# **DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance

Grantee Name: INDIANA

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2017 to 09/30/2018 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: 09/30/2020

* 1.a. Type of Submission:  Plan		* 1.b. Frequency:  • Annual		* 1.c. Consolidated Application/Plan/Funding Request? Explanation:		nding	*1.d. Version:  Initial Resubmission Revision Update	
					2. Date Rece	eived:		State Use Only:
					3. Applicant	Identifie	r:	
					4a. Federal	Entity Id	entifier:	5. Date Received By State:
					4b. Federal	Award Id	lentifier:	6. State Application Identifier:
7. APPLICANT	Γ INFORMATION							
* a. Legal Nam	e: Indiana Housing a	nd Communit	ty Developm	ent Authority				
* <b>b. Employer/</b> 35-1485172	Taxpayer Identificat	ion Number	(EIN/TIN):		* c. Organiz	ational D	UNS: 086870	)479
* d. Address:								
* Street 1:	30 South Me	eridian Street,	Suite 1000		Street 2:			
* City:	INDIANAP	OLIS			County:		MARION	
* State:	IN				Province			
* Country:	United States				* Zip / Po Code:	stal	46204 -	
e. Organization	nal Unit:							
Department Na Community Pr					<b>Division Na</b> LIHEAP	me:		
f. Name and co	ntact information of	person to be	contacted o	n matters in	volving this ap	plication	:	
f. Name and co	ntact information of * First Name: Laura	person to be	1	n matters in Middle Nam		plication	* Las	t Name: inger
	* First Name:	_		Middle Nam			* Las	
Prefix:	* First Name: Laura Title:	_		Middle Nam Organization * Email:	e:	:	* Las	
Prefix: Suffix: * Telephone Number: 317-234-5303	* First Name: Laura  Title: Community Progra  Fax Number	_		Middle Nam Organization * Email:	e: nal Affiliation	:	* Las	
Prefix:  Suffix:  * Telephone Number: 317-234-5303  * 8a. TYPE OF A: State Govern	* First Name: Laura  Title: Community Progra  Fax Number	_		Middle Nam Organization * Email:	e: nal Affiliation	:	* Las	
Prefix:  Suffix:  * Telephone Number: 317-234-5303  * 8a. TYPE OF A: State Govern	* First Name: Laura Title: Community Progra Fax Number  FAPPLICANT: ament 1 Description:	_		Middle Nam Organization * Email:	e: nal Affiliation	:	* Las	
* Telephone Number: 317-234-5303 * 8a. TYPE OF A: State Govern b. Additiona	* First Name: Laura Title: Community Progra Fax Number  FAPPLICANT: ament 1 Description:	_	Catalog	Middle Nam Organization * Email:	e:  nal Affiliation  @ ihcda.IN.gov	:	* Las	
* Telephone Number: 317-234-5303 * 8a. TYPE OF A: State Govern b. Additiona	* First Name: Laura Title: Community Progra Fax Number  FAPPLICANT: Innent Description: ederal Agency:	_	Catalog Assir	Middle Nam Organization * Email: labetzinger of Federal Do	e:  nal Affiliation  @ ihcda.IN.gov	:	* Las	CFDA Title:
Prefix:  Suffix:  * Telephone Number: 317-234-5303  * 8a. TYPE OF A: State Govern b. Additiona  * 9. Name of Fe	* First Name: Laura Title: Community Progra Fax Number  FAPPLICANT: Innent Description: ederal Agency:	ms Manager	Catalog Assir	Middle Nam Organization * Email: labetzinger of Federal Do	e:  nal Affiliation  @ ihcda.IN.gov	:	* Las Betz	CFDA Title:
Prefix:  Suffix:  * Telephone Number: 317-234-5303  * 8a. TYPE OF A: State Govern b. Additiona  * 9. Name of Fo	* First Name: Laura  Title: Community Progra  Fax Number  FAPPLICANT: ment  Description: ederal Agency:	ms Manager	Catalog Assir	Middle Nam Organization * Email: labetzinger of Federal Do	e:  nal Affiliation  @ ihcda.IN.gov	:	* Las Betz	CFDA Title:
Prefix:  Suffix:  * Telephone Number: 317-234-5303  * 8a. TYPE OF A: State Govern b. Additiona  * 9. Name of Fo	* First Name: Laura Title: Community Progra Fax Number  FAPPLICANT: ament Description: ederal Agency:  ers and Titles Title of Applicant's	ms Manager  9356  Project	Catalog Assir	Middle Nam Organization * Email: labetzinger of Federal Do	e:  nal Affiliation  @ ihcda.IN.gov	:	* Las Betz	CFDA Title:

07		Statewide		
Attach an additional list of Program	/Project Congressional Districts if no	eded.		
14. FUNDING PERIOD:		15. ESTIMA	ATED FUNDING:	
<b>a. Start Date:</b> 10/01/2017	<b>b. End Date:</b> 09/30/2018		* a. Federal (\$): \$0	<b>b. Match (\$):</b> \$0
* 16. IS SUBMISSION SUBJECT T	O REVIEW BY STATE UNDER EX	ECUTIVE O	RDER 12372 PROCESS?	
a. This submission was made ava	ilable to the State under the Executiv	e Order 1237	2	
Process for Review on :				
b. Program is subject to E.O. 123	72 but has not been selected by State	for review.		
c. Program is not covered by E.O	. 12372.			
* 17. Is The Applicant Delinquent O     YES     NO     Explanation:				
complete and accurate to the best of accept an award. I am aware that ar penalties. (U.S. Code, Title 218, Sect **I Agree	·	quired assurar ments or clain	nces** and agree to comply with ns may subject me to criminal, c	any resulting terms if Í rivil, or administrative
** The list of certifications and assume instructions.	rances, or an internet site where you	may obtain th	is list, is contained in the annou	ncement or agency specific
18a. Typed or Printed Name and Ti	tle of Authorized Certifying Official		18c. Telephone (area code, num	ber and extension)
Lauren Perry			18d. Email Address laperry@ihcda.in.gov	
18b. Signature of Authorized Certify	ying Official		<b>18e. Date Report Submitted (M</b> 010/03/2017	onth, Day, Year)
Attach supporting doc	uments as specified in a	ngency in	structions.	

