DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: INDIANA

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2016 to 09/30/2017 Report Status: Submission Accepted by CO

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Mandatory Grant Application SF-424

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017

| * 1.a. Type of Submission: | | • Annual | | * 1.c. Consolidated Application/Plan/Funding Request? Explanation: | | | st? | *1.d. Version: Initial Resubmission Revision | |
|--|--|--------------------|--|--|-------------------------------|-------------|----------|---|----------------------------------|
| | | | | | | | | | O Update |
| | | | | | 2. Date Receiv | ved: | | | State Use Only: |
| | | | | | 3. Applicant l | dentifier: | | | |
| | | | | | 4a. Federal E | ntity Ident | tifier: | | 5. Date Received By State: |
| | | | | | 4b. Federal A | ward Iden | tifier: | | 6. State Application Identifier: |
| 7. APPLICANT | INFORMATION | | | | | | | | |
| * a. Legal Name | e: Indiana Housing Devel | opment and Aut | hority | | | | | | |
| * b. Employer/ | Faxpayer Identification I | Number (EIN/T | 'IN): 35- | 1485172 | * c. Organiza | tional DUN | NS: 0868 | 370479 | |
| * d. Address: | | | | | " | | | | |
| * Street 1: | 30 South Meric | dian Street, Suite | e 1000 | | Street 2: | | | | |
| * City: | INDIANAPOI | LIS | | | County: | | MARIO | N | |
| * State: | IN | | | | Province: | | | | |
| * Country: | United States | | | | * Zip / Pos | tal Code: | 46204 - | | |
| e. Organization | al Unit: | | | | | | Ir. | | |
| | Department Name: Community Programs | | | | Division Nam LIHEAP | e: | | | |
| f. Name and cor | ntact information of pers | on to be contact | ted on ma | tters involving tl | his application: | | | | |
| Prefix: | * First Name: Gina | | | Middle Name: * Last Nam Kerr | | | Name: | | |
| Suffix: | Title: Community Programs N | Manager | | Organizational Affiliation: | | | | | |
| * Telephone Number: 317-234-5303 | Fax Number | | | * Email: GiKerr@ihcda.in.gov | | | | | |
| * 8a. TYPE OF A: State Govern | | | | | | | | | |
| b. Additional | Description: | | | | | | | | |
| * 9. Name of Fe | ederal Agency: | | | | | | | | |
| | | | og of Federal Dom ssistance Number: | | | CFDA Title: | | | |
| 10. CFDA Numbers and Titles 93568 | | | | | | Low-Inco | me Home | Energy | Assistance |
| 11. Descriptive | Title of Applicant's Proj | ect | | | | | | | |
| 12. Areas Affec | ted by Funding: | | | | | | | | |
| 13. CONGRESS | SIONAL DISTRICTS O | F: | | | | | | | |
| * a. Applicant 07 | | | | | b. Program/Project: Statewide | | | | |
| Attach an addit | tional list of Program/Pro | oject Congressio | onal Distr | icts if needed. | | | | | |

| 14. FUNDING PERIOD: | | 15. ESTIMA | ESTIMATED FUNDING: | | | |
|--|---|-------------------|--|--|--|--|
| a. Start Date: 10/01/2016 | b. End Date: 09/30/2017 | | * a. Federal (\$): \$0 | b. Match (\$): | | |
| * 16. IS SUBMISSION SUBJECT TO R | EVIEW BY STATE UNDER EXECUTI | VE ORDER 12 | 2372 PROCESS? | | | |
| a. This submission was made availab | le to the State under the Executive Order | 12372 | | | | |
| Process for Review on : | | | | | | |
| b. Program is subject to E.O. 12372 b | out has not been selected by State for revi | ew. | | | | |
| c. Program is not covered by E.O. 12 | 372. | | | | | |
| * 17. Is The Applicant Delinquent On A C YES NO | ny Federal Debt? | | | | | |
| Explanation: | | | | | | |
| 18. By signing this application, I certify accurate to the best of my knowledge. I any false, fictitious, or fraudulent statem **I Agree | also provide the required assurances** a | nd agree to cor | nply with any resulting tern | ns if I accept an award. I am aware that | | |
| ** The list of certifications and assurance | es, or an internet site where you may obt | ain this list, is | contained in the announcen | nent or agency specific instructions. | | |
| 18a. Typed or Printed Name and Title o | f Authorized Certifying Official | | 18c. Telephone (area code, number and extension) | | | |
| Donna B. Wright | | | 18d. Email Address dowright@ihcda.in.gov | | | |
| 18b. Signature of Authorized Certifying | Official | | 18e. Date Report Submitte 09/01/2016 | d (Month, Day, Year) | | |
| Attach supporting docum | nents as specified in agenc | y instruc | tions. | | | |

Section 1 - Program Components

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

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

Expiration Date: 06/30/2017

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

Department of Health and Human Services Administration for Children and Families Office of Community Services Washington, DC 20447

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Approval No. 0970-0075 Expiration Date: 02/28/2005

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

Section 1 Program Components

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

| | Check which components you will operate under the LIHEAP program. te: You must provide information for each component designated here as requested elsewhere in this plan.) | Dates of Operation | | |
|---|--|--------------------|------------|--|
| | | Start Date | End Date | |
| > | Heating assistance | 10/01/2016 | 05/31/2017 | |
| > | Cooling assistance | 06/01/2017 | 09/30/2017 | |
| > | Crisis assistance | 10/01/2016 | 05/31/2017 | |
| > | Weatherization assistance | 10/01/2016 | 09/30/2017 | |

Provide further explanation for the dates of operation, if necessary

Indiana is committed to its Weatherization services for low income individuals and will allocate up to the maximum funding allowed for program administration using the same program dates listed above. Additionally, since Indiana experiences more cold weather months, funds will be set aside for Crisis Assistance through the end of Moratorium, or March 15 of each year. However, Crisis Assistance, if funds are available will be offered year round. Additionally, if funds are available, a Summer Cooling program will be administered beginning in June.

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages n 100%. | nust add up to Percentage (%) |
|--|-------------------------------|
| Heating assistance | 45.00% |
| Cooling assistance | 10.00% |
| Crisis assistance | 10.00% |
| Weatherization assistance | 15.00% |
| Carryover to the following federal fiscal year | 5.00% |
| Administrative and planning costs | 10.00% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 5.00% |
| | |

| Use | d to develop | and impleme | ent leveraging activities | | | | | | | | 0.00% |
|--|--|---------------|---|---------|----------------------|-----------|---------------------|--------------|-------------------------|---------|----------------|
| TOTA | .L | | | | | | | | | | 100.00% |
| Altern | Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C) | | | | | | | | | | |
| 1.3 Tl | 1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to: | | | | | | | | | | |
| Heating assistance Cooling assistance | | | | | | | | | | | |
| > | | Weatheriz | zation assistance | | | | | Otl | her (specify:) | | |
| | | | | | | | | | | | |
| | | | (b)(2)(A) - Assurance 2, 2605(c | | | | | | | | |
| 1.4 De Yes | o you consid No | ler househo | olds categorically eligible if one | e house | hold member rece | ives one | of the following o | catego | ories of benefits in th | ıe left | column below? |
| If you | answered " | 'Yes'' to qu | nestion 1.4, you must complete | the tal | ble below and answ | ver ques | tions 1.5 and 1.6. | <u> </u> | | _ | |
| | | | | _ | Heating | _ | Cooling | | Crisis | _ | Weatherization |
| TANF | | | | | Yes ONo | | es O No | - | Yes O No | | Yes O No |
| SSI | | | | | Yes O No | | es O No | | Yes O No | _ | Yes O No |
| SNAP | | | | | Yes O No | | es O No | | Yes O No | - | Yes O No |
| Means | s-tested Veter | ans Progran | as | 0 | Yes ONo | O Y | es O No | 0 | Yes O No | 0 | Yes O No |
| | | | Program Name | | Heating | | Cooling | | Crisis | | Weatherization |
| | (Specify) 1 | | | | C Yes C No | | O Yes O No | | C Yes C No | | O Yes O No |
| 1.5 De | you autom | atically en | roll households without a direc | ct annu | ıal application? C | Yes 🖸 | No | | | | |
| If Yes | s, explain: | | | | | | | | | | |
| | | | e is no difference in the treatmo penefit amounts? | ent of | categorically eligib | le house | holds from those | not r | eceiving other public | c assis | stance when |
| | | | | | | | | | | | |
| | P Nominal Pa | <u> </u> | | | | _ | | | | | |
| | | | P funds toward a nominal pay | | | | | | | | |
| - | | | uestion 1.7a, you must provide | a resp | onse to questions 1 | .7b, 1.7c | c, and 1.7d. | | | | |
| | | | sistance: \$0.00 | | | | | | | | |
| 1./c F | Once Per Y | | <u> </u> | | | | | | | — | |
| | | | | | | | | | | | |
| | Once every | y five years | | | | | | | | | |
| | Other - De | scribe: | | | | | | | | | |
| 1.7d I | low do you | confirm th | at the household receiving a no | ominal | payment has an ei | nergy co | ost or need? | | | | |
| N/A | | | | | | | | | | | |
| Deteri | mination of E | Eligibility - | Countable Income | | | | | | | | |
| 1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ? | | | | | | | | | | | |
| > | Gross Income | | | | | | | | | | |
| | Net Income | | | | | | | | | | |
| 1.9. S | elect all the | applicable | forms of countable income use | ed to d | etermine a househo | old's inc | ome eligibility for | r LIH | EAP | | |
| > | Wages | | | | | | | | | | |
| > | Self - Emp | loyment In | come | | | | | | | | |
| V | ✓ Contract Income | | | | | | | | | | |

