for LIHEAP Weatherization ("LIHEAP Wx"), instead of 150% so the income guidelines are in sync with DOE WAP. No cap for LIHEAP Wx jobs, justification is still required for jobs exceeding \$10,000. An energy audit to identify eligible measures is required.

Eligibility, 2605(b)(5) - Assurance 5

5.6 Do you require an assets test? ☐ Yes ☒ No

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

Older Adults?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Individuals with a disability?	<input checked="" type="radio"/> Yes <input type="radio"/> No



Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>LIHEAP Wx uses the DOE WAP priority point system that assigns points for those households that have a household member who is elderly, disabled, or has a child 5 or under. In addition, we give additional points for those households that have a high energy burden. Our allocation to subgrantees is also based on census data that includes poverty data. After the total number of points is determined for each household, the applicants are ranked from highest to lowest, per county of residence. The households with the highest number of points receive priority in assistance and will be served subject to available funds. Renters are required to secure landlord permission and a signed Landlord Agreement is required prior to any work being performed.</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.9a If yes, what is the maximum? \$0	
5.10 Do you use an Average Cost per Unit (ACPU). <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10a If so, what is the ACPU amount? \$10,000	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Health & Safety
<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  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 6 - Outreach

#### 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):  
All LIHEAP application information is listed on THDA's website: [www.thda.org](http://www.thda.org).

**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  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 7 - Coordination

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

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



**Joint application for multiple programs (indicate programs included)** Some subgrantees screen for CSBG, TANF and other benefit programs at the time of LIHEAP screening



**Intake referrals to/from other programs (indicate programs included)** Subgrantees will refer to/from LIHEAP and WAP, specifically. Others will integrate referrals to other programs, not administered by THDA.



**One - stop intake centers**



**Other - Describe:**

Some subgrantees use a universal application system at initial intake.

**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  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 8 - Agency Designation

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

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

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input checked="" type="checkbox"/>	Housing Agency
<input 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. *Used for Near hotline and OCS Service Provider Tool and clearinghouse.*

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

If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

8.2 How do you provide alternate outreach and intake for heating assistance?

8.3 How do you provide alternate outreach and intake for cooling assistance?>

8.4 How do you provide alternate outreach and intake for crisis assistance?

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Local County Government Community Action Agencies Non-profits	Local County Government Community Action Agencies Non-profits	Local County Government Community Action Agencies Non-profits	Local City Government Community Action Agencies Non-profits
8.5b Who processes benefit payments to gas and electric vendors?	Local County Government Community Action Agencies Non-profits	Local County Government Community Action Agencies Non-profits	Local County Government Community Action Agencies Non-profits	

8.5c who processes benefit payments to bulk fuel vendors?	Local County Government Community Action Agencies Non-profits	Local County Government Community Action Agencies Non-profits	Local County Government Community Action Agencies Non-profits	
8.5d Who performs installation of weatherization measures?				Local City Government Community Action Agencies Non-profits

**Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.**

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

**8.6 What is your process for selecting local administering agencies?**

Tennessee's nine (9) human resource agencies were created by Chapter 289 of the Public Acts of 1973, known as the Human Resource Agency Act of 1973, and operate under the authority of Tennessee Code Annotated, Title 13, Chapter 26, as mentioned. This legislation provides a regional system to deliver human resource programs in the state's counties and cities. Community Action Agencies ("CAA") were the initiative of the Economic Opportunity Act of 1964, and there are 20 CAA's in Tennessee. LIHEAP is operated by nineteen (19) HRA's and CAA's that cover all ninety-five (95) counties in Tennessee. There is no overlap in service delivery areas. These were established at the beginning of the LIHEAP program in Tennessee, and have not changed.

Subgrantees are under contract and are required to submit an Agency Specific Operational Plan from a state standard template each year, or an addendum if no changes have been made to the prior year Agency Specific Operational Plan. The standard operating procedures LIHEAP Policy Manual states policies and standards for agencies to follow in the Agency Specific Operational Plan which demonstrates an understanding of the policies and requirements. Subgrantees follow one state policy. We do not allow subgrantees to develop their own policies. Subgrantees are part of the policy making process. In addition, numbered memorandums are developed, as needed, for clarification or changes.

