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

Program Name: Low Income Home Energy Assistance
Grantee Name: Department of Commerce Minnesota
Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 1
Report Period: 10/01/2021 to 09/30/2022
Report Status: Saved (Revision #1)

**Report Sections** 

- 1. Mandatory Grant Application SF-424
- 2. Section 1 Program Components
- 3. Section 2 HEATING ASSISTANCE
- 4. Section 3 COOLING ASSISTANCE
- 5. Section 4 CRISIS ASSISTANCE
- 6. Section 5 WEATHERIZATION ASSISTANCE
- 7. Section 6 Outreach, 2605(b)(3) Assurance 3, 2605(c)(3)(A)
- 8. Section 7 Coordination, 2605(b)(4) Assurance 4
- 9. Section 8 Agency Designation,, 2605(b)(6) Assurance 6
- 10. Section 9 Energy Suppliers,, 2605(b)(7) Assurance 7
- 11. Section 10 Program, Fiscal Monitoring, and Audit, 2605(b)(10) Assurance 10
- 12. Section 11 Timely and Meaningful Public Participation, , 2605(b)(12) Assurance 12, 2605(c)(2)
- 13. Section 12 Fair Hearings, 2605(b)(13) Assurance 13
- 14. Section 13 Reduction of home energy needs, 2605(b)(16) Assurance 16
- 15. Section 14 Leveraging Incentive Program, 2607A
- 16. Section 15 Training
- 17. Section 16 Performance Goals and Measures, 2605(b)
- 18. Section 17 Program Integrity, 2605(b)(10)
- 19. Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- 20. Section 19: Certification Regarding Drug-Free Workplace Requirements
- 21. Section 20: Certification Regarding Lobbying
- 22. Assurances
- 23. Plan Attachments

| Mandatory Grant A | oplication | <b>SF-424</b> |
|-------------------|------------|---------------|
|-------------------|------------|---------------|

-1

|  | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES |  |                             |                 |   |  |                                    |        |  |                               |     |
|--|--|--|-----------------------------|-----------------|---|--|------------------------------------|--------|--|-------------------------------|-----|
|  | L  |  | MEI                         |                 | IERGY A<br>MODEL<br>- 424 - M   | _ PLA  | N                                  | ROG    | BRAN   | /(LIHEAP)                     |     |
|  |  |  | * 1.b. Frequency:<br>Annual |                 | * 1.c. Consolidated Application/Pl<br>an/Funding Request?<br>Explanation: |  |                                    | ion/Pl | * 1.d. Version:<br>Initial<br>Resubmission<br>Revision<br>Update |                               |     |
|  |  |  |                             |                 |   |  | Received:                          |        |  | State Use Only:               |     |
|  |  |  |                             |                 |   |  | icant Identifie<br>eral Entity Ide |        |  | 5. Date Received By State:    |     |
|  |  |  |                             |                 |   | <u> </u>   | eral Award Id                      |        |  | 6. State Application Identifi | er: |
| 7. APPLICAN                                  | T INFO   | RMATION                                  |                             |                 |   | <u>JI</u>  |                                    |        |  | <b>.</b>                      |     |
| * a. Legal Nai                               | ne: Stat   | e of Minnesota                           | l                           |                 |   |  |                                    |        |  |                               |     |
| 62   | ·/Taxpay   | ver Identificat                          | ion Nun                     | nber (EIN/TIN   | ): 41-60071   | * c. Or  | ganizational D                     | UNS:   | 80488  | 5929                          |     |
| * d. Address:                                |  |  | . ~                         |                 |   |  |                                    |        |  |                               |     |
| * Street 1:                                  |  |  | of Comn                     | herce Minnesota | 1   | <u>  </u>  | et 2:                              |        |  | East, Suite 500               |     |
| * City:<br>* State:                          |  | ST. PAUL<br>MN                           |                             |                 |   | Cou  |                                    | FREI   | FREEBORN   |                               |     |
| * Country:                                   |  | United States                            |                             |                 |   | Province:           * Zip / Postal Co         55101 - 2198           de: |                                    |        |  | 3                             |     |
| e. Organizatio                               | nal Unit   | t <b>:</b>                               |                             |                 |   | <u>   </u>   |                                    |        |  |                               |     |
| Department Minnesota De                      |  | t of Commerce                            | e                           |                 |   | Division Name:<br>Division of Energy Resources                           |                                    |        |  |                               |     |
| f. Name and c                                |  |  | person                      | to be contacted | on matters in   | volving t  | his application                    | 1:     |  |                               |     |
| Prefix:<br>Mr                                | * First<br>Tracy   | Name:                                    |                             |                 | Middle Name   | ame: * Last Name:<br>Smetana   |                                    |        |  |                               |     |
| Suffix:                                      |  | y Assistance Pr                          | rogram l                    | Planner         | Minnesota D   | rganizational Affiliation:<br>Minnesota Department of Commerce           |                                    |        |  |                               |     |
| * Telephone<br>Number:<br>(651) 539-1<br>805 | Fax Nu<br>651-53   | i <b>mber</b><br>39-0109                 |                             |                 | * Email:<br>michael.schn  | mail:<br>chael.schmitz@state.mn.us                                       |                                    |        |  |                               |     |
| * 8a. TYPE O<br>A: State Gover               |  | JCANT:                                   |                             |                 |   |  |                                    |        |  |                               |     |
| b. Addition                                  | al Descr   | iption:                                  |                             |                 |   |  |                                    |        |  |                               |     |
| * 9. Name of Federal Agency:                 |  |  |                             |                 |   |  |                                    |        |  |                               |     |
|  |  |  |                             |                 | f Federal Domes<br>tance Number:  | stic   | CFDA Title:                        |        |  |                               |     |
| 10. CFDA Num                                 | bers and   | Titles                                   |                             | 93.568          |   |  | Low-Income I                       | Home E | nergy A  | Assistance Program            |     |
|  |  | <b>f Applicant's</b> I<br>nergy Assistan |                             | am              |   |  |                                    |        |  |                               |     |
| 12. Areas Affe<br>Statewide                  | ected by   | Funding:                                 |                             |                 |   |  |                                    |        |  |                               |     |
| 13. CONGRESSIONAL DISTRICTS OF:              |  |  |                             |                 |   |  |                                    |        |  |                               |     |
| * a. Applicant<br>04                         |  |  |                             |                 |   | b. Program/Project:<br>Statewide   |                                    |        |  |                               |     |
| Attach an add                                | litional l   | ist of Program                           | ı/Projec                    | t Congression   | al Districts if n   | eeded.   |                                    |        |  |                               |     |
| 14. FUNDING PERIOD:                          |  |  |                             |                 |   | 15. ESTIMATED FUNDING:   |                                    |        |  |                               |     |