| | Payments from mortgage or Sales Contracts | | | | | |
|---|---|--|--|--|--|--|
| > | Unemployment insurance | | | | | |
| > | Strike Pay | | | | | |
| > | Social Security Administration (SSA) benefits | | | | | |
| | ☐ Including MediCare deduction | | | | | |
| > | Supplemental Security Income (SSI) | | | | | |
| > | Retirement / pension benefits | | | | | |
| > | General Assistance benefits | | | | | |
| > | Temporary Assistance for Needy Families (TANF) benefits | | | | | |
| | Supplemental Nutrition Assistance Program (SNAP) benefits | | | | | |
| | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits | | | | | |
| | Loans that need to be repaid | | | | | |
| > | Cash gifts | | | | | |
| | Savings account balance | | | | | |
| > | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. | | | | | |
| | Jury duty compensation | | | | | |
| > | Rental income | | | | | |
| | Income from employment through Workforce Investment Act (WIA) | | | | | |
| > | Income from work study programs | | | | | |
| > | Alimony | | | | | |
| | Child support | | | | | |
| > | Interest, dividends, or royalties | | | | | |
| > | Commissions | | | | | |
| > | Legal settlements | | | | | |
| > | Insurance payments made directly to the insured | | | | | |
| > | Insurance payments made specifically for the repayment of a bill, debt, or estimate | | | | | |
| > | Veterans Administration (VA) benefits | | | | | |
| | Earned income of a child under the age of 18 | | | | | |
| | | | | | | |

| Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |
|---|
| Income tax refunds |
| Stipends from senior companion programs, such as VISTA |
| Funds received by household for the care of a foster child |
| Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
| Reimbursements (for mileage, gas, lodging, meals, etc.) |
| Other |
| ny of the above questions require further explanation or clarification that could not be made in the fields provided, ch a document with said explanation here. |

Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017

| | Section 2 - Heating Assistance | | | | | | | | | |
|-----------------------|---|-----------------|--|--|--|--|--|--|--|--|
| Eligibility, 2605(b)(| (2) - Assurance 2 | | | | | | | | | |
| 2.1 Designate the ir | ncome eligibility threshold used for the heatin | g componer | net: | | | | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | | | | | |
| 1 | All Household Sizes | | HHS Poverty Guidelines | 150.00% | | | | | | |
| HEATING ASSITA | | ⊙ Yes (| ○ No | | | | | | | |
| | ropriate boxes below and describe the policies | | | | | | | | | |
| Do you require an | Assets test ? | C Yes | ● No | | | | | | | |
| | ional/differing eligibility policies for: | W | | | | | | | | |
| Renters? | | O Yes | | | | | | | | |
| Renters Livir | ng in subsidized housing ? | ⊙ Yes (| | | | | | | | |
| Renters with | utilities included in the rent ? | ⊙ Yes (| ○ No | | | | | | | |
| Do you give priorit | ty in eligibility to: | 4 | | | | | | | | |
| Elderly? | | ⊙ Yes (| | | | | | | | |
| Disabled? | | ⊙ Yes (| € Yes C No | | | | | | | |
| Young childr | ren? | • Yes | € Yes C No | | | | | | | |
| Households v | with high energy burdens ? | C Yes | ⊙ No | | | | | | | |
| Other? Veter | rans | ⊙ Yes (| ○ No | | | | | | | |
| Explanations of po | licies for each "yes" checked above: | | | | | | | | | |
| Households who rec | ceive a housing subsidy with heat and electric uti | ilities include | ed are not eligible for energy assistance because they a | are not vulnerable to rising costs. | | | | | | |
| | not receive a housing subsidy and whose rent incuseholds are not eligible for energy assistance. | cludes heat a | and electric utilities are not vulnerable to rising energy | costs in the form of higher rent. | | | | | | |
| The elderly, veteran | es disabled and households with young children | are given a h | nigher priority because they are considered at-risk. | | | | | | | |
| The elderry, | s, disabled and nouseholds with joung | are given | ighter priority because they are constant. | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | enefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | | | |
| 2.4 Describe how ye | ou prioritize the provision of heating assistance | ce tovulnera | able populations,e.g., benefit amounts, early applica | ation periods, etc. | | | | | | |
| | ons (i.e. elderly(60+), disabled, veterans, househ the eligiblity process is typically completed before | | oung (ages 0-5) children) that receive benefits the prior art of the winter season begins. | r year, will receive a new application | | | | | | |
| Also, if the househo | old falls within a vulnerable group, they are aware | ded points ac | ecording to the benefit matrix. | | | | | | | |
| 2.5 Check the varia | ables you use to determine your benefit levels. | (Check all | that apply): | | | | | | | |
| ✓ Income | | | | | | | | | | |
| Family (house | ehold) size | | | | | | | | | |
| | cost or need: | | | | | | | | | |

| ✓ Fuel type | | | | | | | | | |
|---|--------|-----------------|-------|--|--|--|--|--|--|
| ✓ Climate/region | | | | | | | | | |
| Individual bill | | | | | | | | | |
| ✓ Dwelling type | | | | | | | | | |
| Energy burden (% of income spent on home en | nergy) | | | | | | | | |
| ✓ Energy need | | | | | | | | | |
| Other - Describe: | | | | | | | | | |
| | | | | | | | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | | | |
| 2.6 Describe estimated benefit levels for FY 2017: | | 4. | | | | | | | |
| Minimum Benefit | \$205 | Maximum Benefit | \$890 | | | | | | |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? O Yes O No | | | | | | | | | |
| If yes, describe. | | | | | | | | | |
| | | | | | | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | | | | | | |

Section 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017

| | Section 3 - Cooling Assistance | | | | | | | |
|--------------------------------------|---|----------------------------------|---|-----------------------|--|--|--|--|
| Eligibility, 2605(c)(| (1)(A), 2605 (b)(2) - Assurance 2 | | | | | | | |
| 3.1 Designate The | income eligibility threshold used for the Cooli | ng compone | enet: | | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | | | |
| 1 | All Household Sizes | | HHS Poverty Guidelines | 150.00% | | | | |
| 3.2 Do you have ad COOLING ASSITA | dditional eligibility requirements for ANCE? | ⊙ Yes (| O No | | | | | |
| 3.3 Check the appr | ropriate boxes below and describe the policies | for each. | | | | | | |
| Do you require an | Assets test ? | O Yes | ● No | | | | | |
| Do you have additi | ional/differing eligibility policies for: | 413 | | | | | | |
| Renters? | | C Yes | ⊙ No | | | | | |
| Renters Livi | ng in subsidized housing ? | • Yes | O No | | | | | |
| Renters with | utilities included in the rent ? | • Yes | O _{No} | | | | | |
| Do you give priorit | ty in eligibility to: | <u> </u> | | | | | | |
| Elderly? | | • Yes | O No | | | | | |
| Disabled? | | ⊙ _{Yes} C _{No} | | | | | | |
| Young childs | ren? | ⊙ Yes C No | | | | | | |
| Households v | with high energy burdens ? | C Yes ⊙ No | | | | | | |
| Other? Vete | erans | ⊙ Yes C No | | | | | | |
| Explanations of po | olicies for each "yes" checked above: | <u> </u> | | | | | | |
| Households with uti | Households who receive a housing subsidy with heat and electric utilities included are not eligible for energy assistance because they are not vulnerable to rising costs. Households with utilities included are not vulnerable to rising energy costs. The elderly(60+), disabled, veterans and households with young(ages 0-5) children are given a higher priority because they are considered at-risk. | | | | | | | |
| | | | | | | | | |
| 3.4 Describe how y | ou prioritize the provision of cooling assistance | e tovulnera | ble populations,e.g., benefit amounts, early applic | ation periods, etc. | | | | |
| | If additional funds are available at the end of heating season, clients who applied and received heating assistance automatically receive cooling assistance. Any additional funds will be available for new applicants. | | | | | | | |
| Determination of Bo | enefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | |
| 3.5 Check the varia | ables you use to determine your benefit levels. | (Check all | that apply): | | | | | |
| ✓ Income | | | | | | | | |
| Family (hous | ehold) size | | | | | | | |
| | cost or need: | | | | | | | |
| ✓ Fuel ty | | | | | | | | |
| | | | | | | | | |

| ☑ Climate/region | | | | | | | | | |
|--|--|---|---------------|--|--|--|--|--|--|
| Individual bill | | | | | | | | | |
| ✓ Dwelling type | | | | | | | | | |
| Energy burden (% of income spent on home ener | Energy burden (% of income spent on home energy) | | | | | | | | |
| ☑ Energy need | ✓ Energy need | | | | | | | | |
| Other - Describe: | | | | | | | | | |
| If utilities bills, primary heating source, are paid on time, clients | receive an on-time in | ncentive. | | | | | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | | | |
| 3.6 Describe estimated benefit levels for FY 2017: | a. | | | | | | | | |
| Minimum Benefit | \$75 | Maximum Benefit | \$75 | | | | | | |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or | r other forms of be | nefits? • Yes O No | | | | | | | |
| If yes, describe. Air conditioners are provided for medical reasons with a signed affidavit. In FFY2016, over 103,000 citizens received a cooling benefit of \$75. Additionally, if funds were available during the summer months, newly approved clients received a \$75 summer cooling benefit. | | | | | | | | | |
| If any of the above questions require further attach a document with said explanation here | | r clarification that could not be made in the fie | lds provided, | | | | | | |

Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017

| Section 4: CRISIS ASSISTANCE | | | | | |
|--|---|-----------------------|---------|--|--|
| Eligibility - 2604(c) | , 2605(c)(1)(A) | | | | |
| 4.1 Designate the in | ncome eligibility threshold used for the crisis component | | | | |
| Add | Household size Eligibility Guideline Eligibility Threshold | | | | |
| 1 | All Household Sizes H | HS Poverty Guidelines | 150.00% | | |
| 4.2 Provide your L | IHEAP program's definition for determining a crisis. | | | | |
| crisis. Non-life thre Utilities: | crisis situation is an energy emergency when there is a potential atening crisis situations are to be alleviated within 48 hours. received a current Notice of Disconnection on residence primar | | - | | |
| Rulk Fuel: | | | | | |
| Client is loClient hou | Client is low on bulk fuel (at or below 25% of a tank) but not out of fuel. Client households who heat with biofuel, such as corn, wood pellets, coal or wood may self-declare that are within (10) days of running out of their primary heating source. | | | | |
| 4.3 What constitute | es a <u>life-threatening crisis?</u> | | | | |
| A LIHEAP eligible life-threatening crisis situations must be alleviated within (18) hours. The (18) hour timeframe begins at the point in time eligibility is determined. A life threatening crisis situation is defined when any of the following are met: 1. Heating and/or electric service is currently shut off or disconnected out of bulk fuel (empty tank). 2. Documented medical need where there is an extreme safety concern. 3. Need of propane tank safety inspection. | | | | | |
| Crisis Requirement, 2604(c) | | | | | |
| 4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours | | | | | |
| 4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours | | | | | |
| Crisis Eligibility, 2605(c)(1)(A) | | | | | |
| 4.6 Do you have ad | ditional eligibility requirements for CRISIS ASSISTANCE? | ⊙ Yes ○ No | | | |
| 4.7 Check the appropriate boxes below and describe the policies for each | | | | | |
| Do you require an | Do you require an Assets test ? | | | | |
| Do you give priority in eligibility to : | | | | | |
| Elderly? | | € Yes C No | | | |
| Disabled? | Disabled? © Yes O No | | | | |
| Young Child | ren? | ⊙ Yes O No | | | |

| Households with high energy burdens? | ○ Yes No | | |
|--|---|--|--|
| Other? Veterans | | | |
| In Order to receive crisis assistance: | | | |
| Must the household have received a shut-off notice or have a near empty ank? | | | |
| Must the household have been shut off or have an empty tank? | ⊙ Yes C No | | |
| Must the household have exhausted their regular heating benefit? | ⊙ Yes C No | | |
| Must renters with heating costs included in their rent have received an eviction notice ? | C Yes €No | | |
| Must heating/cooling be medically necessary? | C Yes ⊙ No | | |
| Must the household have non-working heating or cooling equipment? | C Yes € No | | |
| Other? | C Yes € No | | |
| Do you have additional / differing eligibility policies for: | *** | | |
| Renters? | C Yes ⊙ No | | |
| Renters living in subsidized housing? | ⊙ Yes O No | | |
| Renters with utilities included in the rent? | ⊙ Yes C No | | |
| Explanations of policies for each "yes" checked above: | * | | |
| If heat and electric is included in the rent, the household is not eligible for energy ass | istance as they are not vulnerable to rising costs. | | |
| Determination of Benefits | | | |
| 4.8 How do you handle crisis situations? | | | |
| Separate component | | | |
| Fast Track | | | |
| Other - Describe: | | | |
| 4.9 If you have a separate component, how do you determine crisis assistance be | nefits? | | |
| Amount to resolve the crisis. | | | |
| Other - Describe: Crisis assistance is offered to clients who are shutt off, facing disconnection, low on fuel or out of fuel with documentation or a bill reflecting the amount necessary qualifies the household for a crisis benefit. Crisis is given up to \$400 as needed. | | | |
| Crisis Requirements, 2604(c) | | | |
| 4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? | | | |
| € Yes C No Explain. | | | |
| Applications are accepted in all 92 Indiana counties. | | | |
| 4.11 Do you provide individuals who are physically disabled the means to: | | | |
| Submit applications for crisis benefits without leaving their homes? | | | |
| € Yes C No If No, explain. | | | |
| Travel to the sites at which applications for crisis assistance are accepted? | | | |
| C Yes O No If No, explain. | | | |
| If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled? | | | |

| Households are able to apply for crisis benefits by mail. | | | | | |
|---|-------------------------------|------------------|-------------------|--|--|
| Benefit Levels, 2605(c)(1)(B) | Benefit Levels, 2605(c)(1)(B) | | | | |
| 4.12 Indicate the maximum benefit for each type of crisis | assistance of | fered. | | | |
| Winter Crisis \$400.00 maximum benefit | | | | | |
| Summer Crisis \$0.00 maximum benefit | | | | | |
| Year-round Crisis \$0.00 maximum benefit | | | | | |
| 4.13 Do you provide in-kind (e.g. blankets, space heaters, | fans) and/or | other forms | of benefits? | | |
| Yes No If yes, Describe | | | | | |
| | | | | | |
| 4.14 Do you provide for equipment repair or replacemen | t using crisis | funds? | | | |
| ○ Yes | | | | | |
| If you answered "Yes" to question 4.14, you must comple | ete question 4 | .15. | | | |
| 4.15 Check appropriate boxes below to indicate type(s) of | f assistance p | rovided. | | | |
| | Winter Crisis | Summer Crisis | Year-round Crisis | | |
| Heating system repair | | | | | |
| Heating system replacement | | | | | |
| Cooling system repair | | | | | |
| Cooling system replacement | | | | | |
| Wood stove purchase | | | | | |
| Pellet stove purchase | | | | | |
| Solar panel(s) | | | | | |
| Utility poles / gas line hook-ups | | | | | |
| Other (Specify): LSP's have the opportunity to offer a Window A/C Unit initiative as part of a Summer Cool Program based on the noted eligibility requirements. | | | | | |
| 4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? | | | | | |
| ⊙ Yes C No | | | | | |
| If you responded "Yes" to question 4.16, you must respond to question 4.17. | | | | | |
| 4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period. | | | | | |
| The Indiana General Assembly has enacted Indiana Code 8-1-2-121 governing the termination of natural gas and electric service without the customer's request. This law, which first became effective in 1983 states that utility (Municipally-owned privately-owned or cooperatively-owned) may not during the period from December 1 through | | | | | |

The Indiana General Assembly has enacted Indiana Code 8-1-2-121 governing the termination of natural gas and electric service without the customer's request. This law, which first became effective in 1983, states that utility (Municipally-owned, privately-owned or cooperatively-owned) may not, during the period from December 1 through March 15 of any year, terminate residential utility service to any customer who is eligible for and who has appled for the Energy Assisitance Program. The Indiana Utility Regulatory Commission (IURC) later promulgated regulations under the authority of IC 8-1-2-121 at 170 IAC 4-4-16.6 and 170 IAC 5-1-16.6.

Under Indiana state law and regulations, utilites may not disconnect service to customers if:

- The customer has submitted a complete application and elegibility is being determined by the local LSP or their subcontractor.
- The customer has furnished proof to the utility provider of his/her application to receive such benefits, or IHCD, the local LSP or the LSP's subcontractor has notified the utility in writing.

If you are an electric or gas utility, including a municipality owned, privately owned, or cooperatively owned utility, then you qualify as a "utility" for the purposes of the moratorium law. The definition of "municipally owned utility" means every utility owned or operated by any city or town in Indiana.

Any person who has agreed to pay for electric or gas services exclusively for residential purposes is a customer. Receipt of an EAP benefit does not affect someone's status as a customer.

Any household who has applied for EAP on or after Ocother 1st cannot have its service disconnected between December 1 and March 15. A "qualified" household is defined as a household that has active service and has submitted a completed application that has been approved by its LSP, and a staff person at the agency has determine or is determining that eligibility meets the program requirements based on houdehold income, number of household members, and utility bills (See Section 701 of the 2015-16 Program Operations Manual for all of the components of a complete application).

Simply submitting an application does not automatically make a household eleigible. If the local LSP has insufficient resources to conduct an eligiblity review of the the application, the household is not protected.