**8.7 How many local administering agencies do you use?** 21

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

☒ Yes  
☐ No

**8.9 If so, why?**

<input type="checkbox"/>	Agency was in noncompliance with Grant recipient requirements for LIHEAP -
<input type="checkbox"/>	Agency is under criminal investigation
<input type="checkbox"/>	Added agency
<input type="checkbox"/>	Agency closed
<input checked="" type="checkbox"/>	Other - describe

In the past, the 19 agencies who provide LIHEAP were included but a few Weatherization partners who do not offer regular LIHEAP were omitted. Total agencies, including Wx, is 21. Metropolitan Development & Housing Agency and City of Memphis Division of Housing & Community Development provide LIHEAP Weatherization services, only. They each only cover one county - Davidson and Shelby, respectively.

**8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?** ☐ Yes  
☒ No

**8.10a If yes, please explain.**

**8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc.** ☐ Yes ☐ No

**8.10c If yes, please explain.**

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

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

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

#### 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.

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

A letter is generated from the LIHEAP software program by the subgrantee and given to or mailed to the client.

##### 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?

Nineteen (19) sub-grantees have vendor agreements with all vendors.

Section A of the Vendor Agreement States:The Home Energy Supplier agrees to the following conditions and terms:

1. To participate in the Low Income Home Energy Assistance Program (LIHEAP) in accordance with the approved LIHEAP State Plan and Federal regulations.
2. To accept benefit checks and vouchers on behalf of eligible households for the purpose of providing LIHEAP services for clients identified to receive such benefits.
3. To apply benefit check or voucher amounts to the energy accounts of eligible and certified households.
4. To not discriminate against the eligible customers in offering deferred payment or level payment plans or in the other conditions of sale, credit, or price to the customer.
5. To record the LIHEAP payments to the Home Energy Supplier's books as a credit to the LIHEAP households' current active energy account.
6. To refund upon receipt any LIHEAP credit balances to the LIHEAP agency who made the payment on behalf of the customer, if the customer terminates their service.
7. To provide, at no cost, the LIHEAP customers' energy consumption history for the previous twelve (12) months, or available history.
8. To be responsible for compliance with the terms and provisions of this agreement and to understand that this agreement may be revoked by the LLA for noncompliance by the Home Energy Supplier.
9. To permit and cooperate with State and/or Federal investigations undertaken in connection with Section 2608, Title XXVI, Low Income Home Energy Assistance Act of 1981 as amended, concerning the use of funds received under this title in order to evaluate compliance with the provisions and assurances made by the State. Such investigations may require examination of appropriate books, documents, papers and records pertaining to customers served with funds under this program. Reasonable notice will be made to the Home Energy Supplier in advance of any investigation and the costs of conducting such an investigation will be borne by the Department.

##### 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?

Section A.4 of the LIHEAP Vendor Agreement states: "To not discriminate against the eligible customers in offering deferred payment or level payment plans or in the other conditions of sale, credit, or price to the customer."

##### 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.  
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

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

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OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 10 - Program, Fiscal Monitoring, and Audit

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

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

1. When THDA receives an award, we allocate funds to all subgrantees based on poverty data and notify the subgrantee of the award amount.
2. At that time, THDA coordinators request a budget from each subgrantee and enter the budget numbers into a "drawdown worksheet" that tracks the budget line items, expenditures and available balance for each subgrantee. This budget is incorporated into the subgrantee contract agreement and contracts are sent from our legal department for execution.
3. When an invoice is received, the draw is recorded and the worksheet indicates whether the payment can be processed or if the subgrantee has "overspent." The invoice is reviewed by two Coordinators and a Manager (or Director if a Manager is not available).
4. After the third and final review, the invoice is submitted to the Accounts Payable department for processing.
5. Accounts Payable notes receipt and processing on a shared agency document called the FACP. The FACP shows the progress of the payment through Edison.

##### 10.1a Provide your definitions of the following:

###### Obligation

Funds are committed to a subgrantee for LIHEAP specific activities and a contract has been fully executed.

###### Expenditures

Costs incurred by a subgrantee for LIHEAP specific activities.

###### Expenditure timeframe

The start and end dates for a designated contract period. Expenditure timeframe's can range from one (1) year to five (5) years.

###### Administrative costs

Allowable costs necessary for the proper administration of the LIHEAP program. Costs can be Direct and/or Indirect.

##### Audit Process

##### 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.

The State Comptroller's office who performs the Single Audit for the State of Tennessee and all component units serves as the THDA external auditor.