### **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: 09/30/2020

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

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

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

OMB Approval No. 0970-0075 Expiration Date: 09/30/2020

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)

(No	Check which components you will operate under the LIHEAP program. te: You must provide information for each component designated here as requested elsewhere in plan.)	Dates of Operation	
		Start Date	End Date
>	Heating assistance	10/01/2017	05/18/2018
>	Cooling assistance	06/01/2018	08/24/2018
>	Crisis assistance	10/01/2017	05/18/2018
>	Weatherization assistance	10/01/2017	09/30/2018

#### 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. If funds are available, crisis assistance will be offered until the end of the heating season. Additionally, if funds are available, a Summer Cooling program will be administered beginning in June.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )
Heating assistance	45.00%
Cooling assistance	10.00%
Crisis assistance	10.00%
Weatherization assistance	12.00%
Carryover to the following federal fiscal year	8.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%

TOTAL 100.00%					
Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)					
1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:					
Heating assistance Cooling assistance					
Weatherization assistance     Other (specify:)					
Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8					
1.4 Do you consider households categorically eligible if one household member receives one of the following categories of beneficolumn below? O Yes No	fits in the left				
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.					
Heating Cooling Crisis	Weatherization				
TANF C Yes C No C Yes C Yes C No C Yes C No C Yes C No C Yes C No C Yes C Yes C No C Yes C Yes C No C Yes	Yes O No				
SSI C Yes C No C Yes C Yes C No C Yes	Yes O No				
SNAP C Yes C No C Yes C Y	Yes O No				
Means-tested Veterans Programs C Yes O No C	Yes O No				
Program Name Heating Cooling Crisis	Weatherization				
Other(Specify) 1 C Yes C No C Yes C No C Yes C No	C Yes C No				
1.5 Do you automatically enroll households without a direct annual application? C Yes O No					
If Yes, explain:					
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other	er nublic assistance				
when determining eligibility and benefit amounts?	er public assistance				
SNAP Nominal Payments					
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? C Yes No					
If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.					
1.7b Amount of Nominal Assistance: \$0.00					
1.7c Frequency of Assistance					
Once Per Year					
Once every five years					
Other - Describe:					
17d Have do you confirm that the household receiving a naminal narment has an anarcy cost on read?					
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?					
N/A					
Determination of 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. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP					
✓ Wages					
Self - Employment Income					
Contract Income					

	Payments from mortgage or Sales Contracts
	Unemployment insurance
>	Strike Pay
>	Social Security Administration (SSA ) benefits
	Including MediCare deduction  Excluding 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.
<b>\</b>	Jury duty compensation
>	Rental income
	Income from employment through Workforce Investment Act (WIA)
	Income from work study programs
>	Alimony
	Child support
<b>\</b>	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.)
Reimbursements (for mileage, gas, lodging, meals, etc.)  Other
Other

### **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: 09/30/2020

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

	Section	on 2 - I	Heating Assistance		
Eligibility, 2605(b	o)(2) - Assurance 2				
2.1 Designate the	income eligibility threshold used for the	heating co	mponenet:		
Add	Household size		Eligibility Guideline	Eligibility Threshold	
1	All Household Sizes		HHS Poverty Guidelines	150.00%	
2.2 Do you have a HEATING ASSIT	additional eligibility requirements for FANCE?	<b>⊙</b> Yes	C <sub>No</sub>		
2.3 Check the ap	propriate boxes below and describe the p	olicies for	each.		
Do you require a	n Assets test ?	C Yes	<b>⊙</b> No		
Do you have add	itional/differing eligibility policies for:				
Renters?		O Yes	⊙ <sub>No</sub>		
Renters Liv	ving in subsidized housing ?	C Yes	<b>⊙</b> No		
Renters wi	th utilities included in the rent ?	C Yes	⊙ <sub>No</sub>		
Do you give prior	rity in eligibility to:				
Elderly?		<b>⊙</b> Yes	C No		
Disabled?		© Yes O No			
Young chil	dren?	Yes	C No		
Households	s with high energy burdens ?	C Yes	⊙ No		
Other? Ve	terans	• Yes	O <sub>No</sub>		
Explanations of p	policies for each "yes" checked above:				
Explanations of policies for each "yes" checked above:  We were asked to change our policy regarding renters and renters living in subsidized housing by 5/31/2017. On 5/30/2017, we sent our policy to HHS but have not heard back if our proposed policy has been accepted. We followed up with HHS on 6/9/2017 and on 7/13/17 we were instructed to include the policy in our state plan. Therefore, we incorporated the renter's policy change into our program manual and anticipate training our network on these policy changes 8/1/2017 unless we hear otherwise from HHS.					
			egular EAP benefit with no additional elgibility will be paid directly through check or direct de		
Renters living in s benefit.	subsidized housing are eligble for regular an	d crisis ben	nefits. Previously, renters living in subsidized ho	ousing were not elgible for a crisis	
The elderly, vetera	ans, persons with disabilities, and household	l with child	ren under 6 are given a higher priority because	they are considered at risk.	
Determination of	Benefits 2605(b)(5) - Assurance 5, 2605(c)(	(1)(B)			
2.4 Describe how	you prioritize the provision of heating as	sistance to	ovulnerable populations,e.g., benefit amounts	, early application periods, etc.	

IHCDA is creating an online application so that populations who have mobility or transportation difficulties can apply online.

veterans benefits, SSI, or retirement pension. This allows clients who are in vulnerable populations automatically recertify for EAP.

Also, if the household falls within a vulnerable group, they are awarded points according to the benefit matrix.

Vulnerable populations (i.e. elderly(60+), disabled, veterans, households with young (under age 6) children) that receive benefits the prior year, will receive a new application early by mail and the eligiblity process is typically completed before the harsh part of the winter season begins.

Households with fixed incomes can recertify for EAP without providing documentation for the full application. Applicants may recertify every 2 years and must send in paperwork every third year. To qualify for recertification, households must have one of these types of incomes and no others: social security,

2.5 Check the variables you use to determine your be	nefit levels. (Check	all that apply):	
<b>☑</b> Income			
Family (household) size			
<b>✓</b> Home energy cost or need:			
<b>✓</b> Fuel type			
Climate/region			
Individual bill			
<b>✓</b> Dwelling type			
Energy burden (% of income spent on he	ome energy)		
✓ Energy need			
Other - Describe:			
Additional points are given to clients who have current u	utility bills. This is a	n "on time" benefit.	
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)	)		
2.6 Describe estimated benefit levels for FY 2018:			
Minimum Benefit	\$205	Maximum Benefit	\$890
2.7 Do you provide in-kind (e.g., blankets, space heat	ers) and/or other fo	orms of benefits? C Yes O No	
If yes, describe.			
Please see benefit matrix, attached. The matrix is the sa	me for heating and c	cooling.	
If any of the above questions require fi fields provided, attach a document wit		ation or clarification that could not be ma	de in the