| <b>a. Start Date:</b><br>10/01/2021   | b. End Date:         * a. Federal (\$):         b. Match (\$):           09/30/2022         \$0         \$0   |                 |                         |                           |  |  |  |
|---|---|-----------------|-------------------------|---------------------------|--|--|--|
| * 16. IS SUBMISSION SUBJECT T   | TO REVIEW BY STATE UNDER EX   | <b>KECUTIVE</b> | ORDER 12372 PROCES      | S?                        |  |  |  |
| a. This submission was made ava   | ailable to the State under the Executiv   | ve Order 123    | 72                      |                           |  |  |  |
| Process for Review on :   |   |                 |                         |                           |  |  |  |
| b. Program is subject to E.O. 12.   | 372 but has not been selected by State  | e for review.   |                         |                           |  |  |  |
| c. Program is not covered by E.C  | ). 12372.   |                 |                         |                           |  |  |  |
| * 17. Is The Applicant Delinquent On Any Federal Debt?<br>O YES<br>O NO   |   |                 |                         |                           |  |  |  |
| Explanation:  |   |                 |                         |                           |  |  |  |
| complete and accurate to the best of accept an award. I am aware that a   | 18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) |                 |                         |                           |  |  |  |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. |   |                 |                         |                           |  |  |  |
| 18a. Typed or Printed Name and T  | itle of Authorized Certifying Official  |                 | 18c. Telephone (area co | de, number and extension) |  |  |  |
|   |   |                 | 18d. Email Address      |                           |  |  |  |
| 18b. Signature of Authorized Certifying Official       18e. Date Report Submitted (Month, Day, Year)  |   |                 |                         |                           |  |  |  |
| Attach supporting documents as specified in agency instructions.  |   |                 |                         |                           |  |  |  |

|  | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES  |   |  |  |  |  |
|--|---|---|--|--|--|--|
|  | ADMINISTRATION FOR CHILDREN AND FAMILIES<br>Expiration Date: 12/31/2023<br>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY  |   |  |  |  |  |
| Adm<br>Offic<br>Wasl                   | rtment of Health and Human Services<br>inistration for Children and Families<br>e of Community Services<br>hington, DC 20201<br>ist 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01   |   |  |  |  |  |
| Expi<br>THE<br>uired<br>an al<br>r rev | 3 Approval No. 0970-0075<br>ration Date: 12/31/2023<br>PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)Use of this model plan is optional.<br>I in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years i<br>obreviated plan. Public reporting burden for this collection of information is estimated to averag<br>iewing instructions, gathering and maintaining the data needed, and reviewing the collection of i<br>sor, and a person is not required to respond to, a collection of information unless it displays a cu  | n which the grantee is<br>e 1 hour per response,<br>nformation. An agency | not permitted to file<br>including the time fo<br>y may not conduct or |  |  |  |
| Prog                                   | Section 1 Program Components  |   |  |  |  |  |
| 1.1 C<br>(Not                          | The components, 2005(a), 2005(b)(1) = Assurance 1, 2005(c)(1)(c)<br>The components you will operate under the LIHEAP program.<br>e: You must provide information for each component designated here as requested elsewhere in<br>blan.)   | Dates of (  | Operation  |  |  |  |
|  |   | Start Date  | End Date   |  |  |  |
|  | Heating assistance  | 10/01/2021  | 05/31/2022   |  |  |  |
|  |   | 10/01/2021  | 00/01/2022   |  |  |  |
|  | Cooling assistance  |   |  |  |  |  |
| <b>&gt;</b>                            | Crisis assistance   | 10/01/2021  | 06/15/2022   |  |  |  |
| >                                      | Weatherization assistance   | 10/01/2021  | 06/15/2022   |  |  |  |
| Prov                                   | ide further explanation for the dates of operation, if necessary  | •   | Ρ.   |  |  |  |
|  | <ul> <li>When a date of operation falls on a weekend or holiday, the effective date will be the first business day following the listed date with the e xception of September 30. The last date of operation for the Federal Fiscal year is September 30 or the last business day in September if Septembe r 30 is on a weekend.</li> <li>Applications must be received or postmarked by May 31, 2022</li> <li>Crisis assistance will begin on October 1, 2021</li> <li>Emergency (Crisis) benefits may be obligated through June 15, 2022, if funding is available.</li> <li>Energy Related Repair (ERR) benefits may be obligated through June 15, 2022.</li> <li>Funding for Weatherization Assistance will be available to the Weatherization Assistance Program in the Minnesota Department of Comm erce (Commerce) after receipt of 100% of the regular LIHEAP federal allocation and the approval of the EAPWX State Annual Plan.</li> </ul> |   |  |  |  |  |
| Estir                                  | Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16  |   |  |  |  |  |
|  | 2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages Percentage (%)   |   |  |  |  |  |
|  | Heating assistance 51.  |   |  |  |  |  |
| Co                                     | Cooling assistance 0.0  |   |  |  |  |  |
| Cr                                     | Crisis assistance 15.50   |   |  |  |  |  |
| W                                      | Weatherization assistance 15.0  |   |  |  |  |  |
| Ca                                     | Carryover to the following federal fiscal year 3.0  |   |  |  |  |  |
| Ad                                     | ministrative and planning costs   |   | 10.00%   |  |  |  |
| Se                                     | rvices to reduce home energy needs including needs assessment (Assurance 16)  |   | 5.00%  |  |  |  |
|  | ed to develop and implement leveraging activities   |   | 0.00%  |  |  |  |
| TOT                                    | DTAL 100.0  |   |  |  |  |  |