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

No Findings ☒

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

##### 10.4. Audits of Local Administering Agencies

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



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



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



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



<input checked="" type="checkbox"/> Grant recipient conducts fiscal and program monitoring of local agencies/district offices
<input type="checkbox"/> Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
<b>Compliance Monitoring</b>
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.
<input checked="" type="checkbox"/> Internal program review
<input checked="" type="checkbox"/> Departmental oversight
<input type="checkbox"/> Secondary review of invoices and payments
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<b>Local Administering Agencies/District Offices:</b>
<input checked="" type="checkbox"/> On - site evaluation
<input checked="" type="checkbox"/> Annual program review
<input checked="" type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing/Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
See the attached "PY24 Monitoring Plan" and the "Monitoring Process Checklist."
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.
<b>Site Visits:</b>  On-site visits are conducted for all LIHEAP subgrantees a minimum of once every three (3) years.
<b>Desk Reviews:</b>  Desktop monitoring reviews are conducted annually for all subgrantees. The desk review includes an in-depth assessment of the subrecipient's administration of the LIHEAP grant. Nineteen (19) subgrantees are required to adhere to the audit requirements outlined in 45 CFR 75 Subpart F.
10.8. How often is each local agency monitored? <i>Please attach a monitoring schedule if one has been developed.</i> Annually Triannually
10.9. How many local agencies are currently on corrective action plans? 0
<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 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)

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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 11 - Timely and Meaningful Public Participation

#### Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)

11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.

Note: Tribes do not need to hold a public hearing but must ensure participation through other means.

- ☐ Tribal Council meeting(s)
- ☒ Public Hearing(s)
- ☒ Draft Plan posted to website and available for comment
- ☒ Hard copy of plan is available for public view and comment
- ☒ Comments from applicants are recorded
- ☒ Request for comments on draft Plan is advertised
- ☒ Stakeholder consultation meeting(s)
- ☒ Comments are solicited during outreach activities
- ☒ Other - Describe:

Subgrantees were engaged in intentional conversations about items they would like changed or revised at a national conference in Chicago, at a local Community Action Agency monthly meeting, by email, through the Public Hearing, then again at the 2025 Workshop, and finally at a task force meeting following the workshop.

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

11.2 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?

	Date	Event Description
1	07/15/2024	Published Draft Model Plan for comment on the THDA website.
2	08/15/2024	Virtual Public Hearing

11.3. How many parties commented on your plan at the hearing(s)? 6

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

THDA received comments by email prior to the Public Hearing. At the Public Hearing, all comments received by email were shared and additional comments were received. The comments received via email and live were as follows:

1. Requesting clients not be able to self-declare a disability.
2. Requesting priority points for Veterans be raised from 5 to 10.
3. Requesting income guidelines be raised to the higher percentage.
4. Requesting to allow Eligibility Benefits Management System document to be used for income even if all household members are not listed.
5. Requesting that in-depth training be offered on SAVE.
6. Requesting clarification for allowing applicants to self-declare zero income.
7. Requesting to use crisis funds for emergency Heat/AC repairs.
8. Agency phone number on agency listing is incorrect.
9. Requesting to count commissions as income.
10. "Yes" answers require a description.
11. Add audit to this sentence - an energy is required to identify eligible measures.
12. Requests to correct misspellings.
13. Requesting Domestic Violence victims receive priority.
14. Greater advertisement of LIHEAP as a resource would be beneficial, making it easier to apply and access resources.
15. Requesting to change language from Under 6 years to 5 years and under.

Please reference "[Public Hearing\\_August 22, 2024\\_Meeting Attendance and Comments.xlsx](#)" for a copy of attendees and comments.

**11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?**

1. Veteran priority points were increased from 5 to 10.
2. Multiple sources could be used to verify client eligibility (EBMS, SS, etc).
3. Heating, cooling and crisis funds can be used for repairs, with a limit of \$499. Repair will be charged against the maximum benefit approved.  
Split vendor entries will be required in the database.
4. Corrected agency phone number.
5. Included commissions as income.
6. Included descriptions for all "yes" responses and edited any word omissions and misspellings.
7. Changed language to children 5 and under.