Once the household has submitted an application and has been deemed or is being deemed eligible for the EAP benefit, the client is protected under the moratorium, whether a benefit has been received or not. Clients deemed elegible for EAP, but do not have a benefit due to insufficient program funds, will be placed in a HOLD status. All clients deemed eligible, but in this HOLD status, will be placed on a report. That report will be submitted to the utility vendors to ensure moratorium protection.

If a utility has negotiated a payment arrangement with a client who has qualified for EAP and the client violates that payment arrangement before December 1, the utility has the right to disconnect that client prior to December 1, as that client is not yet protected by the moratorium. If the same client has active service as of December 1, the utility may not disconnect that client until march 16.

A utility vendor may refuse EAP benefit at any time during the heating season. Benefit refusal does not prevent moratorium protection. A client who has submitted a complete application and is being deemed or has been deemed EAP eligible and has active service on December 1 will receive moratorium protection through March 15.

Based on the utility policy change, utilities are required to be in the name of a houshold member, age one (1) or over, unless the lease agreement requires the utilities to be listed in the landlord's name. Circumstance may arise where landlords and tenants must create a utility paymant arrnagement to ensure that the utility bills are paid on time. This policy provides clarification on moratorium protection when the payment between the landlord and client is breached.

If the utility is listed in the landlord's name, but the client has breached payment agreement with the landlord, the landlord may request service disconnection during the moratorium period. Though the client was deemed eligible for EAP assisitance, the landlord is the customer of record on the utility bill.

If the utility is listed in the client's name, but the landlord had breached the payment agreement, then the client is protected under the moratorium because the client is the customer of record on the utility bill.

Regulations allow the utility to disconnect the utilites for a customer otherwise covered under the moratorium in the following circumstances:

- · If a condition dangerous or hazardous to life, physical safety or property exists.
- Upon order by any court, the IURC, or other duly authorized public authority.
- If fraudulent or unauthorized use of electiricy or gas is detected, and the utility has reasonable grounds to believe the affected customer is responsible for such use.
- If the utility's regulating or measuring equipment has been tampered with and the utility has reasonalbe grounds to believe the affected customer is responsible for such tampering.

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.: 0970-0075 Expiration Date: 06/30/2017

| Section 5: WEATHERIZATION ASSISTANCE | | | | |
|---|---|------------------------------|--|--------------------------------------|
| Eligibility, 2605(c) | (1)(A), 2605(b)(2) - Assurance | 2 | | |
| 5.1 Designate the in | ncome eligibility threshold use | ed for the Weatherization co | omponent | |
| Add | Househo | old Size | Eligibility Guideline | Eligibility Threshold |
| 1 | All Household Sizes | | HHS Poverty Guidelines | 150.00% |
| 5.2 Do you enter in | to an interagency agreement | to have another government | t agency administer a WEATHERIZATION comp | onent? O Yes O No |
| 5.3 If yes, name the | e agency. | | | |
| 5.4 Is there a separ | rate monitoring protocol for w | reatherization? • Yes O | No | |
| | | | | |
| | ON - Types of Rules | | | |
| 5.5 Under what ru | les do you administer LIHEA | P weatherization? (Check or | nly one.) | |
| Entirely und | er LIHEAP (not DOE) rules | | | |
| Entirely und | er DOE WAP (not LIHEAP) | rules | | |
| Mostly unde | r LIHEAP rules with the follo | wing DOE WAP rule(s) who | ere LIHEAP and WAP rules differ (Check all that | apply): |
| Income | e Threshold | | | |
| Weath become eligible wit | | y housing structure is permi | itted if at least 66% of units (50% in 2- & 4-unit b | uildings) are eligible units or will |
| 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 Ration (SIR) standards. | | | | |
| Other - Describe: | | | | |
| Culci - Describe. | | | | |
| The State of Indiana allows the replacement of gas cook stoves with LIHEAP funds where necessary. | | | | |
| | | | | |
| Eligibility, 2605(b)(5) - Assurance 5 | | | | |
| 5.6 Do you require an assets test? | | | | |
| 5.7 Do you have additional/differing eligibility policies for : | | | | |
| Renters © Yes © No | | | | |
| Renters living in subsidized housing? | | | | |
| 5.8 Do you give pri | 5.8 Do you give priority in eligibility to: | | | |
| Elderly? | Elderly? © Yes © No | | | |
| Disabled? | Disabled? | | | |

| Young Children? | ⊙ Yes O No | | |
|---|---------------------------------------|--|--|
| House holds with high energy burdens? O Yes No | | | |
| Other? | C Yes O No | | |
| If you selected "Yes" for any of the options in qu | uestions 5.6, 5.7, or 5.8, you must p | provide further explanation of these policies in the text field below. | |
| The elderly, veterans, disabled and young children sub-grantee giving permission for the work to be po | | are in the at-risk category. Landlords must sign a landlord agreement with the | |
| Indiana will define where its health safety rules difhomes". | fer from DOE guidelines as it pertain | ns to the LIHEAP block grant funding and mitigate issues related to the "healthy | |
| Benefit Levels | | | |
| 5.9 Do you have a maximum LIHEAP weatheriz | zation benefit/expenditure per hou | sehold? • Yes O No | |
| 5.10 If yes, what is the maximum? \$11,500 | | | |
| Types of Assitance, 2605(c)(1), (B) & (D) | | | |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.) | | | |
| Weatherization needs assessments/audits | s | Energy related roof repair | |
| ✓ Caulking and insulation | | Major appliance Repairs | |
| Storm windows | | Major appliance replacement | |
| Furnace/heating system modifications/ re | epairs | Windows/sliding glass doors | |
| Furnace replacement | | Doors | |
| Cooling system modifications/ repairs | | ☑ Water Heater | |
| Water conservation measures | | Cooling system replacement | |
| Compact florescent light bulbs | | Other - Describe: Refrigerators and Cook Stoves | |
| 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 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

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

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| Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) |
|---|
| 6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available: |
| V Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. |
| Publish articles in local newspapers or broadcast media announcements. |
| Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. |
| Mass mailing(s) to prior-year LIHEAP recipients. |
| Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. |
| Execute interagency agreements with other low-income program offices to perform outreach to target groups. |
| Other (specify): |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, |

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

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

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

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

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

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

questions 8.6, 8.7, 8.8, and, if applicable, 8.9.

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

Expiration Date: 06/30/2017

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

Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico) 8.1 How would you categorize the primary responsibility of your State agency? **Administration Agency** Commerce Agency Community Services Agency **Energy / Environment Agency** Housing Agency × Welfare Agency Other - Describe: Alternate Outreach and Intake, 2605(b)(15) - Assurance 15 If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable. 8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE? N/A 8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE? N/A 8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE? N/A Cooling Crisis Weatherization 8.5 LIHEAP Component Administration. Heating Non-profits Non-profits Non-profits Non-profits 8.5a Who determines client eligibility? 8.5b Who processes benefit payments to gas and electric Non-profits Non-profits Non-profits vendors? 8.5c who processes benefit payments to bulk fuel Non-profits Non-profits Non-profits vendors? 8.5d Who performs installation of weatherization Non-profits measures?

If any of your LIHEAP components are not centrally-administered by a state agency, you must complete

| 8.6 Wha | at is your process for selecting local administering agencies? |
|-----------------------|---|
| Commu | Housing and Community Development Authority has been designated as the state oversight authority for LIHEAP since 2006. Indiana utilizes its network of 22 nity Action Agencies and 1 non-profit to administer LIHEAP services. New service providers are identified in the event that there are unresolvable or significant nce issues or is no longer able to administer LIHEAP services. New service providers, when needed are, are vetted through a Request for Proposal (RFP) process cted by an IHCDA RFP Review Committee and approved by IHCDA's Board of Directors. |
| 8.7 How | w many local administering agencies do you use? 23 |
| 8.8 Hav Yes | e you changed any local administering agencies in the last year? |
| 8.9 If so | , why? |
| | Agency was in noncompliance with grantee requirements for LIHEAP - |
| | Agency is under criminal investigation |
| | Added agency |
| | Agency closed |
| > | Other - describe |
| provider on its of | oming FFY2017, one local service providers (JobSource) will no longer provide EAP to Grant and Madison counties. As a result, one of the existing local service (ICAP) will be transitioning to serve the Grant and Madison county territory. JobSource voluntarily chose not to provide EAP to the two counties in order to focus her programs, and ICAP is willing and able to accept the additional territory. In FFY2016, (23) local service providers served Indiana with EAP. All territories verage in FFY2017; resulting in (22) local service providers. |
| - | of the above questions require further explanation or clarification that could not be made in the fields provided, 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.: 0970-0075 Expiration Date: 04/30/2014

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

| Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7 |
|---|
| 9.1 Do you make payments directly to home energy suppliers? |
| Heating Yes C No |
| Cooling • Yes • No |
| Crisis • Yes O No |
| Are there exceptions? O Yes O No |
| If yes, Describe. |
| 9.2 How do you notify the client of the amount of assistance paid? All clients who apply for EAP receive a letter informing them if they are approved or not and that informs them of their right to appeal. The benefit letter will have date of approval, amount of assistance and a list of vendors that were paid on their behalf. |
| 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment? All policies and procedures are outlined in the annual vendor agreement. The agreement contains all information related to the distribution of LIHEAP benefits and billing. The vendor agreement must be signed and returned to IHCDA before any payments are made to the vendor. In addition, vendor payments are made through a centralized payment system. Also, starting in FY 2017 we will be conducting vendor monitoring. |
| 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance? All policies and procedures are outlined in the annual vendor agreement. The agreement contains all information related to the distribution of LIHEAP benefits and billing. The vendor agreement must be signed and returned to IHCDA before any payments are made to the vendor. |
| 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? Organical Payments are made to the vendors. |
| If so, describe the measures unregulated vendors may take. |
| 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

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

Expiration Date: 06/30/2017

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

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

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

Every two years through the CSBG Comprehensive Administrative Review process, IHCDA's Contractor conducts financial monitoring reviews that include reviewing various financial documents that include, but are not limited to, the following:

- · Balance sheet
- Income statement
- · Bank reconciliation for financial statements
- Accounts payable
- Accounts receivable
- · Claims
- Audit files
- · Aging payables and receivables
- Any findings associated with EAP or LIHEAP-Weatherization
- · Fiscal year end or interim balance sheets
- The Contractor shall read each sub-grantee's policies and procedure manuals related to the documents notes within this response for testing of various financial practices, including but not limited to, the Cost Allocation Plan, Inventory List, and Procurement Procedures.