| 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 as:     | sistance                                      | Cooling assistance |           |        |                        |          |                      |          |                               |       |                         |
|  | Weatheriza      | tion assistance                               |                    | Other     | r (spo | ecify:) Remain in      | the C    | Crisis Assistance co | mpo      | nent to provide Cri           | sis u | ntil 6/15/22            |
| Cate   | gorical Fligibi | lity, 2605(b)(2)(A) -                         | Accura             | nco 2 2   | 2605(  | (1)(A) <b>2605</b> (b) | 84)      | - Assurance 8        |          |                               |       |                         |
|  |                 |   |                    |           |        |                        |          |                      | folle    | owing categories o            | of be | nefits in the left colu |
| _  | elow? O Yes     |   | -                  | 5         |        |                        |          |                      |          | 0 0                           |       |                         |
| If yo  | u answered ''Y  | es" to question 1.4                           | , you mu           | ust com   | plete  |                        | and a    | _                    | 1.5 ai   |                               | 0     |                         |
| TAN  | 2               |   |                    |           |        | Heating<br>Yes ONO     | $\sim$   | Cooling<br>Yes ONo   | $\sim$   | Crisis<br>Yes O <sub>No</sub> | 0     | Weatherization          |
| SSI  |                 |   |                    |           |        | Yes ONo                | <u> </u> | Yes ONO              | <u></u>  | Yes ONO                       |       | Yes ONO                 |
| SNAF   | ,               |   |                    |           |        | Yes ONo                |          | Yes ONo              |          | Yes ONo                       |       | Yes ONo                 |
|  | s-tested Vetera | s Programs                                    |                    |           |        | Yes ONo                |          | Yes ONo              | <u> </u> | Yes ONo                       |       | Yes ONo                 |
| —  |                 | -   | am Namo            | e         |        | Heating                |          | Cooling              |          | Crisis                        |       | Weatherization          |
| Other  | (Specify) 1     |   |                    |           |        | O Yes O No             |          | O Yes O No           |          | O Yes O No                    |       | O Yes O No              |
| 1.5 P  | o von antoma    | tically enroll house                          | holds wi           | thout a   | dire   |                        | tion     | M                    |          |                               |       | <u>111</u>              |
|  | s, explain:     |   |                    |           |        |                        |          |                      |          |                               |       |                         |
|  |                 |   |                    |           |        |                        |          |                      |          |                               |       |                         |
|  |                 | sure there is no diff<br>eligibility and bene |                    |           | eatn   | nent of categorica     | lly el   | igible households    | fron     | 1 those not receivi           | ng o  | ther public assistance  |
| SNA  | P Nominal Pay   | vments  |                    |           |        |                        |          |                      |          |                               |       |                         |
| 1.7a   | Do you allocat  | e LIHEAP funds to                             | oward a            | nomina    | al pa  | yment for SNAP         | hous     | eholds? 🔿 Yes 🤅      | No       | )                             |       |                         |
| If yo  | u answered ''Y  | es" to question 1.7                           | 'a, you n          | ust pro   | ovide  | e a response to qu     | estio    | ns 1.7b, 1.7c, and   | 1.7d     | •                             |       |                         |
|  |                 | minal Assistance:                             | \$0.00             |           |        |                        |          |                      |          |                               |       |                         |
| 1.7e   | Frequency of A  | Assistance<br>Once Per Year                   |                    |           |        |                        |          |                      |          |                               |       |                         |
|  |                 |   |                    |           |        |                        |          |                      |          |                               |       |                         |
|  |                 | Once every five y                             |                    |           |        |                        |          |                      |          |                               |       |                         |
|  |                 | Other - Describe                              |                    |           |        |                        |          |                      |          |                               |       |                         |
| 1.7d   | How do you c    | onfirm that the hou                           | sehold r           | eceivin   | g a n  | ominal payment         | has a    | an energy cost or 1  | need     | ?                             |       |                         |
| Dete   | rmination of F  | ligibility - Countab                          | ole Incor          | ne        |        |                        |          |                      |          |                               |       |                         |
| 1.8. 1   | n determining   | a household's inco                            | me eligi           | bility fo | or LI  | HEAP, do you us        | e gro    | oss income or net i  | incor    | ne ?                          |       |                         |
| >  | Gross Incom     | e   |                    |           |        |                        |          |                      |          |                               |       |                         |
|  | 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  |                 |   |                    |           |        |                        |          |                      |          |                               |       |                         |
| <b>&gt;</b>  | Unemployme      | ent insurance                                 |                    |           |        |                        |          |                      |          |                               |       |                         |
| <b>~</b>   | Strike Pay      |   |                    |           |        |                        |          |                      |          |                               |       |                         |
| <b>&gt;</b>  | Social Securi   | ty Administration (                           | (SSA ) b           | enefits   |        |                        |          |                      |          |                               |       |                         |

|                      | Including MediCare deduc  Excluding MediCare deduction Excluding MediCare deduction                    |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|
| >                    | Supplemental Security Income (SSI )  |  |  |  |  |  |  |
| <ul> <li></li> </ul> | Retirement / pension benefits  |  |  |  |  |  |  |
| <ul> <li></li> </ul> | General Assistance benefits  |  |  |  |  |  |  |
| <ul> <li></li> </ul> | 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   |  |  |  |  |  |  |
| <b>&gt;</b>          | Cash gifts   |  |  |  |  |  |  |
|                      | Savings account balance  |  |  |  |  |  |  |
|                      | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.    |  |  |  |  |  |  |
| <b>&gt;</b>          | Jury duty compensation   |  |  |  |  |  |  |
| <b>&gt;</b>          | Rental income  |  |  |  |  |  |  |
|                      | Income from employment through Workforce Investment Act (WIA)  |  |  |  |  |  |  |
|                      | Income from work study programs  |  |  |  |  |  |  |
| <b>&gt;</b>          | Alimony  |  |  |  |  |  |  |
|                      | Child support  |  |  |  |  |  |  |
| <b>&gt;</b>          | Interest, dividends, or royalties  |  |  |  |  |  |  |
| <b>&gt;</b>          | Commissions  |  |  |  |  |  |  |
|                      | Legal settlements  |  |  |  |  |  |  |
|                      | Insurance payments made directly to the insured  |  |  |  |  |  |  |
|                      | Insurance payments made specifically for the repayment of a bill, debt, or estimate                    |  |  |  |  |  |  |
| <b>&gt;</b>          | 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   |  |  |  |  |  |  |
| <ul> <li></li> </ul> | Funds received by household for the care of a foster child   |  |  |  |  |  |  |
|                      | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid                           |  |  |  |  |  |  |

| Reimbursements (for mileage, gas, lodging, meals, etc.)   |
|---|
| Other   |
| my of the above questions require further explanation or clarification that could not be made in fields provided, attach a document with said explanation here. |

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## Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023

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

#### Section 2 - Heating Assistance Eligibility, 2605(b)(2) - Assurance 2 2.1 Designate the income eligibility threshold used for the heating component: Household size Eligibility Guideline Add Eligibility Threshold 60.00% 1 State Median Income 2 State Median Income 60.00% 2 State Median Income 60.00% 3 3 60.00% 4 4 State Median Income 60.00% State Median Income 60.00% 6 6 State Median Income 7 7 State Median Income 60.00% 60.00% 8 8 State Median Income 60.00% State Median Income 9 10 10 State Median Income 60.00% 11 11 State Median Income 60.00% 12 12 60.00% State Median Income 13 13 State Median Income 60.00% 14 14 60.00% State Median Income 15 State Median Income 60.00% 15 2.2 Do you have additional eligibility requirements for H • Yes O No EATING ASSITANCE? 2.3 Check the appropriate boxes below and describe the policies for each. Do you require an Assets test ? 🔿 Yes 💿 No Do you have additional/differing eligibility policies for: Renters? O Yes 💿 No Renters Living in subsidized housing ? • Yes O No Renters with utilities included in the rent ? O Yes 💿 No Do you give priority in eligibility to: Elderly? 🔿 Yes 💿 No Disabled? O Yes O No Young children? 🔿 Yes 💿 No Households with high energy burdens ? 🔿 Yes 💿 No Other? Households with an energy emergency • Yes O No

Explanations of policies for each "yes" checked above:

2.2 All household members must have a verifiable Social Security Number or SSN Exception documentation. Minnesota's FFY22 EAP Policy Manual identifies acceptable SSN Exceptions.