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

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

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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 12 - Fair Hearings

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 0

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

12.3 Describe any policy and/or procedural changes made in the last federal Fiscal Year as a result of fair hearings?

None

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

A client may apply by e-mail, physical mail, in person, through an authorized representative, or at a home visit. We have instances where a client sends in an application that does not have enough information to determine who is the applicant, where the applicant lives, etc. In this instance, the client could appeal, but the subgrantee would offer to help the client fill out the application, and then process the application. In instances where applications are not acted on in a timely manner, a client may appeal. Individuals whose claims for LIHEAP assistance are denied or are not acted upon with reasonable promptness, except if the denial or lack of reasonable promptness is due to lack of funds, may request a hearing with the local contracting agency. No hearing shall be required if LIHEAP funds are no longer available to the local contracting agency. The standard state policy is as follows: Each local contracting agency shall establish processes and procedures for hearings at the local level. At a minimum, processes and procedures shall include the following requirements:

- That requests for hearings be made in writing, on a form provided by the local contracting agency, with specific information about the error made by the local contracting agency in denying or not acting with reasonable promptness on an individual's claim for LIHEAP assistance;
- That a copy of the completed form be given to the individual requesting the hearing, with one copy to THDA and a copy retained by the local contracting agency in the individual's permanent file;
- That requests for a hearing shall be filed within 30 calendar days from the denial date of LIHEAP assistance;
- That requests for a hearing shall be filed within 30 calendar days from the projected date of determination, when a submitted application for LIHEAP assistance has not been acted upon by the local contracting agency;
- That the local contracting agency will hold a hearing, in accordance with their policies and procedures, within a reasonable time, from the date of a proper request for a hearing and shall provide written notice of the results of the hearing to both the individual who requested the hearing and THDA.

Individuals who properly apply for LIHEAP assistance shall be informed by the local contracting agency at the time of a denial of their application of the following:

- the ability to request a hearing;
- the requirements associated with requesting a hearing; and
- the ability to be represented by an authorized representative, such as legal counsel, relative, or friend.

The local contracting agency shall also provide information and referral services regarding any legal services available in the community that may be available to the individual requesting the hearing. The local contracting agency shall notify, in writing, all individuals who claim LIHEAP assistance whether their claim for assistance is approved or denied. If the claim for assistance is approved, the written notification shall also indicate the benefit amount to be provided. If the claim for assistance is denied, the written notification shall state the correct procedures to follow to request a hearing in connection with the denial and shall include the items stated above. Individuals whose claim for LIHEAP assistance is denied, and that denial is upheld by the local contracting agency, may request a review by the Tennessee Housing Development Agency (THDA). Requests to THDA for a review may be made in writing, electronic mail, or telephone within thirty (30) days of the date of the written notification of the outcome of the hearing conducted by the local contracting agency. No request for a THDA review will be accepted until a hearing has been held by the local contracting agency and notification of the results have been made. All requests to THDA for a review shall include all materials submitted by the individual to claim LIHEAP assistance and all other documentation and communication between the individual claimant and the local contracting agency and shall be submitted to: Rebecca Carter, Community Services Director, Tennessee Housing Development Agency, 502 Deaderick Street, 5th Floor, Nashville, TN 37243, (615) 815-3732, RCarter@thda.org.

12.5 When and how are applicants informed of these rights?

Clients certify that they have been informed of the appeals process when they sign their application for benefits. We also require notice on approval and denial letters. In addition, offices post the fair hearing/appeal sign in their lobby and common areas where clients are present. Clients that raise concerns are offered the right to appeal by THDA staff. Agencies report that they also do this. Some agencies include a flyer in the client information packet, but this is not a requirement. Some agencies have group sessions with LIHEAP applicants and they discuss the fair hearing process. It is not practical for all agencies to have group sessions with clients. Subgrantees can never do less than the state policy. Local subgrantees can develop a process, not a new policy, to ensure that fair hearings and appeals are carried out at the local level.

**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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 13 - Reduction of Home Energy Needs

## 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?**

Some agencies offer specific classes to clients to help reduce the energy burden, but we do not collect their attendance data. Energy saver flyers are provided to clients and one-on-one counseling takes place. Sub-grantees conduct Assurance 16 activities at their local agency.

Examples are as follows:

- Provide energy conservation education in the form of Calendars, pamphlets and fact sheets at the time of application intake. This material will encourage energy conservation and provide the Low Income Home Energy Assistance client with the knowledge to reduce their home energy cost.
- Provide energy saving videos in lobby while waiting to be assisted and given energy guides. One-on-one measures will be discussed with the beneficiary.
- A survey of this years beneficiaries to measure the effectiveness of last years measures.
- Partner with Green Spaces (local energy efficiency educator) to reduce energy usage. Green Spaces will conduct monthly workshops to those interested in reducing energy costs in their homes. We are focusing on Financial Case Managment, Energy Conservation Education, and Energy Saver Kits.