Annually IHCDA's Contractor conducts a claims and transmittal analysis assessing the sub-grantee's administrative, program support, and direct service costs. The Contractor reviews (8) administrative claims for each LIHEAP and LIHEAP-WAP program, that reflect (4) transmittals and (4) administrative claims for each EAP sub-grantee.

The IHCDA Internal Auditor reviews each sub-grantee's most recent single or program -specific audit required by the Single Audit Act Amendment of 1966, (U.S.C. 7501-7507) previously prescribed as an A-133 Audit.

The Contractor, upon request, may review and document any unresolved findings from other funding sources in the most recent financial audit.

The Contractor shall obtain guidance from IHCDA regarding the elements of the fiscal review that are required by IHCDA Policy and Procedures Manuals that are applicable to these programs and the reporting and tracking processes required by HHS and DOE.

The Contractor shall conduct regularly scheduled meetings with IHCDA management to ensure that financial monitoring objectives and claims review are met according to and in compliance with overall IHCDA objectives.

When an allocation is made to an agency, a budget form is included. The agency fills out the budget adhering to the percentages we allow for each line item. When the agency returns the agreement and the budget, it is checked carefully for math and line item percentage allocations. If these agree, we then sign off to the budget and send it to IHCDA's Operation's Department. Operations update the budget in our accounting system. Each line item is entered separately and the budget is line-item enforced meaning that the agency cannot spend more than is budgeted for on each line of the budget.

If an amendment (Money added or subtracted) or a budget modification (same amount of money but dollars change among line items) is received, we check the math carefully, check the allowable percentages per line item and then check to make sure that the agency has not overspent more than what they are asking the budget line item to be. If any of these are incorrect the budget is returned to the agency and the errors are pointed out to them. If the EAP Program Associate happens to miss any of these items the Operations Department will alert the Program that the budget cannot be qualified.

In addition, we will track funds expended by requesting a carry-over report four times during the year. In this way we make sure that all LSPs are receiving the funds they need to best serve their clients. IHCDA, also, uses the same series of steps for any summer activity we may do such as a Summer Cooling Program.

Regarding obligations: we carefully track our agencies during the year for heating and crisis. A weekly report is created plugging in their budget and those dollars expended. We track which agencies are under obligations as well as those that look like they may need additional funds. We go over this report every Monday.

During Close Out of the federal year, we then ask the LSPs for their close out documentation to make sure their budget, their expenditures and their percentages are in line with what we show in our Operations Department. If there are any errors found on any Close-out Report, the LSP is informed and IHCDA works with them to correct errors until the report is in balance. If the LSP is found to be over their percentages, then IHCDA request a return of those funds.

Audit Process

| 10.2. Is your I | L IHEAP program audit Io | ed annually under the Single Audit Act and | OMB Circular A - 133? | | |
|---|--|--|-----------------------------------|---|--|
| | 10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year. | | | | |
| No Findings | | | | | |
| Finding | Туре | Brief Summary | Resolved? | Action Taken | |
| 1 | financial | Internal controls insufficient to appropriately classify loans or grants in the CDBG and HOME programs. | In Progress | procedure/policy changes | |
| 2 | monitoring | Internal controls insufficient for subrecipient monitoring related to HUD Continuum of Care Program. | Yes | procedure/policy changes | |
| 3 | monitoring | Subawards from FFY2016 lacked some of the required language to comply with 2 CFR Section 200.331(a) for the LIHEAP Awards. | Yes | procedure/policy changes | |
| 10.4. Audits o | f Local Administering A | Agencies | | | |
| | f annual audit requirem | ents do you have in place for local adminste | ring agencies/district offices? | | |
| ✓ Loca | al agencies/district offic | es are required to have an annual audit in c | ompliance with Single Audit Act a | and OMB Circular A-133 | |
| Loca | al agencies/district offic | es are required to have an annual audit (oth | er than A-133) | | |
| ✓ Loca | al agencies/district office | es' A-133 or other independent audits are re | eviewed by Grantee as part of com | npliance process. | |
| ✓ Gra | ntee conducts fiscal and | program monitoring of local agencies/distr | ict offices | | |
| Compliance N | Monitoring | | | | |
| 10.5. Describe | e the Grantee's strategie | s for monitoring compliance with the Grant | tee's and Federal LIHEAP policies | s and procedures: Select all that apply | |
| Grantee empl | oyees: | | | | |
| ✓ Inte | rnal program review | | | | |
| Dep | artmental oversight | | | | |
| ✓ Seco | ondary review of invoice | s and payments | | | |
| Other program review mechanisms are in place. Describe: | | | | | |
| Every two years through the CSBG Comprehesive Administrative Review process, IHCDA's Contractor conducts financial reviews that consist of a thorough analysis of recent financial statements and their relationship to the trial balance, general ledger, the IRS 990 form and subsidiary ledgers. | | | | | |
| Local Admins | Local Adminstering Agencies / District Offices: | | | | |
| ✓ On - | ✓ On - site evaluation | | | | |
| ✓ Ann | Annual program review | | | | |
| ✓ Mor | Monitoring through central database | | | | |
| ✓ Desl | Desk reviews | | | | |
| Client File Testing / Sampling | | | | | |
| Other program review mechanisms are in place. Describe: | | | | | |
| After The IHCDA Contractor completes the monitoring visit a survey is sent via Survey Monkey to the LSP to complete an anonymous survey that provides feedback about the contractor and to make sure that proper protocol was followed. | | | | | |
| 10.6 Explain, | 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. | | | | |
| IHCDA will p | IHCDA will pull at least (3) percent of the agency's client eligibility files and submit the files to the contracted file monitor for the review. | | | | |

Notification of the visit will be sent at least 30 calendar days prior to the visit. The LSP will receive the monitoring list of files according to the following schedule:

- For agencies whose file total is greater than (500), they will be notified no more than (14) calendar days prior to the review.
- For agencies whose file total is less than (500), they will be notified no more that (7) calendar days prior to the review.

The Monitors will conduct the review at the agency's primary (or main) location. Each review will include an entrance review, a client eligibility review, financial review, programmatic and exit conference. The client eligibility review analyzes the components of the application for completeness and accuracy as defined in Section 10.1. The financial review ensures that EAP applications are remitted via transmittals to utility vendors within 60 days from their approval date and that transmittals are submitted to IHCDA within (5) days of receipt from the utility vendors. The programmatic interviews allows EAP program staff to explain the QA review process, energy education program, outreach activities for at-risk clients and intake procedure for taking internal applications.

For Weatherization, the program monitoring includes a review of program administration, procurement, training & licensing, data base input, fiscal information, client file review and field inspections. At least 10% of completed DOE client files which includes LIHEAP Weatherization funding will be reviewed.

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

Site Visits:

All (22) Local Service Providers receive a Risk Assessment annually and a site visit. In addition to site visits, IHCDA performs a risk assessment for each agency on an annual basis.

Desk Reviews:

LIHEAP Files are uploaded into the EAP Data Tracking System and desktop monitoring occures offsite. Additionally, monitoring individuals are reviewing additional details while onsite.

10.8. How often is each local agency monitored?

Each agency receives a monitoring visit annually by a contractor.

10.9. What is the combined error rate for eligibility determinations? OPTIONAL

Local Service Providers must have an error rate of 14% or less to be considered compliant. Any error rate at 15% or above will trigger additional monitoring visits.

10.10. What is the combined error rate for benefit determinations? OPTIONAL

Local Service Providers must have an error rate of 14% or less to be considered compliant. Any error rate at 15% or above will trigger additional monitoring visits.