Minnesota does not count ineligible non-citizens as household members but counts their income.

2.3 Households must be vulnerable to rising energy costs. For heat included in rent households, rising energy costs can result in higher rent if rent is not government subsidized based on income.

2.3 Households living in government-subsidized housing with heat and electric included in rent, when rent is solely income-based, are not eligible for energy assistance as they are not vulnerable to rising energy costs.

| Other: Minnesota processes applications on a first-come first-served basis. Households with an energy emergency (disconnect, disconnect notice, low or out of delivered fuel, etc.) are deemed high priority. |   |   |   |  |
|---|---|---|---|--|
|   |   |   |   |  |
| Determination of Benefits 2605(b)(5)  | - Assurance 5, 2605(c)(1)(B)  |   |   |  |
| 2.4 Describe how you prioritize the p   | rovision of heating assistance tovul  | nerable populations,e.g., benefit amou                                  | ints, early application periods, etc.   |  |
| Minnesota serves housel retain energy in the home.  | nolds on a first come - first served ba   | sis unless they have an energy emergenc                                 | y that must be addressed to restore or  |  |
|   | ations to EAP-eligible households from seholds are likely to have fixed incorrect | m the previous year. Commerce mails apnes.                              | pplications to fixed income household   |  |
| 75% of LIHEAP applica<br>ns.  | nts are vulnerable populations. Com   | merce and local service providers prioriti                              | ize outreach efforts to these populatio |  |
|   |   |   |   |  |
| 2.5 Check the variables you use to de   | termine your benefit levels. (Check   | x all that apply):  |   |  |
| Income  |   |   |   |  |
| Family (household) size   |   |   |   |  |
| Home energy cost or need:   |   |   |   |  |
| 🗹 Fuel type   |   |   |   |  |
| Climate/region  |   |   |   |  |
| Individual bill   |   |   |   |  |
| Dwelling type   |   |   |   |  |
| Energy burden (% of ind   | come spent on home energy)  |   |   |  |
| Energy need   |   |   |   |  |
| Other - Describe:   |   |   |   |  |
|   | nnual energy cost is not available, Co<br>(EAP centralized software) to deterr    | ommerce uses fuel-cost averages to deter nine eligibility and benefits. | mine the benefit level.                 |  |
| Benefit Levels, 2605(b)(5) - Assuranc   | e 5, 2605(c)(1)(B)  |   |   |  |
| 2.6 Describe estimated benefit levels   | for the fiscal year for which this pla  | an applies  |   |  |
| Minimum Benefit   | \$300   | Maximum Benefit   | \$2,000                                 |  |
| 2.7 Do you provide in-kind (e.g., blan  | kets, space heaters) and/or other fo  | orms of benefits? O Yes O No  |   |  |
| If yes, describe.   |   |   |   |  |
| Te e dii d'   |   | longtion on al-sters the st   |   |  |

| U.S. DEPARTMENT OF HEALTH AND HUMAN S<br>ADMINISTRATION FOR CHILDREN AND FAMILI         |                                       | I 05/92,02/95,03/96,12/98<br>MB Clearance No.: 097<br>Expiration Date: 12/3 | 0-0075                                |          |  |
|---|---------------------------------------|---|---------------------------------------|----------|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY |                                       |   |                                       |          |  |
| Sectio  | on 3 - Cooling                        | Assistance  |                                       |          |  |
| Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2                                   |                                       |   |                                       |          |  |
| 3.1 Designate The income eligibility threshold used for the                             | e Cooling component:                  |   |                                       |          |  |
| Add Household size  |                                       | Eligibility Guideline   | Eligibility Thresho                   |          |  |
| 1<br>3.2 Do you have additional eligibility requirements for C                          | O <sub>Yes</sub> O <sub>No</sub>      |   |                                       | 0.00%    |  |
| OOLING ASSITANCE?<br>3.3 Check the appropriate boxes below and describe the p           | olicies for each                      |   |                                       |          |  |
| Do you require an Assets test ?   | O Yes O No                            |   |                                       |          |  |
| Do you have additional/differing eligibility policies for:                              | 103 1010                              |   |                                       |          |  |
| Renters?  | O Yes O No                            |   |                                       |          |  |
| Renters Living in subsidized housing ?  | O Yes O No                            |   |                                       |          |  |
| Renters with utilities included in the rent ?   | O <sub>Yes</sub> O <sub>No</sub>      |   |                                       |          |  |
| Do you give priority in eligibility to:   |                                       |   |                                       |          |  |
| Elderly?  | O <sub>Yes</sub> O <sub>No</sub>      |   |                                       |          |  |
| Disabled?   | O <sub>Yes</sub> O <sub>No</sub>      |   |                                       |          |  |
| Young children?   | O <sub>Yes</sub> O <sub>No</sub>      |   |                                       |          |  |
| Households with high energy burdens ?   | O <sub>Yes</sub> O <sub>No</sub>      |   |                                       |          |  |
| Other?  | O Yes O No                            |   |                                       |          |  |
| Explanations of policies for each "yes" checked above:                                  |                                       |   |                                       |          |  |
|   | • • • • • • • • • • • • • • • • • • • | 1 / 1   | · · · · · · · · · · · · · · · · · · · | 3        |  |
| 3.4 Describe how you prioritize the provision of cooling as                             | sistance tovuinerable                 | populations, e.g., benefit amo  | unts, early application perio         | ds, etc. |  |
|   |                                       |   |                                       |          |  |
| Determination of Benefits 2605(b)(5) - Assurance 5, 2605(                               | c)(1)(B)                              |   |                                       |          |  |
| 3.5 Check the variables you use to determine your benefit                               | levels. (Check all tha                | t apply):   |                                       |          |  |
| Income  |                                       |   |                                       |          |  |
| Family (household) size   |                                       |   |                                       |          |  |
| Home energy cost or need:   |                                       |   |                                       |          |  |
| Fuel type   |                                       |   |                                       |          |  |
| Climate/region  |                                       |   |                                       |          |  |
|   |                                       |   |                                       |          |  |
| Dwelling type   |                                       |   |                                       |          |  |
| Energy burden (% of income spent on home energy)  |                                       |   |                                       |          |  |
| Energy need   |                                       |   |                                       |          |  |
| Other - Describe:   |                                       |   |                                       |          |  |
| Unier - Describe:   |                                       |   |                                       |          |  |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)                                 |                                       |   |                                       |          |  |