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

This is a line item on the subgrantee budget. THDA has capped this at 2%, and the agency has to describe their activities in their Agency Specific Operational Plan.

2% of each agency's allocation does not exceed the 5% allowed by HHS for A16.

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

Local subgrantees track the impact of this program year with tracking tools provided by THDA for A16 activities. These reports have not yet been submitted for FY 2024. An update will be provided on 13.5 once received.

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

N/A

**13.5 How many households received these services?** Awaiting subgrantee reports.

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

## Section 14 - Leveraging Incentive Program ,2607A

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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 14 - Leveraging Incentive Program

#### Section 14:Leveraging Incentive Program, 2607(A)

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

☐ Yes ☒ No

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

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

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

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

## Section 15 - Training

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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 15 - Training

#### Section 15: Training

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

**a. Grant recipient Staff:**

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

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☐ Other, describe:

**b. Local Agencies:**

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

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ On-site training

How often?

☒ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☐ Other, describe:

**c. Vendors**

☒ Formal training conference

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other, describe:



<input checked="checked" type="checkbox"/> Policies communicated through vendor agreements	
<input type="checkbox"/> Policies are outlined in a vendor manual	
<input type="checkbox"/> Other, describe:	
15.2 Does your training program address fraud reporting and prevention?	
<input checked="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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 16 - Performance Goals and Measures

#### 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.**

Our online LIHEAP system will collect the data needed for the FY2025 program. Subgrantees have been working with vendors to obtain client data at application intake. THDA has held vendor meetings and discussions on best practices for collecting the required data. Data is kept at the subgrantee level and reported to the Grantee as needed. Clients provide a 12 month (if applicable) energy usage history at the time of application. The monthly totals are entered into the statewide system. High energy user, reconnection and disconnection are check boxes in the statewide system for each client. This information will be pulled from the system and reported to OCS annually. THDA will consider reported Performance Data to determine any changes in benefit levels. We are conducting data analysis to consider possible changes and how they may affect the program.

**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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 17 - Program Integrity

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

##### 17.1 Fraud Reporting Mechanisms

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

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

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

- ☒ Printed outreach materials
- ☒ Posted in local administering agencies offices.
- ☐ Addressed on LIHEAP application
- ☒ Website
- ☐ Other - Describe:

##### 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 checked="" type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input 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

##### 17.3. Citizenship/Legal Residency Verification

What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP

benefits? Select all that apply.							
<input checked="" type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen							
<input checked="" type="checkbox"/> Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.							
<input checked="" type="checkbox"/> Non-Citizens must provide documentation of immigration status							
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input checked="" type="checkbox"/> Non-Citizens are verified through the SAVE system							
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input type="checkbox"/> Other - Describe:							
	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17.4. Income Verification**

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

☒ Require documentation of income for all adult household members

☒ Pay stubs

☒ Social Security award letters

☒ Bank statements

☒ Tax statements

☒ Zero-income statements

☒ Unemployment Insurance letters

☐ Other - Describe:

☒ Computer data matches:

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

☐ Proof of unemployment benefits verified with state Department of Labor

☐ Social Security income verified with SSA

☐ Utilize state directory of new hires

☐ Other - Describe:

**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.

<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Electronic files are protected in a secure location.
<input checked="" type="checkbox"/> Other - Describe:  Digital files will be maintained under a secure database and the financial and operating controls that are in place will be included in the Agency Specific Operational Plan.
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input type="checkbox"/> Vendors are verified through energy bills provided by the household
<input checked="" type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above:  Vendors are checked in SAM.gov to ensure they are not suspended or debarred.
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
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"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input type="checkbox"/> Balances
<input type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input 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 checked="" type="checkbox"/> Other - Describe:  Direct payments are never made to clients.

<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 type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
<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 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 checked="" type="checkbox"/> Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grant recipient attempts collection of improper payments. If so, describe the recoupment process <p style="margin-left: 40px;">The subgrantees follow the process outlined in their Agency Specific Operational Plan. If the claim makes it to THDA, THDA will investigate and make a recommendation to the subgrantee.</p>
<input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 12 months
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/> Other - Describe:
<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 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**

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.* )**

502 Deaderick Street, 5th Floor

**\* Address Line 1**

Address Line 2

Address Line 3

Nashville

**\* City**

TN

**\* State**

37243

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

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

**(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income**

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

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

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

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

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

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

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

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

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

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



**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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