## **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: 09/30/2020

Section 3 - Cooling Assistance						
Eligibility, 2605(	(c)(1)(A), 2605 (b)(2) - Assurance 2					
3.1 Designate Tl	he income eligibility threshold used for the	Cooling o	componenet:			
Add	Household size		Eligibility Guideline	Eligibility Threshold		
1	All Household Sizes		HHS Poverty Guidelines	150.00%		
<b>3.2 Do you have</b> COOLING ASSI	e additional eligibility requirements for ITANCE?	<b>⊙</b> Yes	C <sub>No</sub>			
3.3 Check the ap	ppropriate boxes below and describe the p					
Do you require	an Assets test ?	C Yes	€ No			
Do you have add	ditional/differing eligibility policies for:	_				
Renters?		C Yes	€ No			
Renters L	iving in subsidized housing ?	C Yes	<b>⊙</b> No			
Renters w	rith utilities included in the rent ?	C Yes	⊙ No			
Do you give price	ority in eligibility to:					
Elderly?		<b>⊙</b> Yes	C <sub>No</sub>			
Disabled?		<b>⊙</b> Yes	O <sub>No</sub>			
Young chi	ildren?	<b>⊙</b> Yes	O No			
Household	ds with high energy burdens ?	CYes	⊙ No			
Other? V	eterans	<b>⊙</b> Yes	O <sub>No</sub>			
Explanations of	policies for each "yes" checked above:	1				
3.3 We were ask but have not hear incorporated the otherwise from F Policy change: R	Explanations of policies for each "yes" checked above:  3.2 Summer Cool clients who would like to receive an air conditioner must prove a medicial need.  3.3 We were asked to change our policy regarding renters and renters living in subsidized housing by 5/31/2017. On 5/30/2017, we sent our policy to HHS but have not heard back if our proposed policy has been accepted. We followed up with HHS on 6/9/2017 but do not yet have confirmation. Therefore, we incorporated the renter's policy change into our program manual and anticipate training our network on these policy changes on 8/1/2017 unless we hear otherwise from HHS.  Policy change: Renters with utilities included in the rent are eligible for a regular EAP benefit with no additional eligibility requirements, however, they are not elgible for Crisis assistance. Clients with utilities included in the rent will be paid directly through check or direct deposit.					
3.4 Describe hov	w you prioritize the provision of cooling as	sistance to	ovulnerable populations,e.g., benefit amounts,	early application periods, etc.		
	ds are available at the end of heating season, unds will be available for new applicants.	clients who	o applied and received heating assistance automa	tically receive cooling assistance.		
Determination of	f Benefits 2605(b)(5) - Assurance 5, 2605(c)(	(1)(B)				
3.5 Check the va	ariables you use to determine your benefit	levels. (Cl	heck all that apply):			
<b>✓</b> Income						
Family (ho	ousehold) size					

✓ Home energy cost or need:					
<b>✓</b> Fuel type					
<b>✓</b> Climate/region					
Individual bill					
<b>✓</b> Dwelling type					
Energy burden (% of	income spent on hom	ne energy)			
<b>☑</b> Energy need					
Other - Describe:					
If utilities bills are paid on time, clier	nts receive an on-time	incentive.			
Benefit Levels, 2605(b)(5) - Assuran	ce 5, 2605(c)(1)(B)				
Benefit Levels, 2605(b)(5) - Assuran  3.6 Describe estimated benefit level					
		\$75	Maximum Benefit	\$75	
3.6 Describe estimated benefit level	ls for FY 2018:			\$75	
3.6 Describe estimated benefit level	ls for FY 2018:			\$75	
3.6 Describe estimated benefit level Minimum Benefit  3.7 Do you provide in-kind (e.g., fa If yes, describe.  Air conditioners are provided for mer	Is for FY 2018:  ns, air conditioners)  dical reasons with a si	and/or other form			

## **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: 09/30/2020

Section 4: CRISIS ASSISTANCE				
Eligibility - 2604(	(c), 2605(c)(1)(A)			
4.1 Designate the	income eligibility threshold used for the crisis comp	oonent		
Add	Household size	Eligibility Guideline	Eligibility Threshold	
1	All Household Sizes	HHS Poverty Guidelines	150.00%	
4.2 Provide your	LIHEAP program's definition for determining a cri	isis.		
A LIHEAP eligible crisis situation is an energy emergency when there is a potential shut-off or depletion of the energy sources and is not considered a life threatening crisis. Non-life threatening crisis situations are to be alleviated within 48 hours.  Utilities:  • Client has received a current Notice of Disconnection on residence primary heating sources, such as the electric or natural gas utility but yet not disconnected.  Bulk Fuel:  • 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 constitutes a 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.				
Crisis Requirem	ent, 2604(c)			
4.4 Within how n	nany hours do you provide an intervention that will	resolve the energy crisis for eligible househol	ds? 48Hours	
4.5 Within how n 18Hours	nany hours do you provide an intervention that will	resolve the energy crisis for eligible househol	ds in life-threatening situations?	
Crisis Eligibility, 2605(c)(1)(A)				
4.6 Do you have a	additional eligibility requirements for CRISIS	€ Yes C No		
•				
Do you require a	propriate boxes below and describe the policies for e	O Yes O No		
	rity in eligibility to :	tes WNO		
Elderly?	try in enginitity to :	⊙ Yes C No		
		<del></del>		
Disabled? • Yes ONo				
Young Children?  • Yes • No  Households with high energy burdens?  • Yes • No				