## Section 3 - COOLING ASSISTANCE

| 3.6 Describe estimated benefit levels for the fiscal year for which this plan applies   |                                     |                            |  |  |  |  |  |
|---|-------------------------------------|----------------------------|--|--|--|--|--|
| Minimum Benefit   | \$0                                 | \$0 Maximum Benefit \$0    |  |  |  |  |  |
| 3.7 Do you provide in-kind (e.g., fans, a   | air conditioners) and/or other forr | ns of benefits? 🔿 Yes 💿 No |  |  |  |  |  |
| If yes, describe.   |                                     |                            |  |  |  |  |  |
| Minnesota does not have a cooling assistance program component.   |                                     |                            |  |  |  |  |  |
| 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. |                                     |                            |  |  |  |  |  |

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Crisis Requirement, 2604(c)

## Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023

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

## Section 4: CRISIS ASSISTANCE

Eligibility - 2604(c), 2605(c)(1)(A)

| 4.1 Designate the income eligibility threshold used for the crisis component |                |                       |                       |  |  |  |
|--|----------------|-----------------------|-----------------------|--|--|--|
| Add  | Household size | Eligibility Guideline | Eligibility Threshold |  |  |  |
| 1  | 1              | State Median Income   | 60.00%                |  |  |  |
| 2  | 2              | State Median Income   | 60.00%                |  |  |  |
| 3  | 3              | State Median Income   | 60.00%                |  |  |  |
| 4  | 4              | State Median Income   | 60.00%                |  |  |  |
| 5  | 5              | State Median Income   | 60.00%                |  |  |  |
| 6  | 6              | State Median Income   | 60.00%                |  |  |  |
| 7  | 7              | State Median Income   | 60.00%                |  |  |  |
| 8  | 8              | State Median Income   | 60.00%                |  |  |  |
| 9  | 9              | State Median Income   | 60.00%                |  |  |  |
| 10   | 10             | State Median Income   | 60.00%                |  |  |  |
| 11   | 11             | State Median Income   | 60.00%                |  |  |  |
| 12   | 12             | State Median Income   | 60.00%                |  |  |  |
| 13   | 13             | State Median Income   | 60.00%                |  |  |  |
| 14   | 14             | State Median Income   | 60.00%                |  |  |  |
| 15   | 15             | State Median Income   | 60.00%                |  |  |  |

4.2 Provide your LIHEAP program's definition for determining a crisis.

To receive a Crisis benefit, a household must:

- Request assistance with an energy emergency by either submitting a bill, disconnect notice or disconnection document verifying the energy eme rgency OR notifying the Service Provider of an energy emergency.
- Be EAP eligible.
- Have received a Primary Heat benefit that did not resolve the emergency.
- Have the emergency verified and documented by the Service Provider with the energy vendor at the time the Crisis benefit is determined.
- Be occupying the dwelling at the time Crisis is requested and the benefit is determined.
- Not have a redundant heating system that has fuel. An exception is that households with a redundant heating system are eligible for Crisis if the heating system that is out of fuel is needed to allow continuous heat to the dwelling (e.g. if the electric portion of the redundant heating system i s on an off-peak discount program that interrupts electric heat to the dwelling or if the operational heating system uses biofuel.)
- Not have a Crisis payment that results in a credit on an account.
  - Have one of the following Crisis reasons:
    - · Heat Related Shut Off.
    - Heat Related Disconnection Notice.
    - Less than 20% in Fuel Tank and Refusal to Deliver (RTD).
    - Less than One Week Biofuel.
    - Non-Heat Electric Shut Off.
    - Non-Heat Electric Disconnection Notice.
    - Senior Past Due or Current Energy Bill.
    - Past due energy payment.
    - Less than 10 Days Pre-pay Energy.

4.3 What constitutes a life-threatening crisis?

No heat in the house or no heat distribution, and air temperature is not at a safe level and the household does not have an alternative or tem porary heat source.

| 4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours   |   |                |  |  |  |  |
|---|---|----------------|--|--|--|--|
| 4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situation s? 18Hours   |   |                |  |  |  |  |
| Crisis Eligibility, 2605(c)(1)(A)   |   |                |  |  |  |  |
| 4.6 Do you have addition ANCE?  | 4.6 Do you have additional eligibility requirements for CRISIS ASSIST Or Yes ONO<br>ANCE? |                |  |  |  |  |
| 4.7 Check the appropriat  | te boxes below and describe the policies for each   |                |  |  |  |  |
| Do you require an Assets  | s test ?  | C Yes 💿 No     |  |  |  |  |
| Do you give priority in el  | ligibility to :   |                |  |  |  |  |
| Elderly?  |   | © Yes ⊙ No     |  |  |  |  |
| Disabled?   |   | O Yes • No     |  |  |  |  |
| Young Children?   |   | C Yes 💿 No     |  |  |  |  |
| Households with hi  | gh energy burdens?  | C Yes O No     |  |  |  |  |
| Other? energy eme   | ergency   | • Yes C No     |  |  |  |  |
| In Order to receive crisis  | assistance:   |                |  |  |  |  |
| Must the household<br>empty tank?   | d have received a shut-off notice or have a near  | O Yes O No     |  |  |  |  |
| Must the household  | d have been shut off or have an empty tank?   | O Yes O No     |  |  |  |  |
| Must the household  | d have exhausted their regular heating benefit?   | ⊙ Yes ONo      |  |  |  |  |
| Must renters with<br>ed an eviction notice ?  | heating costs included in their rent have receiv  | O Yes O No     |  |  |  |  |
| Must heating/cooli  | ng be medically necessary?  | O Yes O No     |  |  |  |  |
| Must the household<br>ent?  | d have non-working heating or cooling equipm  | ⊙ Yes O No     |  |  |  |  |
| Other? Malfunctio   | ning heating unit that still operates   | • Yes C No     |  |  |  |  |
| Do you have additional /  | differing eligibility policies for:   |                |  |  |  |  |
| Renters?  |   | C Yes 🖸 No     |  |  |  |  |
| Renters living in su  | ibsidized housing?  | O Yes O No     |  |  |  |  |
| Renters with utiliti  | es included in the rent?  | O Yes O No     |  |  |  |  |
| Explanations of policies  | for each "yes" checked above:   |                |  |  |  |  |
| <ul> <li>FFY22 EAP Policy: Household must have one of the following Crisis reasons: <ol> <li>Heat Related Shut Off.</li> <li>Heat Related Disconnection Notice.</li> <li>Less than 20% in Fuel Tank and Refusal to Deliver (RTD).</li> <li>Less than One Week Biofuel.</li> <li>Non-Heat Electric Shut Off.</li> <li>Non-Heat Electric Disconnection Notice.</li> <li>Senior Past Due or Current Energy Bill.</li> <li>Past due energy payment.</li> <li>Less than 10 Days Pre-pay Energy.</li> </ol> </li> <li>Energy Related Repair (ERR) is a Crisis program for heating systems that do not heat, do not distribute heat, are malfunctioning or have he alth and safety issues (such as producing carbon monoxide). Households must be homeowners as landlords are required to maintain heat in rental units.</li> </ul> If the regular heating benefit resolves a crisis, no Crisis funds are used. Some crisis situations need to use the remaining regular heating regular heating regular heating regular heating benefit resolves a crisis.  |   |                |  |  |  |  |
| ting benefit and Crisis funds.  |   |                |  |  |  |  |
| Determination of Benefits   |   |                |  |  |  |  |
| 4.8 How do you handle crisis situations?  |   |                |  |  |  |  |
| <ul> <li>Image: A start of the start of</li></ul> | Separate component  |                |  |  |  |  |
| <ul> <li>Image: A start of the start of</li></ul> | Fast Track  |                |  |  |  |  |
|   | Other - Describe:   |                |  |  |  |  |
| <br>4.9 If you have a separat   | e component, how do you determine crisis assist   | ance benefits? |  |  |  |  |
|   | Amount to resolve the crisis.   |                |  |  |  |  |
|   | Other - Describe:   |                |  |  |  |  |