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 2

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? $\, m{0} \,$

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

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| MODEL PLAN SF - 424 - MANDATORY | | | | |
|---|---|---|--|--|
| Section 11: Timely and Mean | ingful Public Participation, 26 | 05(b)(12), 2605(C)(2) | | |
| 11.1 How did you obtain input from the public in the developmer Select all that apply. | nt of your LIHEAP plan? | | | |
| Tribal Council meeting(s) | | | | |
| Public Hearing(s) | | | | |
| ✓ Draft Plan posted to website and available for comment | t | | | |
| Hard copy of plan is available for public view and com | ment | | | |
| Comments from applicants are recorded | | | | |
| Request for comments on draft Plan is advertised | | | | |
| Stakeholder consultation meeting(s) | | | | |
| Comments are solicited during outreach activities | | | | |
| Other - Describe: | | | | |
| A questionnaire was provided to the LSPs seeking feedback on the Benefit Matrix, and we consulted with the Indiana National Community Action Agency State Association Committee. 11.2 What changes did you make to your LIHEAP plan as a result of this participation? Added Veterans as an at risk group. Increased the dollar amount per matrix point. Added an on-time incentive matrix point. | | | | |
| Public Hearings, 2605(a)(2) - For States and the Commonwealth | of Puerto Rico Only | | | |
| 11.3 List the date and location(s) that you held public hearing(s) | on the proposed use and distribution of your | LIHEAP funds? | | |
| | Date | Event Description | | |
| 1 | 08/19/2016 | Public Hearing | | |
| 2 08/05/2016 Copy of Draft Plan posted for public comment 11.4. How many parties commented on your plan at the hearing(s)? 0 | | | | |
| 11.5 Summarize the comments you received at the hearing(s). No public comments were made. | | | | |
| 11.6 What changes did you make to your LIHEAP plan as a resu No comments were made. | lt of the comments received at the public hea | ring(s)? | | |
| 10 Comments were made. | | | | |
| If any of the above questions require further ex | planation or clarification that co | ald not be made in the fields provided, | | |

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

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

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

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

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

None.

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

The Appeals Procedure begins at the local level with an informal process designated to settle most problems through a review of the facts and resolution of the issues. This process can include assistance from the Indiana Housing and Community Development Authority. If the informal process does not resolve the matter, there is a subsequent process whereby the complainant may ultimately have a formal review of the matter.

12.5 When and how are applicants informed of these rights?

The appeal process is included on the client application. In addition, the appeal process is on the client benefit notification letter whether the application is approved or denied benefits and the entire LIHEAP Operations Manual is posted on IHCDA's website for public view.

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

The Appeals Procedure begins at the local level with an informal process designed to settle most problems through a review of the facts and resolution of the issues. This process can include assistance from the Indiana Housing and Community Development Authority. If the informal process does not resolve the matter there is a subsequent process whereby the complainant may ultimately have a formal review of the matter.

Informal Review Process:

- 1. The LSP must provide written notification of approval or denial to all walk-in households for Energy Assistance within ten (10) working days of the household's completed and processed application. If the application is a mail-in application then the LSP must provide a written notification of approval or denial within (60) working days. The notification must include the household's right to appeal that determination.
- 2. If the applicant is not satisfied with any determination by the Program Director of the LSP, he/she may submit a written request to the Executive Director of the LSP for a review of the determination within ten (10) working days of the receipt. The Executive Director or their designee shall make the determination of the applicants' written request.
- 3. If the applicant is still not satisfied with the determination after review by the Executive Director, he/she may request formal review by the State. This request may be made by submitting the APPLICANT NOTIFICATION FORM to IHCDA. If an applicant needs assistance with this procedure, they may call the IHCDA at 1-800-872-0371.
- 4. Upon a request for formal State review, the LSP will forward the household's application, the written notification, of the household's denial, and other pertinent documentation to the IHCDA's EAP and CSBG Program Manager.
- 5. The EAP and CSBG Program Manager and/or their designee from IHCDA will review the materials submitted and issue a written finding to the applicant and the LSP, based on the documentation submitted.

Formal Review:

If the applicant disagrees with the determination of the State EAP and CSBG Program Manager, the applicant has the right to appeal to the Compliance Attorney of the Indiana Housing and Community Development Authority. The applicant must request this appeal within thirty (30) days of being notified of the State's decision. IHCDA will alert the LSP of the pending formal review. Requests for a formal review should be sent to the attention of:

Attn: Community Programs Manager

Indiana Housing and Community Development Authority

30 S. Meridian Street, Suite 1000

Indianapolis, IN 46204

The request for review must include the states reasons for the Applicant's objection to the decision, which reasons must be based solely upon evidence supporting one (1) of the following circumstances:

- 1. Clear and substantial error or incorrectly stated facts which were relied on in making the decision being challenged;
- 2. Unfair competition or conflict of interest in the decision-making process;
- 3. An illegal, unethical or improper act; or
- 4. Other legal basis that may substantially alter the decision.

The Applicant will receive written acknowledgement of receipt of the request within five (5) business days of its receipt, noting the day the request was received. The IHCDA Compliance Attorney will have forty-five (45) days from IHCDA's receipt of the written request to review the file and make a determination. The decision of the IHCDA Compliance Attorney is final. At the time of the formal review, the benefit in question will be considered as obligated until such time as the review is resolved. If the formal review is successful, the LSP will send a transmittal to be applied to the correct account. If the formal review is unsuccessful the funds will revert to the program.

12.7 When and how are applicants informed of these rights?

The appeal process is included on the benefit notification letter whether the applicant is approved or denied benefits and the entire LIHEAP Operations Manual is posted on the states's website for public view.

http://www.in.gov/myihcda/eap.htm

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

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

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

Indiana uses LIHEAP funds to conduct the following Assurance 16 activities:

Family Development-Family Development provides low-income households with short term and long term case management. A goal of the program is to increase the participation of at-risk families by providing outreach that should be directed toward the elderly, veterans, disabled and households with young children.

Through Family Development case management, clients set goals and receive referrals for education, budgeting, home energy assessments, employment, child care, and a range of other self-sufficiency tools.

Energy Education - Energy Education is administered through the Local Service providers. The recipients receive conservation tips and techniques in addition to energy conservation tips. During the 2016-2017 LIHEAP program year a pre-test and post-test will be given to households to determine how the client's energy education knowledge changed after receiving energy education.

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

Indiana has budget restriction requirements for Local Service Providers to spend a maximum of 5% on Family Development and Energy Education

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

During the 2015-2016 LIHEAP season 30,475 households have been provided Energy Education on how to conserve energy.

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

Local Service Providers gave out Energy Kits to 9,327 households with a value of \$90,517.15

13.5 How many households applied for these services? Households do not apply and LSP's have varying methods to conduct energy education, such as including energy education during the time of application and/or scheduled sessions at a later date.

13.6 How many households received these services? 30,475

Section 14 - Leveraging Incentive Program ,2607A

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Section 14:Leveraging Incentive Program, 2607(A)

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. \hat{A} § 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 | Utility Assistance | Utility companies through customer donations and foundation contributions | Applicants are eligible for additional account credit to relieve the household of energy burdens. |
| 2 | Cash Assistance | Utility companies, local nonprofit organizations and township trustee offices | Local Service Providers will work with applicants to locate local resources to cover reconnect fees or the difference between the LIHEAP benefit and their disconnect amount. |
| 3 | In-kind Donations | Utility companies, local nonprofit organizations and township trustee offices | Local Service Providers will work with applicants to locate local resources to cover reconnect fees or the difference between the LIHEAP benefit and their disconnect amount. |
| 4 | | | |

Section 15 - Training

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| Section 15: Training | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 15.1 Describe the training you provide for each of the following groups: | | | | | | | | |
| a. Grantee Staff: | | | | | | | | |
| Formal training on grantee policies and procedures | | | | | | | | |
| How often? | | | | | | | | |
| ✓ Annually | | | | | | | | |
| Biannually | | | | | | | | |
| ✓ As needed | | | | | | | | |
| Other - Describe: | | | | | | | | |
| Employees are provided with policy manual | | | | | | | | |
| Other-Describe: | | | | | | | | |
| b. Local Agencies: | | | | | | | | |
| Formal training conference | | | | | | | | |
| How often? | | | | | | | | |
| Annually | | | | | | | | |
| Biannually | | | | | | | | |
| As needed | | | | | | | | |
| Other - Describe: | | | | | | | | |
| ✓ On-site training | | | | | | | | |
| How often? | | | | | | | | |
| Annually | | | | | | | | |
| Biannually | | | | | | | | |
| ✓ As needed | | | | | | | | |
| Other - Describe: | | | | | | | | |
| Employees are provided with policy manual | | | | | | | | |
| Other - Describe | | | | | | | | |
| c. Vendors | | | | | | | | |
| Formal training conference | | | | | | | | |
| How often? | | | | | | | | |
| Annually | | | | | | | | |
| Biannually | | | | | | | | |
| As needed | | | | | | | | |
| Other - Describe: | | | | | | | | |

| > | Policies communicated through vendor agreements | | | | | |
|---|--|--|--|--|--|--|
| | Policies are outlined in a vendor manual | | | | | |
| | Other - Describe: | | | | | |
| 15.2 Does your training program address fraud reporting and prevention? Yes No | | | | | | |
| - | of the above questions require further explanation or clarification that could not be made in the fields provided, a document with said explanation here | | | | | |

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

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

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

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

In 2015 IHCDA responded to the initial Performance Measures initiative by working with the top 10-15 utility providers seeking data requirements and testing the overall process. Since then, IHCDA has further researched the HHS resources and attended various webinars to identify the newest requirements. Since the HHS requirements were provided, IHCDA has taken steps to confirm what data collection is being accomplished thus far, what data still needs to be collected and what action plan is needed to effectively implement. As part of the Action Plan, IHCDA has begun discussing the needed changes with our utility providers. Additionally, we are taking steps to work with our EAP System provider, Roeing, to complete enhancements to the RIAA (EAP Data Management System).