Other? Veterans	⊙ Yes ○ No		
In Order to receive crisis assistance:			
Must the household have received a shut-off notice or have a near empty tank?	€ Yes C No		
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		
Must heating/cooling be medically necessary?	C Yes O No		
Must the household have non-working heating or cooling equipment?	C Yes		
Other?	C Yes <b>⊙</b> No		
Do you have additional / differing eligibility policies for:			
Renters?	C Yes O No		
Renters living in subsidized housing?	C Yes O No		
Renters with utilities included in the rent?	C Yes O No		
Explanations of policies for each "yes" checked above:			
The elderly, veterans, persons with disabilites and households with children under 6 are given a higher priority because they are considered at-risk.  We were asked to change our policy regarding renters and renters living in subsidized housing by 5/31/2017. On 5/30/2017, we sent our policy to HHS but have not heard back if our proposed policy has been accepted. We followed up with HHS on 6/9/2017 but do not yet have confirmation. Therefore, we incorporated the renter's policy change into our program manual and anticipate training our network on these policy changes 8/1/2017 unless we hear otherwise from HHS.  Policy Change: Renters living in subsized housing whose utilities are not included in rent are eligible for crisis assistance.  Policy Change: Renters with utilities included in the rent are eligible for a regular EAP benefit with no additional eligibility requirements, however, they are not eligible for Crisis assistance. Clients with utilities included in the rent will be paid directly through check or direct deposit.			
Determination of Benefits			
Determination of Benefits  4.8 How do you handle crisis situations?			
4.8 How do you handle crisis situations?			
4.8 How do you handle crisis situations?  Separate component  Fast Track			
4.8 How do you handle crisis situations?  Separate component  Fast Track	ance benefits?		
4.8 How do you handle crisis situations?  Separate component  Fast Track  Other - Describe:	ance 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 assist	ion, low on fuel or out of fuel with documentation or a bill reflecting the		
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 assist  Amount to resolve the crisis.  Other - Describe:  Crisis assistance is offered to clients who are shut off, facing disconnect	ion, low on fuel or out of fuel with documentation or a bill reflecting the		
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 assist  Amount to resolve the crisis.  Other - Describe:  Crisis assistance is offered to clients who are shut off, facing disconnect amount necessary qualifies the household for a crisis benefit. Crisis is g	ion, low on fuel or out of fuel with documentation or a bill reflecting the iven up to \$400.		
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 assist  Amount to resolve the crisis.  Other - Describe:  Crisis assistance is offered to clients who are shut off, facing disconnect amount necessary qualifies the household for a crisis benefit. Crisis is g  Crisis Requirements, 2604(c)	ion, low on fuel or out of fuel with documentation or a bill reflecting the iven up to \$400.		
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 assist  Amount to resolve the crisis.  Other - Describe:  Crisis assistance is offered to clients who are shut off, facing disconnect amount necessary qualifies the household for a crisis benefit. Crisis is g  Crisis Requirements, 2604(c)  4.10 Do you accept applications for energy crisis assistance at sites that a	ion, low on fuel or out of fuel with documentation or a bill reflecting the iven up to \$400.		
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 assist  Amount to resolve the crisis.  Other - Describe:  Crisis assistance is offered to clients who are shut off, facing disconnect amount necessary qualifies the household for a crisis benefit. Crisis is g  Crisis Requirements, 2604(c)  4.10 Do you accept applications for energy crisis assistance at sites that a  Yes No Explain.	ion, low on fuel or out of fuel with documentation or a bill reflecting the iven up to \$400.  re geographically accessible to all households in the area to be served?		
4.8 How do you handle crisis situations?    Separate component	ion, low on fuel or out of fuel with documentation or a bill reflecting the iven up to \$400.  re geographically accessible to all households in the area to be served?		

Travel to the sites at which apprearables for crisis assistance are accepted.							
C Yes O No If No, explain.							
disabled?			an on-line application that will allow household to apply on-line.				
Benefit Levels, 2605(c)(1)(B)							
4.12 Indicate the maximum benefit for each type of		ance offered	1.				
Winter Crisis \$400.00 maximum benefi	it						
Summer Crisis \$0.00 maximum benefit							
Year-round Crisis \$0.00 maximum benefit							
4.13 Do you provide in-kind (e.g. blankets, space he	eaters, fans)	and/or othe	r forms of benefits?				
Yes No If yes, Describe							
4.14 Do you provide for equipment repair or replace	cement using	g crisis fund	s?				
C Yes C No							
If you answered "Yes" to question 4.14, you must c	complete que	estion 4.15.					
4.15 Check appropriate boxes below to indicate typ	pe(s) of assist	tance provid	led				
	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): LSPs have the opportunity to offer a Window A/C Unit initiative as part of a Summer Cool Program based on the noted eligibility requirements.	LSPs have the opportunity to offer a Window A/C Unit initiative as part of a Summer Cool Program						
4.16 Do any of the utility vendors you work with en	force a mor	atorium 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 disp	ensation re	ceived 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 March 15 of any year, terminate residential utility service to any customer who is eligible for and who has applied for the Energy Assistance 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:							
<ul> <li>The customer has submitted a complete application and eligibility is being determined by the local LSP or its subcontractor.</li> <li>The customer has furnished proof to the utility provider of his/her application to receive EAP benefits; or IHCDA, the local LSP or the LSP's subcontractor has notified the utility provider.</li> </ul>							

Electric or gas utility providers, including a municipality owned, privately owned, or cooperatively owned utility, qualify as a "utility" for the purposes of the moratorium law. "Municipally owned utility" is a utility owned or operated by a city or town in Indiana.

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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 to the LSP, and a staff person at the agency has determined or is determining that eligibility.

If a utility provider 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, because 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.

Circumstance may arise where landlords and tenants must create a utility paymant arrnagement to ensure that the utility bills are paid on time. Moratorium protection applies in the following way 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 protectd 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 beleive 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: 09/30/2020

Section 5: WEATHERIZATION ASSISTANCE					
Eligibility, 2605(	c)(1)(A), 2605(b)(2) - Assur	ance 2			
5.1 Designate the	income eligibility threshol	d used for the Weatheriz	ation component		
Add	Househo	old Size	Eligibility Guideline	Eligibility Threshold	
1	All Household Sizes		HHS Poverty Guidelines	200.00%	
5.2 Do you enter No	into an interagency agreen	nent to have another gove	ernment agency administer a WEATHI	ERIZATION component? O Yes	
5.3 If yes, name t	he agency.				
5.4 Is there a sepa	arate monitoring protocol	for weatherization? 💽 Y	es O No		
WEATHERIZA	ΓΙΟΝ - Types of Rules				
5.5 Under what r	ules do you administer LII	HEAP weatherization? (C	Check only one.)		
Entirely un	nder LIHEAP (not DOE) r	ules			
Entirely un	nder DOE WAP (not LIHE	AP) rules			
Mostly und	ler LIHEAP rules with the	following DOE WAP rul	e(s) where LIHEAP and WAP rules dif	fer (Check all that apply):	
Incor	ne Threshold				
	therization of entire multi- ome eligible within 180 days	•	is permitted if at least 66% of units (50	% in 2- & 4-unit buildings) are eligible	
Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).					
Othe	r - Describe:				
Mostly und	ler DOE WAP rules, with t	the following LIHEAP ru	le(s) where LIHEAP and WAP rules di	ffer (Check all that apply.)	
<b>✓</b> Incor	ne Threshold				
Weat	therization not subject to D	OE WAP maximum stat	ewide average cost per dwelling unit.		
Weat	therization measures are no	ot subject to DOE Saving	s to Investment Ration (SIR ) standard	s.	
✓ Other - Describe:					
In the 2017-2018 program year, we would like to use the DOE income threshold of 200% of poverty level.					
The State of Indiana allows the replacement of gas cook stoves with LIHEAP funds where necessary.					
IHCDA will consider refridgerator replacement on a case by case basis, after an assessment of the situation.					
Eligibility, 2605(b)(5) - Assurance 5					
5.6 Do you requir	re an assets test?	C Yes O No			
5.7 Do you have a	additional/differing eligibil				
Renters		● Yes ○ No			
Renters living in subsidized outsing?					