| If the energ<br>for an arrearage if  |   |   | esolved with the EAP funds available to a household, Crisis funds may pay credit balance.  |  |  |
|--|---|---|--|--|--|
|  | When a household has a delivered fuel emergency, a Service Provider may use Crisis benefits to pay an arreara ge on the household's energy vendor account.  |   |  |  |  |
| When Crisi<br>el delivery. In that<br>ehold has less than  | When Crisis funds are used to pay an arrearage, the remaining Crisis benefit may not be enough to provide a fu<br>el delivery. In that case, use Crisis benefits to reduce the arrearage and use a "reasonability check" to estimate the hous<br>ehold has less than 20% in their fuel tank. If the remaining Crisis benefit, combined with other resources (household or<br>other), is enough to provide a fuel delivery, a Service Provider may authorize and pay the remaining Crisis benefit. |   |  |  |  |
|  | Example 1: A household with a confirmed emergency is \$800 in arrears with its delivered fuel vendor. A Servi<br>e Provider may use \$600 in Crisis funds to reduce the arrearage.  |   |  |  |  |
| e Provider may use<br>ry is \$300. This lea  | e Crisis to para<br>aves the hous<br>other program  | y the full arro<br>sehold \$120 s<br>n resources, o | Tirmed emergency is \$420 in arrears with its delivered fuel vendor. A Servic<br>earage, leaving \$180 Crisis available. The energy vendor's minimum delive<br>short. Work with the household to find \$120. The \$120 may come from hou<br>or a combination. Once the \$120 is confirmed, a Service Provider may auth<br>lefit. |  |  |
| Crisis Requirements, 2604(c)   |   |   |  |  |  |
| . , .,   | ssistance at  | sites that ar                                       | e geographically accessible to all households in the area to be served?  |  |  |
| • Yes O No Explain.  |   |   |  |  |  |
|  |   |   |  |  |  |
| Offices are physically accessible to all<br>n. Households are not required to request Cris   |   |   | may request Crisis assistance by telephone, fax, email, US mail or in perso $s_{a}$ households do not need to leave their home.  |  |  |
| 4.11 Do you provide individuals who are physically   | y disabled th   | ne means to:  |  |  |  |
| Submit applications for crisis benefits without le   | eaving their  | homes?  |  |  |  |
| • Yes C No If No, explain.   |   |   |  |  |  |
| Travel to the sites at which applications for crisi  | is assistance   | are accepte   | d?   |  |  |
| C Yes 💿 No 🛛 If No, explain.   |   |   |  |  |  |
| If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disa bled?<br>Households are able to apply for Crisis benefits by mail, email, telephone or fax. Local service provider staff can provide in-home |   |   |  |  |  |
| assistance to complete an application.   |   |   |  |  |  |
| Renefit Levels 2605(c)(1)(R)   |   |   |  |  |  |
| Benefit Levels, 2605(c)(1)(B)<br>4.12 Indicate the maximum benefit for each type of crisis assistance offered.   |   |   |  |  |  |
| 4.12 Indicate the maximum benefit for each type of crisis assistance offered.         Winter Crisis       \$1,200.00 maximum benefit   |   |   |  |  |  |
| Summer Crisis         \$0.00 maximum benefit   |   |   |  |  |  |
| Year-round Crisis     \$0.00 maximum benefit   |   |   |  |  |  |
| 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?   |   |   |  |  |  |
| O Yes O No If yes, Describe  |   |   |  |  |  |
|  |   |   |  |  |  |
| 4.14 Do you provide for equipment repair or repla  | cement usin   | ig crisis fund                                      | ls?  |  |  |
| • Yes O No   |   | 0   |  |  |  |
| If you answered "Yes" to question 4.14, you must   | complete qu   | estion 4.15.  |  |  |  |
| 4.15 Check appropriate boxes below to indicate ty  |   |   | ded  |  |  |
| The enter appropriate boxes below to mulcate ty  | Winter C  | Summer  | Year-round Crisis  |  |  |
|  | risis   | Crisis  | rear-round Crisis  |  |  |
| Heating system repair  | <b>~</b>  |   |  |  |  |
| Heating system replacement   | ×   |   |  |  |  |
| Cooling system repair  |   |   |  |  |  |
| Cooling system replacement   |   |   |  |  |  |
| Wood stove purchase  |   |   |  |  |  |
| Pellet stove purchase  | <b>&gt;</b>   |   |  |  |  |