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| 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 | Dedicated Fraud Reporting Hotline | | | | | | | | | | |
| Report directly to local ager | Report directly to local agency/district office or Grantee office | | | | | | | | | | |
| Report to State Inspector G | Report to State Inspector General or Attorney General | | | | | | | | | | |
| Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse | | | | | | | | | | | |
| Other - Describe: | | | | | | | | | | | |
| b. Describe strategies in place for advertising the above-referenced resources. Select all that apply | | | | | | | | | | | |
| Printed outreach materials | | | | | | | | | | | |
| Addressed on LIHEAP application | | | | | | | | | | | |
| ✓ Website | | | | | | | | | | | |
| Other - Describe: | | | | | | | | | | | |
| 17.2. Identification Documentation Requirements | | | | | | | | | | | |
| a. Indicate which of the following forms | s of ic | lentification are required or requeste | ed to | be collected from LIHEAP applicant | ts or | their household members. | | | | | |
| | | | | | | | | | | | |
| Type of Identification Collected | Collected from Whom? | | | | | | | | | | |
| | | Applicant Only | | All Adults in Household | | All Household Members | | | | | |
| Social Security Card is photocopied and retained | | Required | | Required | | Required | | | | | |
| | | Requested | > | Requested | > | Requested | | | | | |
| Social Security Number (Without actual Card) | | Required | > | Required | > | Required | | | | | |
| | | Requested | | Requested | | Requested | | | | | |
| Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | | Required | | Required | | Required | | | | | |
| | | Requested | | Requested | | Requested | | | | | |
| | | | T | All Adults in All Adults in | T | All Household | | | | | |

| | Other | Applicant Only Required | Applicant Only Requested | Household Required | Household Requested | Members Required | Members Requested | | | | |
|-------|---|----------------------------|-----------------------------|-----------------------|------------------------|-----------------------|----------------------|--|--|--|--|
| 1 | | | | | | | | | | | |
| | | 11. | <u>!</u> | · | 111 | II- | | | | | |
| b. D | escribe any exceptions to the above poli | icies. | | | | | | | | | |
| | Indiana requests social security numbers for all persons, age one (1) and over. Indiana will allow a person to provide a document with the full social security number as long as the following criteria are met: | | | | | | | | | | |
| The | document comes from another federal or | state agency such as Ta | ANF, WIC,SNAP or | SS benefits. | | | | | | | |
| The | applicant can provide a photo ID card to c | corroborate the name a | nd address of the app | licant. | | | | | | | |
| The | The application meets all other eligibility criterion. | | | | | | | | | | |
| The a | The applicant has received LIHEAP benefits in the previous year. | | | | | | | | | | |
| 17.3 | Identification Verification | | | | | | | | | | |
| Des | cribe what methods are used to verify t | he authenticity of ide | ntification documen | ts provided by clien | ts or household memb | pers. Select all that | apply | | | | |
| | Verify SSNs with Social Security Ad | lministration | | | | | | | | | |
| | Match SSNs with death records from | m Social Security Adı | ministration 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 syste | em | | | | | | | | | |
| | Verification using private software | (e.g., The Work Num | ber) | | | | | | | | |
| | In-person certification by staff (for | tribal grantees only) | | | | | | | | | |
| | Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only) | | | | | | | | | | |
| > | Other - Describe: | | | | | | | | | | |
| LSP | Staff are required to complete the certific | ation. | | | | | | | | | |
| 17.4 | . Citizenship/Legal Residency Verificat | tion | | | | | | | | | |
| Wh | at are your procedures for ensuring tha | at household member | s are U.S. citizens or | aliens who are qua | lified to receive LIHE | AP benefits? Selec | t all that apply. | | | | |
| | Clients sign an attestation of citizen | nship or legal residen | ncy | | | | | | | | |
| > | Client's submission of Social Secur | rity cards is accepted | as proof of legal resi | idency | | | | | | | |
| | Noncitizens must provide documer | ntation of immigratio | n status | | | | | | | | |
| | Citizens must provide a copy of the | eir birth certificate, n | aturalization papers | s, or passport | | | | | | | |
| | Noncitizens are verified through th | ne SAVE system | | | | | | | | | |
| | Tribal members are verified throu | gh Tribal enrollment | records/Tribal ID c | ard | | | | | | | |
| | Other - Describe: | | | | | | | | | | |
| 17.5 | . Income Verification | | | | | | | | | | |
| Wh | at methods does your agency utilize to | verify household inco | me? Select all that a | pply. | | | | | | | |
| > | Require documentation of income for | or all adult household | l members | | | | | | | | |
| | ✓ Pay stubs | | | | | | | | | | |
| | Social Security award letters | | | | | | | | | | |
| | ☑ Bank statements | | | | | | | | | | |
| | ✓ Tax statements | | | | | | | | | | |
| | Zero-income statements | | | | | | | | | | |
| | ✓ Unemployment Insurance let | tters | | | | | | | | | |
| | 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: |
| |
| 17.6. Protection of Privacy and Confidentiality Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| Policy in place prohibiting release of information without written consent |
| Grantee LIHEAP database includes privacy/confidentiality safeguards |
| Oranice EMEENT database mendes privacy/communicating surguinus |
| Employee training on confidentiality for. |
| |
| Local agencies/district offices Final overs must sign confidentiality agreement |
| Employees must sign connuclicantly agreement |
| ✓ Grantee employees |
| ✓ Local agencies/district offices |
| Physical files are stored in a secure location |
| Other - Describe: |
| 17.7. Verifying the Authenticity |
| What policies are in place for verifying vendor authenticity? Select all that apply. |
| All vendors must register with the State/Tribe. |
| All vendors must supply a valid SSN or TIN/W-9 form |
| Vendors are verified through energy bills provided by the household |
| Grantee and/or local agencies/district offices perform physical monitoring of vendors |
| Other - Describe and note any exceptions to policies above: |
| 17.8. Benefits Policy - Gas and Electric Utilities |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| Applicants required to submit proof of physical residency |
| Applicants must submit current utility bill |
| Data exchange with utilities that verifies: |
| ✓ Account ownership |
| ✓ Consumption |
| ✓ Balances |
| Payment history |
| Account is properly credited with benefit |
| Other - Describe: |
| IHCDA maintains a list identifying individuals who are not allowed to receive LIHEAP benefits as a result of fraud committed to the Program. |
| Centralized computer system/database tracks payments to all utilities |
| Centralized computer system automatically generates benefit level |
| Separation of duties between intake and payment approval |
| Payments coordinated among other energy assistance programs to avoid duplication of payments |
| Payments to utilities and invoices from utilities are reviewed for accuracy |

| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |
|--|
| Direct payment to households are made in limited cases only |
| Procedures are in place to require prompt refunds from utilities in cases of account closure |
| ✓ Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| Other - Describe: |
| 17.9. Benefits Policy - Bulk Fuel Vendors |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. |
| Vendors are checked against an approved vendors list |
| Centralized computer system/database is used to track payments to all vendors |
| Clients are relied on for reports of non-delivery or partial delivery |
| Two-party checks are issued naming client and vendor |
| Direct payment to households are made in limited cases only |
| Vendors are only paid once they provide a delivery receipt signed by the client |
| ✓ Conduct monitoring of bulk fuel vendors |
| Bulk fuel vendors are required to submit reports to the Grantee |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| Other - Describe: |
| 17.10. Investigations and Prosecutions |
| Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply. |
| Refer to state Inspector General |
| Refer to local prosecutor or state Attorney General |
| Refer to US DHHS Inspector General (including referral to OIG hotline) |
| Local agencies/district offices or Grantee conduct investigation of fraud complaints from public |
| Grantee attempts collection of improper payments. If so, describe the recoupment process |
| An overpayment occurs when a client's account is overpaid. These are funds that need to be returned to the program. The funds are removed from the clients account and returned to IHCDA from the utility vendor if the error is detected within sixty days of the application's initial approval or denied. If the overpayment is discovered after the sixty day timeline, the LSP will be required to make all repayments to IHCDA. |
| The money is not due to the client, nor does it get added back into the LSP budget. Instead funds are used to fund other program activities. To collect these funds, LSPs will submit an overpayment remittance in RIAA (formerly negative transmittal) as notification for payment. The utility vendor will send the payment along with the remittance to IHCDA. |
| The utility vendors have the option to decline the overpayment request because services and/or discounts have been rendered to clients. If utility vendors opt not to pay for overpayments or put charges back on clients' accounts, the agencies will be required to remit funds back to IHCDA from its private, agency funds. IHCDA will send a remittance for payments to the LSP. |
| LSP's cannot pay for negative adjustments to clients' benefits with Federal funds. LSP's must pay for the overpayments from their corporate unrestricted funds. Overpayments will be applied back to the grant, not the individual LSP's budget. |
| |
| Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? Indefinite until funds are paid in full. |
| Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated |
| Vendors found to have committed fraud may no longer participate in LIHEAP |
| Other - Describe: |
| The purpose of investigating fraud, waste and abuse are: |
| To ensure that energy assistance benefits are received in the correct amounts and only by those individuals who are eligible. To recover tax dollars obtained by participants through fraudulent activities, unintentional participant error, administrative error or non-compliance. To deter future occurrences of fraud and/or non-compliance within all energy assistance programs and to help maintain integrity. |

The following three (3) terms should not be confused with Non-compliance, which is the failure of the individual participant to act in accordance with the rules and regulations of the energy assistance programs:

- 1. Fraud is defined as "wrongful or criminal deception intended to result in financial or personal gain".
- 2. Waste is defined as "consuming, spending or expending thoughtlessly or carelessly".
- 3. Abuse is defined as "misusing or using improperly or excessively".