5.8 Do you give priority in eligibility to:				
Elderly?	© Yes ○ No			
Disabled?	© Yes C No			
Young Children?	⊙ Yes O No			
House holds with high energy burdens?	C Yes © No			
Other? Veterans	⊙ Yes C No			
If you selected "Yes" for any of the options below.	in questions 5.6, 5.7, or 5.8, you	u must provide further explanation of these policies in the text field		
with the sub-grantee giving permission for the	work to be performed.	ise they are in the at-risk category. Landlords must sign a landlord agreement		
Indiana will define where its health safety rule the "healthy homes".	s differ from DOE guidelines as	it pertains to the LIHEAP block grant funding and mitigate issues related to		
Benefit Levels				
5.9 Do you have a maximum LIHEAP weath	herization benefit/expenditure	per household? • Yes O No		
<b>5.10</b> If yes, what is the maximum? \$11,500				
Types of Assitance, 2605(c)(1), (B) & (D)				
5.11 What LIHEAP weatherization measure	es do you provide ? (Check all	categories that apply.)		
Weatherization needs assessments/a	udits	Energy related roof repair		
Caulking and insulation		Major appliance Repairs		
Storm windows		Major appliance replacement		
Furnace/heating system modification	ns/ repairs	Windows/sliding glass doors		
Furnace replacement	<b>✓</b> Furnace replacement			
✓ Cooling system modifications/ repairs ✓ Water Heater				
Water conservation measures	<b>✓</b> Water conservation measures			
Compact florescent light bulbs	Other - Describe:  Refrigerators and Cook Stoves. IHCDA will consider refridgerator replacement on a case by case basis and will require either comprehensive metering of the existing unit to be performed or a NEAT run performed. Data will be submitted to IHCDA for consideration.			
If any of the above questions require further explanation or electification that could not be made in the				

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

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

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

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:
<b>V</b> 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):
IHCDA is developing and EAP brochure for distrubtion in local CAPs and other social service agencies.
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

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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 WAP, et	ribe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, tc.).			
>	Joint application for multiple programs			
>	Intake referrals to/from other programs			
>	One - stop intake centers			
	Other - Describe:			
The EAF	P application serves as the application for WAP.			
If any	of the above questions require further explanation or clarification that could not be made in the			

fields provided, attach a document with said explanation here.

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

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

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# 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 respons	ibility of your State agen	cy?				
	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							
	EAP Component Administration.	Heating  Community Action	Community Action	Community Action	Weatherization  Community Action		
o.sa Wh	Agencies Non-profits  Community Action Agencies Non-profits  Community Action Agencies Non-profits  Community Action Agencies Agencies Non-profits  Community Action Agencies Agencies Non-profits  Non-profits  Community Action Agencies Non-profits  Non-profits						
	Who processes benefit payments to gas and ic vendors?  Community Action Agencies Agencies Agencies Non-profits State Housing Agency State Housing Agency State Housing Agency						
8.5c who vendors:	.5c who processes benefit payments to bulk fuel endors?  Community Action Agencies Agencies Non-profits State Housing Agency State Housing Agency  Community Action Agencies Agencies Non-profits State Housing Agency State Housing Agency						
8.5d Wh	8.5d Who performs installation of weatherization Community Action Agencies						

measure	measures? Non-profits				
If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.					
8.6 What is your process for selecting local administering agencies?  Indiana Housing and Community Development Authority has been designated as the state oversight authority for LIHEAP since 2006. Indiana utilizes its network of 21 Community Action Agencies and 1 non-profit and 1 CAA that is also public entity to administer LIHEAP services (total of 23 agencies). New service providers are identified in the event that there are unresolvable or significant compliance issues or is no longer able to administer LIHEAP services. New service providers, when needed, are vetted through a Request for Proposal (RFP) process, selected by an IHCDA RFP Review Committee and approved by IHCDA's Board of Directors.					
8.7 How	many local administering agencies do you	use? 23			
8.8 Have Yes	you changed any local administering agen	cies in the last year?			
8.9 If so,	why?				
~	Agency was in noncompliance with grante	e requirements for LIHI	EAP -		
	Agency is under criminal investigation				
	Added agency				
<u>~</u>	Agency closed				
~	Other - describe				
season, o permanen providers For weat IHCDA I commitm however, weatheriz Howard :	ne of the existing local service providers (ICA ttly. ICAP was one of three bids recieved and (LSPs) who provide EAP.  herization, Area V had shown over the course but Area V on a technical and programmatic (lent to come back into compliance. IHCDA grama V was not able to meet the deadline. IHCDA grama V was not able to meet the deadline.	AP) took over the territory won the award. All territory won the award. All territor of several years that it was DIP for about 2 years in or ave Area V a deadline of NICDA found Area V to be a Request for Proposal soliough the selection process on (Cass County) dianapolis (CAGI) inform it, IHCDA temporarily real	temporarily. In February ries now have permanen as not able to properly adder to improve the its per lovember 15, 2016 to co non-compliant, and as a citing qualifications for and the territories were a seed IHCDA that its board ssigned CAGI's territory	minster weatherization in its service territory. rformance. Area V did not illustrate a mplete all outstanding elements of its QIP, result did not renew its DOE and LIHEAP Weatherization service in Cass, Miami, Wabash, awarded as follows:	
<ul> <li>Boone: Area IV</li> <li>Hamilton: Area V</li> <li>IHCDA will release an RFP in early 2018 to competitively bid the permanent assignment of these territories.</li> </ul>					

# 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: 09/30/2020

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

Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7
9.1 Do you make payments directly to home energy suppliers?
Heating © Yes © No
Cooling • Yes C No
Crisis • Yes C No
Are there exceptions? • Yes O No
If yes, Describe.  When utilities are included in rent IHCDA will pay the client directly. Otherwise, IHCDA pays the utility vendors directly.
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 denied and gives them information on their right to appeal. The benefit letter has the date of approval, amount of assistance and a list of vendors that were paid on their behalf. EAP clients having utilities included in the rent will recieve a letter explaining that a check will be mailed to them or a direct deposit will be made to their bank account, along with information about their right to appeal.
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. Starting in FY 2017 we began vendor monitoring which will continue to expand in 2017-2018.
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?  O Yes No
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: 09/30/2020

# 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 reads 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 obtains 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 regularly conducts 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 allowed 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 approve the budget and send it to IHCDA's Operation's Department. Operations updates the budget in the 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, the math is checked carefully, particularly the allowable percentages per line item. IHCDA then checks 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, showing the errors. If the EAP Program Associate happens to miss any of these items, they would be caught by the Operations Department who would alert the Program Manager that the budget cannot be qualified.