| Solar panel(s)  |              |            |            |  |
|---|--------------|------------|------------|--|
| Utility poles / gas line hook-ups   | <b>&gt;</b>  |            |            |  |
| Other (Specify):<br>A dwelling must have adequate electrical service to<br>operate the heating system for the furnace to be repa<br>ired or replaced. ERR electrical repairs outside of th<br>e furnace are limited to the wiring (dedicated circui<br>t) that connects from the furnace to the service panel<br>or from the furnace to the thermostat. Energy Relate<br>d Repair (ERR) is a Crisis program for heating syste<br>ms that do not heat, do not distribute heat, are malfu<br>nctioning or have health and safety issues (such as p<br>roducing carbon monoxide). Households must be ho<br>meowners as landlords are required to maintain heat<br>in rental units. ERR may pay for all related costs inc<br>luding gas line installation, fuel tanks, fuel line bury<br>ing, and duct work when the fuel type change is me<br>dically necessary. |              |            |            |  |
| 4.16 Do any of the utility vendors you work with en   | nforce a moi | atorium on | shut offs? |  |
| Yes VNO<br>If you responded "Yes" to question 4.16, you must<br>4.17 Describe the terms of the moratorium and any   | •            | •          |            | P clients during or after the moratorium period. |
| Public Utilities Commission Order prohibits regulated utilities from sending disconnection notices or disconnecting service while the Gov<br>rnor's COVID-19 emergency order is in effect. Many non-regulated utilities are opting to follow suit.<br>Regulated utilities permitted to transition to regular collection and disconnection practices, with first disconnections allowed 08/02/21. Re<br>ulated utilities may not disconnect households with pending or approved LIHEAP application.  |              |            |            |  |

| 7   | 7   | HHS Poverty Guidelines                     | 200.00%                  |  |  |  |
|---|---|--|--------------------------|--|--|--|
| 8   | 8   | HHS Poverty Guidelines                     | 200.00%                  |  |  |  |
| 9   | 9   | HHS Poverty Guidelines                     | 200.00%                  |  |  |  |
| 10  | 10  | HHS Poverty Guidelines                     | 200.00%                  |  |  |  |
| 11  | 11  | HHS Poverty Guidelines 200.0               |                          |  |  |  |
| 5.2 Do you enter<br>No  | into an interagency agreement to have another gov   | ernment agency administer a WEATHERIZ      | ATION component? O Yes 💿 |  |  |  |
| 5.3 If yes, name t  | he agency.  |  |                          |  |  |  |
| 5.4 Is there a sep  | arate monitoring protocol for weatherization? 💽 Y   | Yes ONo                                    |                          |  |  |  |
| WEATHERIZA  | FION - Types of Rules   |  |                          |  |  |  |
| 5.5 Under what r  | ules do you administer LIHEAP weatherization? (   | Check only one.)                           |                          |  |  |  |
| Entirely ur   | nder LIHEAP (not DOE) rules   |  |                          |  |  |  |
| Entirely ur   | nder DOE WAP (not LIHEAP) rules   |  |                          |  |  |  |
| Mostly und  | ler LIHEAP rules with the following DOE WAP ru  | le(s) where LIHEAP and WAP rules differ (O | Check all that apply):   |  |  |  |
| Incor   | Income Threshold  |  |                          |  |  |  |
| Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days |   |  |                          |  |  |  |
| Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional c are facilities).                                    |   |  |                          |  |  |  |
| Othe  | Other - Describe:   |  |                          |  |  |  |
| Mostly und  | Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.) |  |                          |  |  |  |
| 🗹 Incor   | Income Threshold  |  |                          |  |  |  |
| 🗹 Weat  | Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.                                 |  |                          |  |  |  |
| Weatherization measures are not subject to DOE Savings to Investment Ration (SIR ) standards.   |   |  |                          |  |  |  |
| Other - Describe:   |   |  |                          |  |  |  |
| Allowable measures by event type:   |   |  |                          |  |  |  |
| Au  | Audit events:   |  |                          |  |  |  |
| • Audit event activities will follow Section 4 of the MN WAP Policy Manual and incorporated appendices.   |   |  |                          |  |  |  |
| <u>l</u>  | D   |  |                          |  |  |  |

## Section 5 - WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Household Size

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

1

2

3

4

5

6

Add

1

2

3

4

5

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023

Eligibility Threshold

60.00%

60.00%

60.00%

200.00%

200.00%

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

Section 5: WEATHERIZATION ASSISTANCE

State Median Income

State Median Income

State Median Income

State Median Income

HHS Poverty Guidelines

HHS Poverty Guidelines

Eligibility Guideline

All energy conservation, incidental repair, and health and safety measures will follow the "Allowable Measures Chart (Audit Event)."

Standalone events:

- Standalone event activities will follow Section 5 of the MN WAP Policy Manual and incorporated appendices.
- All standalone measures will follow the "Allowable Measures Chart (Standalone Event)."

EAPWX standalone funds may be used for allowed activities in non-emergency situations during the entire grant period (WAP Policy 5.

1).

State level EAP and WAP coordination includes:

- Annual EAP and WAP planning activities
- Coordination and communication of issues identified through monitoring of local Service Providers
- Coordination and management of complaints, appeals, suspected fraud, local Service Provider issues, etc.

Only EAPWX administrative funds may be used for Training and Technical Assistance (T&TA) cost. EAPWX program funds may be use d for local travel expenses.

EAPWX funds may be used for purchasing of hardware, software, or leasing of equipment (including vehicles). Commerce WAP is responsible for the review and approval of these purchases in accordance with USDOE rules.

| Eligibility, 2605(b)(5) - Assurance 5                           |            |  |  |
|---|------------|--|--|
| 5.6 Do you require an assets test?                              | O Yes O No |  |  |
| 5.7 Do you have additional/differing eligibility policies for : |            |  |  |
| Renters   | C Yes O No |  |  |
| Renters living in subsidized housin g?                          | O Yes O No |  |  |
| 5.8 Do you give priority in eligibility to:                     |            |  |  |
| Elderly?  | • Yes C No |  |  |
| Disabled?   | • Yes O No |  |  |
| Young Children?   | • Yes O No |  |  |
| House holds with high energy burde ns?                          | • Yes O No |  |  |
| Other?  | C Yes C No |  |  |

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field bel ow.

5.8 PRIORITY FOR PROVIDING WEATHERIZATION SERVICE

POLICY: Service Providers must have in place a priority system that is:

1. Used to determine the order of service for program eligible clients.

2. Applied equally to both owner and renter occupied dwellings.

PROCEDURE: Client priority systems will incorporate households where one or more of the following exist:

1. Elderly member (60 years or over).

- 2. Handicapped member.
- 3. Child or children under the age of 19.
- 4. High energy consumption.
- 5. Recipients of Crisis or ERR

Service Providers may choose the order in which priority households are served.