While all three (3) of the situations have serious financial implications for an LSP, fraud occurrences will likely be the most investigated. Fraud occurs when a participant knowingly and willfully provides false information about circumstances. Fraud, also occurs when a participant intentionally fails to report changes in his or her circumstances in a timely manner in order to receive benefits for which he or she is not eligible. To constitute fraud, the participant must know that the information he or she provides is false and that he or she did so with the intent to gain something of value.

A participant providing incorrect information by mistake is NOT committing fraud. Also, a participant does not commit fraud if he or she is unaware of their responsibility to provide certain information. The participant may provide false information for reasons other than to receive excess benefits in which case he or she is NOT committing fraud. For instance, the participant may have an embarrassing situation that causes them to fail to report the actual circumstances of their situation. Or, there may be other reasons that need to be taken into consideration for concealing the truth or failing to report charges.

Early Detection and Prevention: Early Detection and prevention is designed to detect and prevent fraud prior to authorization of energy assistance benefits. Effort needs to be taken to keep fraud and non-compliance from occurring in the first place. By practicing early detection and prevention, the intake worker can refer applicants who meet certain conditions to their supervisor for in-depth examination.

This begins with thorough training of all intake workers. The intake worker must be capable of conducting detailed eligibility interviews and identifying cases that need to be referred to their supervisor. An initial step is to check RIAA Ineligible Applicant List. This will let you know immediately if the applicant should be processed further.

Another step is to make sure that all applicants are fully completed and no information is missing or does not make sense. Questions should be asked in all situations where the intake worker needs further or more definitive clarification.

Even though early detection and prevention are utilized, there will be situations where people receive benefits they are not entitled to. Once this happens, notification is usually through a whistleblower, an anonymous tip or an agency monitoring or other action. This is when an investigation is initiated.

Investigative Steps. An investigation is a detailed examination or search to determine if an individual has committed an act of non-compliance or fraud and/or received benefits to which they were not entitled, resulting in a claim. When an investigation is started the following steps should be taken:

- 1. An In-house Investigation: These are things that can be done at the agency through the LSP's records and database.
- 2 .Determine Eligibility Factors: based on the information received from the applicant, are they eligible for energy assistance? If there is a specific eligibility question for the applicable time period, consult the Energy Assistance Guidelines for the time period.
- 3. Review Background Information. Review background information that is available at the LSP about the applicant. These are several different sources available:
 - a) Previous EAP application
 - b) RIAA database
 - c) Public and Government Websites

Determine whether the information received from the applicant conflicts with any information found during the background checks or received from an informant. If there are no conflicts, there is no need to proceed any further. If information does not conflict in some fashion, further investigation is needed.

Documentation. It is vital to provide documentation, in chronological order, of each step taken in the course of the investigation. This will provide a detailed and complete record of the processes used and the information obtained. Documentation will include investigation notes as well as copies of relevant documents. These are not just important for agency records, but also for situations where law enforcement will need to involved. There are six(6) basic questions to keep in mind while collecting information during the course of any investigation.

WHO. The case should include the names, addresses and phone numbers of the applicant and other contacts made regarding the investigation.

WHAT. The case notes should reflect all the eligibility factors being investigated, such as: income, household composition, resources, living arrangement, etc. Make sure the applicant is eligible in all areas of eligiblity, not just the area that prompted the investigation.

WHEN. Write down the data and time of all contacts made during the investigation. This will be needed should the case be appealed or if the law enforcement gets involved.

WHERE. Write down the correct address, location and time of any interivew, home visit or other fact gathering activity.

WHY. Write down the reason(s) for the investigation in the first place and the reason for any actions on the case.

HOW. Document the way in which the information was received.

Potential Sources(To assist with your investigation):

Employment Records: Does the name match on the income documentation? Does the social security number match on the award letter or tax return? Does the participant work for the State of Indiana? Review records for tax deductions for children.

Utility and Phone Bill: Contact the utility and phone service providers to determine who is billed and pays for the service.

Landlord or Mortgage Company: Contact the landlord and ask if he knows who lives in the rental property. Obtain a copy of the rental agreement or mortgage papers to determine who is party to the contract. Determine who pays the mortgage.

Courthouse and /or Records Office Records: Both of these areas are vulnerable sources of information. You will be able to determine recent loan, judgement, mortgage and real estate transfer activity if the participant or property owner. You can, also, search divorce, custody and marriage records.

Sheriff or Police Department: Local law enforcement agencies keep records of all calls and investigations. If law enforcement made a trip to the participant's address, they may have listed the names of all persons living there.

Confidentiality: The investigation of possible fraud, waste or abuse should be kept as confidential as possible. This is done to ensure the integrity of the investigation. The more people who know about an investigation, the greater the chances of the subject finding out about the investigation. Knowledge of and participation in an investigation should be shared only with necessary persons.

Final Steps: Once the violation has been identified, investigated and supporting documentation has been reviewed and corroborated by the agency, action needs to be taken against the participant's application or against their benefits if they have already been distributed. Actions taken can range from the rejection of the application to the termination of benefits and request for repayment of funds. The case can, also, be submitted to Federal officials if the situation warrants.

The IHCDA Community Programs Monitor and Compliance Attorney are available to assist at any phase of the investigation, if needed. However, be sure to make the IHCDA Community Programs Community Programs Monitor is aware of all substantial acts of fraud, waste and abuse. The Monitor will contact IHCDA's Compliance Attorney if the situation warrants.

IHCDA Contract:

Steve St. John

Community Programs Monitor

Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 1000

Indianapolis, IN 46204

PHONE: (317) 234-7577 or (800) 872-0371

EMAIL: sstjohn@ihcda.in.gov

Gina Kerr

Community Programs Manager

Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 1000

Indianapolis, IN 46204

PHONE: (317) 234-5303 or (800) 872-0371

EMAIL:GiKerr@ihcda.in.gov

Brigitte Collier

Compliance Attorney

Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 1000

Indianapolis, IN 46204

PHONE: (317) 234-6982

EMAIL: BCollier1@ihcda.in.gov

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

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

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

Instructions for Certification

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

will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- 9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

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

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- 4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- ☑ By checking this box, the prospective primary participant is providing the certification set out above.

Section 19: Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central pint is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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

- 1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
- 2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- 3. For grantees other than individuals, Alternate I applies.
- 4. For grantees who are individuals, Alternate II applies.
- 5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
- 6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
- 7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
- 8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f)Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

| Indiana Housing and Community Development Authority * Address Line 1 | | | | |
|---|----------------------|-----------------------------------|--|--|
| 30 S. Meridian Street, Suite 1000 Address Line 2 | | | | |
| Address Line 3 | | | | |
| Indianapolis * City | IN <u>*</u> State | 46204 <u>*</u> Zip Code | | |

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

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances Assurances (1) use the funds available under this title to--(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5); (B) intervene in energy crisis situations; (C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and (D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title; (2) make payments under this title only with respect to--(A) households in which one or more individuals are receiving--(i)assistance under the State program funded under part A of title IV of the Social **Security Act**; (ii) supplemental security income payments under title XVI of the Social Security Act; (iii) food stamps under the Food Stamp Act of 1977; or (iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

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

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

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

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

- (3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;
- (6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -
- (A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and
- (B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;

- (7) if the State chooses to pay home energy suppliers directly, establish procedures to --
- (A) notify each participating household of the amount of assistance paid on its behalf;
- (B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;
- (C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and
- (D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grantees and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs:
- (8) provide assurances that,
- (A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and
- (B) the State will treat owners and renters equitably under the program assisted under this title;
- (9) provide that--
- (A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and
- (B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));
- (10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

- (11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;
- (12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);
- (13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and
- (14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.
- (15) * beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.
- * This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.
- (16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Plan Attachments

| PLAN ATTACHMENTS |
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| The following documents must be attached to this application |
| • Delegation Letter is required if someone other than the Governor or Chairman Certified this Report. |
| Heating component benefit matrix, if applicable |
| Cooling component benefit matrix, if applicable |
| • Minutes, notes, or transcripts of public hearing(s). |