In addition, IHCDA tracks funds running an obligated report four times during the year. This report shows how much LSPs are spending. The report is compared to benchmarks that the agencies must meet. The allows IHCDA to make sure that all LSPs are receiving the funds they need to best serve their clients. For example, if an LSP is running low on funds, funds can be reallocated among agencies. IHCDA, also, uses the same series of steps for any summer activity such as a Summer Cooling Program.

During Close Out of the federal year, we 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 it 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 finals.

LSP may claim reimbursement for LIHEAP obligated funds from IHCDA. Starting in 2017, LSPs must submit documentation for all claims. Until this point, LSPs required documentation for claims over \$1000. IHCDA requires that required that LSPs submit detailed General Ledger print outs as supporting documentation for claims under \$1000.

#### **Audit Process**

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?  Yes No						
10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.						
No Findings	<b>~</b>					
Finding	Туре	Brief Summary	Resolved?	Action Taken		
1						
10.4 Andita a	f Local Administering	Agonoica				
	f annual audit requirer		dminstering agencies/district offices?			
	11.0	res are required to have an annual at	ndit in compliance with Single Audit A	et and OMB Circular A-133		
		ces are required to have an annual ac		et and OMB Circular A-133		
		•	<u> </u>			
E00	0	*	ts are reviewed by Grantee as part of	compliance process.		
✓ Gra	ntee conducts fiscal an	d program monitoring of local agenc	ies/district offices			
Compliance N	Monitoring					
10.5. Describe	e the Grantee's strategi	es for monitoring compliance with th	e Grantee's and Federal LIHEAP pol	icies and procedures: Select all that		
Grantee emp	loyees:					
<b>✓</b> Inte	rnal program review					
<b>✓</b> Dep	artmental oversight					
✓ Seco	ondary review of invoice	res and payments				
Secondary review of invoices and payments  Other program review mechanisms are in place. Describe:						
Every two yea	rs through the CSBG Co	omprehesive Administrative Review pro	ocess, IHCDA's Contractor conducts finitial balance, general ledger, the IRS 990			
Local Admin	stering Agencies / Distr	ict Offices:				
On	- site evaluation					
✓ Ann	ual program review					
✓ Mor	nitoring through centra	ıl database				
✓ Desi	k reviews					
✓ Clie	nt File Testing / Sampl	ing				
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, or attach a copy of your local agency monitoring schedule and protocol.						
IHCDA will pull at least three (3) percent of the agency's client eligibility files and submit the files to the contracted file monitor for the review. Additional files may be monitored if the agency is assessed to be at moderate or high risk.						
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 to be uploaded to a secure website for off-site desk review monitoring at least 14 work days prior to the review.						
The Monitors will conduct monitoring by desk review. Each review will include a client eligibility review, financial review, programmatic a letter outlining the monitoring findings or concerns. The client eligibility review analyzes the components of the application for completeness and accuracy. 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 review allows the LSP to decribe its QA review process, energy education program, outreach activities for at-risk clients and intake procedure for staff applications.						

For Weatherization, the program monitoring includes a review of program administration, procurement, training and 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 twenty-three (23) Local Service Providers are monitored through desk review and a risk assessment is conducted annually.

#### Desk Reviews:

LIHEAP files are uploaded into a secure website forcontracted monitors to conduct the desk review monitoring.

#### 10.8. How often is each local agency monitored?

Each agency receives desk review annually by the contracted monitor.

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

Local Service Providers must have an error rate of under 15% to be considered compliant. Any error rate at 15% or above may trigger additional monitoring visits or a QIP.

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

Local Service Providers must have an error rate under 15% are considered compliant. Any error rate at 15% or above may trigger a modified quality improvement plan. An error rate of 20% or higher may trigger a quality improvement plan. Improvement plans are taylored to improving the performance of the agency and may include additional training, peer consuling, additional review by IHCDA to understand problematic trends, etc

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 1

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

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

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

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

SF	- 424 - MANDATORY			
Section 11: Timely and Meanin	ngful Public Participation, 260	)5(b)(12), 2605(C)(2)		
11.1 How did you obtain input from the public in the deve Select all that apply.	lopment of your LIHEAP plan?			
Tribal Council meeting(s)				
Public Hearing(s)				
Draft Plan posted to website and available for co	mment			
Hard copy of plan is available for public view an	d comment			
Comments from applicants are recorded				
Request for comments on draft Plan is advertised	d			
Stakeholder consultation meeting(s)				
Comments are solicited during outreach activities	es			
Other - Describe:				
IHCDA actively involved stakeholders to help develop LIHEAP policy for the State Plan. Two round table meetings were conducted in the February 2017 with LSPs to get their feedback on our State Manual in order to have less burdensome policies for intake workers and cleints. Later, a third round table was conducted to get feedback from the LSPs on policy changes that had been made. After round tables discussions, surveys were sent out with specific follow up questions pertainent to the previous round tables. IHCDA also sent out a draft of the EAP manual for feedback from the LSP network. LSP feedback was incorporated into the manual.  11.2 What changes did you make to your LIHEAP plan as a result of this participation?  1. Increased on-time benefit maximum from \$25 to \$50.  2. Eliminated matrix points for non-subsidized housing.  3. Created a State-Wide applications to be sent out earlier.  5. Reduced income eligibility determination from 12 months to 3 months.  6. Allowed paper applications to be sent out earlier.  7. Allowed unbown children to be counted as part of the household regardless of due date.  8. Allowed for self-declaration of absent household members (instead of every year.  10. Developed a policy on recertification for households on a fixed income.  11. Allowed applicants to provide a utility bill that is not in their name if there is a valid explanation why the names don't match.  12. Eliminated several income catagories including: income recieved from the sale of property, profits or gains from the sale of assets, sale of a property, sale of a residence, proceeds from insurance settlements, divorce settlement, lump sum payments for support to come into line with the fact that Indiana does not have an asset test for LIHEAP.  13. Elimiated income from other government programs such as child care voucher and TANF to be in line with not counting SNAP.  14. Allowed child care payments to be deducted from income.  15. Removed drastic loss of income policy.  16. Allowed child care payments to be deducte				
Public Hearings, 2605(a)(2) - For States and the Common	·			
11.3 List the date and location(s) that you held public hear				
	Date	Event Description		

1	07/28/2017	Public Hearing
2	07/13/2017	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).

IHCDA EAP staff conducted three roundtable events (two in February 2017, one in May 2017) to collect feedback from local service agencies. Please see notes from the round tables, attached.

On August 4, 2017, IHCDA conducted a public hearing. One EAP participant called after the public hearing on because he was unable to get through during the public hearing. He asked about the new policy regarding recertification. He said he thought that would be really helpful. He asked what happens on the third year when he has to do a full application packet, if the Social Security Administration has only sent him a letter saying there was no change but didn't list the amount of the benefit, would that be accepted. It was explained to him that in that instance IHCDA would instruct the local service provider to use the last verified social security benefit they had on file for him. He said that would be great. He also asked about proof of homeownership and whether the LSP could just check online. I said we have instructed the LSPs to collect documentation from clients when possible but if the client doesn't have it, to look on the County Tax Assessor or GIS websites and that verification would be sufficient. The EAP participant was told that we can't guarantee policy changes during the program year but that once they're all approved, we are able to share updates. He said that a few years ago several requirements were added. We told him this year the EAP team really focused on rolling those back and making things as easy as possible for clients while staying in compliance and keeping with best practices from other states. The conversation started at 3pm and ended at 3:20. See Notice of Public Hearing documents, attached.

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

We made several changes:

- If there are persons listed on supplied documents who do not live in the household, the client should explain where those persons are currently
  living, however proof of where they reside is not necessary.
- If utilities are listed in someone else's name, the applicant may still be eligible if service address corresponds with his/her residence, and an explanation is given as to why the utilities are not in his/her name.
- Applicants must only provide proof of Social Security Number once every three years.
- Households with fixed incomes may recertify for two years after initial full application.
- Three months of income will be used instead of twelve to calculate EAP benefits.
- Several things we used to count as income are not counted anymore; EAP does not have an asset test. (Examples: proceeds from sale, gifts and inheritance, etc.)
- Child care payments may be deducted from income because recipient doesn't count it as income.

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

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

### 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 applicant may appeal a denial or a benefit amount. Below are the steps for the client appeal 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. 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.

If after both appeals, the client has not recieved satisfaction, he or she may appeal IHCDA's Compliance Attorney. The appeal must include the reasons for the applicant's objection to the decision and 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.

#### 12.5 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 and the entire LIHEAP Operations Manual, with the detailed procedure, is posted on IHCDA's website for the public.

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

If an application has not been acted on in a timely manner, the applicant can appeal through the regular appeals process described in 12.4. Applications must be processed within 60 days for mail-in and 10 days for walk-in appointments.

#### 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.

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

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

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

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

Indiana uses LIHEAP funds to conduct Family Development and Energy Education.

Family Development provides low-income households with short-term and long-term 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.

EAP clients may also receive energy education which focuses mainly on energy conservation techniques. During the 2016-2017 LIHEAP program year, some LSPs gave pre-test and post-tests 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 restricts LSP budgets by not allowing LSPs to spend more than the maximum of 5% on Family Development and Energy Education. Any costs above 5% are not paid by IHCDA.

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

During the 2016-2017 LIHEAP seasons about 42,762 households were provided Energy Education.

13.4 Describe the level ofdirect benefitsprovided to those households in the previous Federal fiscal year.

Local Service Providers gave out Energy Kits to 8,923 households which had a value of about \$94,605

13.5 How many households applied for these services? Households do not apply and LSPs 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.

 $\textbf{13.6 How many households received these services?} \hspace{0.1cm} 46877$ 

## Section 14 - Leveraging Incentive Program ,2607A

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

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

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

14.1 Do you plan to submit an application for the leveraging incentive program?  $\hfill C$  Yes  $\hfill \hfill \hfill$  No

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

14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R.  $\hat{A}$  § 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**

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

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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				
Vendor	Other - Describe: Vendor policies are included in the EAP policy manual.				
15.2 Does your training program address fraud reporting and prevention?  Yes No					

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

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

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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN 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 2016-2017, EAP staff continued to work with the EAP database provider to complete enhancements in order to get performance measure data. However, the enhancement was not able to produce a report, so EAP Staff had to run manual reports through the EAP database. EAP Staff also worked with utility vendors to provide data. State-wide data from about 42,800 clients having about 25 different vendors was pulled from the EAP database. This data was matched to data recieved from these same 25 utility vendors. Data mining was performed by IHCDA staff using Microsoft Access and could not be done in the EAP database.

EAP staff attended the LIHEAP conference in New Orleans and received training on performance measures. This training was extremely helpful for staff to understand what data to pull and how that data can be used for program improvement.

For the 2017-2018 year, IHCDA will be pulling reports from the current database by the end of the fiscal year. Vendors are aware from their vendor MOU that they must provide performance measures data. IHCDA staff will contact vendors in October to get data. EAP Staff members will have to combine and match the data using the new EAP database to get results. IHCDA anticipates working with Apprise to find the best way to do this.

IHCDA staff has contracted with a new EAP database vendor and is developing a more robust reporting system in its database to be able to pull performance measure data more easily and accurately. The new database will be in place by the start of the 2017-2018 season, and will allow for better performance measure results in 2018-2019.

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

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

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Section 17: Program Integrity, 2605(b)(10)					
17.1 Fraud Reporting Mechanisms					
a. Describe all mechanisms availab	le to the public for reporting cases of	suspected waste, fraud, and abuse. Se	lect all that apply.		
Online Fraud Reporting	g 5				
Dedicated Fraud Repor	ting Hotline				
Report directly to local	agency/district office or Grantee offic	e			
Report to State Inspecto	or General or Attorney General				
Forms and procedures i	in place for local agencies/district offi	ces and vendors to report fraud, wast	e, and abuse		
Other - Describe:					
b. Describe strategies in place for a	dvertising the above-referenced resou	rces. Select all that apply			
Printed outreach mater	ials				
Addressed on LIHEAP	application				
Website					
Other - Describe:					
17.2. Identification Documentation	Requirements				
a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.					
		Collected from Whom?			
Type of Identification Collected	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	Required	Required	Required		
(i.e.: driver's license, state ID, Tribal ID, passport, etc.)	Requested	Requested	Requested		

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1							
b. D	escribe any exceptions to the above	policies.					
	DA requests social security numbers rity number as long as document com						full social
	e an applicant has furnished a social s						l every three (3)
year				,	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , ,
17.3	Identification Verification						
	cribe what methods are used to ver	rify the authenticity	of identification o	locuments provide	ed by clients or hou	sehold members.	Select all that
appl	1						
H	Verify SSNs with Social Securit						
+	Match SSNs with death records		-				
H	Match SSNs with state eligibilit		t system (e.g., SNA	AP, TANF)			
-	Match with state Department o	f Labor system					
4	Match with state and/or federal	l corrections systen	1				
H	Match with state child support	system					
H	Verification using private softw	vare (e.g., The Wor	k Number)				
4	In-person certification by staff	(for tribal grantees	only)				
	Match SSN/Tribal ID number	with tribal database	e or enrollment re	cords (for tribal g	rantees only)		
_	Other - Describe:						
LSP	Staff are required to complete the ce	rtification.					
_	. Citizenship/Legal Residency Veri						
	at are your procedures for ensuring nat apply.	g that household m	embers are U.S. ci	itizens or aliens wl	ho are qualified to 1	receive LIHEAP b	enefits? Select
	Clients sign an attestation of c	itizenship or legal ı	esidency				
~	Client's submission of Social S	Security cards is acc	cepted as proof of	legal residency			
	Noncitizens must provide doct	umentation of imm	igration status				
	Citizens must provide a copy of	of their birth certifi	cate, naturalizatio	on papers, or passp	oort		
	Noncitizens are verified throu	gh the SAVE syster	n				
	Tribal members are verified the	hrough Tribal enro	llment records/Tr	ibal ID card			
	Other - Describe:						
17.5. Income Verification							
What methods does your agency utilize to verify household income? Select all that apply.							
Require documentation of income for all adult household members							
Pay stubs							
	Social Security award letters						
Bank statements							
	✓ Tax statements						
	Zero-income statements						
	<b>✓</b> Unemployment Insurance letters						
	Other - Describe:						

Compu	ater data matches:
I	ncome information matched against state computer system (e.g., SNAP, TANF)
✓ P	Proof of unemployment benefits verified with state Department of Labor
	Social Security income verified with SSA
υ	Utilize state directory of new hires
	Other - Describe:
17.6. Protection	n of Privacy and Confidentiality
Describe the fin	nancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
✓ Policy in	n place prohibiting release of information without written consent
<b>✓</b> Grantee	LIHEAP database includes privacy/confidentiality safeguards
Employe	ee training on confidentiality for:
<b>✓</b> Gra	intee employees
✓ Loca	al agencies/district offices
<b>Employe</b>	ees must sign confidentiality agreement
<b>✓</b> Gra	intee employees
Loca	al agencies/district offices
<b>✓</b> Physical	I files are stored in a secure location
Other -	Describe:
17.7. Verifying	the Authenticity
What policies a	are in place for verifying vendor authenticity? Select all that apply.
All vend	lors must register with the State/Tribe.
✓ All vende	ors must supply a valid SSN or TIN/W-9 form
<b>✓</b> Vendors	s are verified through energy bills provided by the household
<b>✓</b> Grantee	and/or local agencies/district offices perform physical monitoring of vendors
Other -	Describe and note any exceptions to policies above:
17.8. Benefits P	olicy - Gas and Electric Utilities
What policies a apply.	are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that
✓ Applica	ants required to submit proof of physical residency
Applica	ants must submit current utility bill
✓ Data ex	xchange with utilities that verifies:
✓ Ac	count ownership
✓ Co	onsumption
<b>✓</b> Ba	lances
Pay	yment history
✓ Ac	count is properly credited with benefit
<b>✓</b> Otl	her - Describe:
IHCDA maintain	as a list identifying individuals who are not allowed to receive LIHEAP benefits as a result of fraud committed to the Program.
<b>✓</b> Centra	lized computer system/database tracks payments to all utilities
<b>✓</b> Centra	lized computer system automatically generates benefit level
<b>✓</b> Separa	tion 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				
<b>Vendors are only paid once they provide a delivery receipt signed by the client</b>				
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				
If an overpayment occurs, or an improper payment has occured, the overpayment must be returned to the IHCDA. If the error is detected within sixty days of the application's approval, overpaid funds are removed from the client's account and returned to IHCDA by the utility vendor. If the overpayment is discovered after the sixty days, the LSP will be required to repay IHCDA directly from their corporate funds. Overpayment funds are returned to IHCDA and do not go back to the LSPs budget.				
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 client's account, the LSPs will be required to remit funds back to IHCDA from its agency funds. LSP's cannot pay for negative adjustments to a client's benefits with Federal funds. IHCDA will send a remittance for payments to the LSP. 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? Until funds are paid back.				
Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated				
<ul> <li>✓ Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated</li> <li>✓ Vendors found to have committed fraud may no longer participate in LIHEAP</li> </ul>				
✓ Vendors found to have committed fraud may no longer participate in LIHEAP				
<ul> <li>✓ Vendors found to have committed fraud may no longer participate in LIHEAP</li> <li>✓ Other - Describe:</li> </ul>				
<ul> <li>✓ Vendors found to have committed fraud may no longer participate in LIHEAP</li> <li>✓ Other - Describe:</li> <li>To prevent fraud, LSP staff are trained on fraud, waste and abuse prevention. Below are the main points of the training:</li> </ul>				

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 changes.

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 the Ineligible Applicant List in the State's Database. 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) EAP 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 be 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.

### ${\bf Potential\ Sources} (To\ assist\ with\ your\ investigation):$

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 of 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 Manager and Compliance Attorney are available to assist at any phase of the investigation, if needed.

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

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

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

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  * State	46204 <b>* Zip Code</b>				

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any

person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

#### Assurances

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

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

- (i) an amount equal to 150 percent of the poverty level for such State; or
- (ii) an amount equal to 60 percent of the State median income;

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

- (3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act; (4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act:(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;
- (6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -
- (A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

- (B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;
- (7) if the State chooses to pay home energy suppliers directly, establish procedures to --
- (A) notify each participating household of the amount of assistance paid on its behalf;
- (B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;
- (C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and
- (D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grantees and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;
- (8) provide assurances that,
- (A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and
- (B) the State will treat owners and renters equitably under the program assisted under this title;
- (9) provide that--
- (A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and
- (B) the State will pay from non-Federal sources the remaining costs of planning

and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

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