The eHEAT WAP Priority list will be used to select clients for Weatherization energy conservation services. Applicants with a higher priority will be inserted into the waiting list ahead of applicants with lower priority criteria.

Within the priority categories, Service Providers may choose to consider additional criteria for order of service, including but not limited t

- · Using the oldest application approval date for positioning applicants within the same category,
- An emergency referral from the Energy Assistance Program (EAP) for a life-threatening emergency,
- Opportunity to complete other rehabilitation work with non-weatherization funds; or
- An official state or federal declared disaster designation.

Service Providers must be able to demonstrate how their local priority determination is made and how it best served the eligible population in the service territory. Service Providers are required to have written procedures in place to ensure that eligible households are served according t o their priority system

#### Benefit Levels

o:

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? 🔘 Yes 🔞 No

5.10 If yes, what is the maximum? \$0

| Types of Assistance, 2605(c)(1), (B) & (D)  |                             |  |  |  |
|---|-----------------------------|--|--|--|
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)  |                             |  |  |  |
| Weatherization needs assessments/audits   | Energy related roof repair  |  |  |  |
| Caulking and insulation   | Major appliance Repairs     |  |  |  |
| Storm windows   | Major appliance replacement |  |  |  |
| Furnace/heating system modifications/ repairs   | Windows/sliding glass doors |  |  |  |
| Furnace replacement   | Doors                       |  |  |  |
| Cooling system modifications/ repairs   | Water Heater                |  |  |  |
| Water conservation measures   | Cooling system replacement  |  |  |  |
| Compact florescent light bulbs Other - Describe:<br>EAPWX funds can be used to complete measures included on the MN Department of Commerce's Weatherization Assistance Manual (see attachment). |                             |  |  |  |
|   |                             |  |  |  |

| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES  | August 1987, revised 05/92,02/95,03/96,12/98,11/01<br>OMB Clearance No.: 0970-0075<br>Expiration Date: 12/31/2023 |  |  |  |  |
|---|---|--|--|--|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY   |   |  |  |  |  |
| 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 vailable:  | eligible households are made aware of all LIHEAP assistance a   |  |  |  |  |
| Place posters/flyers in local and county social service offices, offices of agin  | g, 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 ass   | sistance at application intake for other low-income programs.   |  |  |  |  |
| Execute interagency agreements with other low-income program offices to   | perform outreach to target groups.  |  |  |  |  |
| Other (specify):  |   |  |  |  |  |
| The State issues press releases regarding LIHEAP. The State may work<br>Commerce partners with other statewide low-income programs to conduct out<br>n application for the upcoming program year. The above outreach activities are<br>provide in their area. | reach. The mass mailing to prior-year LIHEAP recipients includes a  |  |  |  |  |
| If any of the above questions require further explanation   | on or clarification that could not be made in   |  |  |  |  |

the fields provided, attach a document with said explanation here.

|          | MODEL PLAN<br>SF - 424 - MANDATORY  |  |  |  |  |  |
|----------|---|--|--|--|--|--|
|          | Section 7: Coordination, 2605(b)(4) - Assurance 4   |  |  |  |  |  |
|          | 1.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SS<br>, WAP, etc.).   |  |  |  |  |  |
| <b>~</b> | Joint application for multiple programs   |  |  |  |  |  |
| <b>~</b> | Intake referrals to/from other programs   |  |  |  |  |  |
| <b>~</b> | One - stop intake centers   |  |  |  |  |  |
| <b>~</b> | Other - Describe:   |  |  |  |  |  |
| F        | Minnesota administers LIHEAP, LIHWAP and DOE Weatherization (WAP) in the Department of Commerce, Division of Energy Resourc<br>es. This helps facilitate coordination between similar and related services. The <i>Minnesota Energy Assistance Programs Application</i> serves as the a<br>pplication for LIHEAP, LIHWAP, DOE and LIHEAP weatherization activities, and the Conservation Improvement Program (CIP). LIHEAP Serv<br>ice Provider staff determine income for most WAP recipients. |  |  |  |  |  |
| i        | The energy programs application instructions provide information for the Cold Weather Rule administered by the Public Utilities Commiss ion (PUC). EAP coordinates closely with WAP at the state and local levels.  |  |  |  |  |  |
| 2        | The EAP application consent section and accompanying Privacy Notice permits organizations with access to EAP household data for EAP administration to use the data to identify eligible participants for low-income affordability and conservation programs. Energy vendors, including Xcel Energy and CenterPoint Energy, provide affordability programs for EAP recipient households and state-mandated low-income utility conservation improvement programs (CIP).                           |  |  |  |  |  |
| C        | Local administering agencies (Service Providers) develop plans for local coordination with other human services providers and community organizations   |  |  |  |  |  |
| S        | Service Providers may also administer similar and related programs including the Community Services Block Grant, Head Start, income as sistance programs and housing programs.  |  |  |  |  |  |
|          | State law requires the local Service Providers to provide voter registration information to households, as needed.  |  |  |  |  |  |
|          | y of the above questions require further explanation or clarification that could not be made in<br>elds provided, attach a document with said explanation here.   |  |  |  |  |  |
|          |   |  |  |  |  |  |

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)

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

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

Expiration Date: 12/31/2023

|  | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES |  |                |  |  |  |  |
|--|--|--|----------------|--|--|--|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY  |  |  |                |  |  |  |  |
| Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and t<br>he Commonwealth of Puerto Rico)  |  |  |                |  |  |  |  |
| 8.1 Ho   | w would you categorize the primary respons   | ibility of your State age  | ncy?           |  |  |  |  |
|  | 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<br>If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.<br>8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE? |  |  |                |  |  |  |  |
| 8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?   |  |  |                |  |  |  |  |
| 8.4 Hov  | w do you provide alternate outreach and int  | ake for CRISIS ASSIST  | ANCE?          |  |  |  |  |
| 8.5 LII  | IEAP Component Administration.   | Heating  | Cooling        | Crisis   | Weatherization   |  |  |
| 8.5a W   | ho determines client eligibility?  | Local County Govern<br>ment<br>Community Action Ag<br>encies<br>Non-profits<br>Tribal Government | Non-Applicable | Local County Govern<br>ment<br>Community Action Ag<br>encies<br>Non-profits<br>Tribal Government | Local County Govern<br>ment<br>Community Action Ag<br>encies<br>Non-profits<br>Tribal Government |  |  |
|  | ho processes benefit payments to gas and e<br>vendors?   | Local County Govern<br>ment<br>Community Action Ag<br>encies<br>Non-profits<br>Tribal Government | Non-Applicable | Local County Govern<br>ment<br>Community Action Ag<br>encies<br>Non-profits<br>Tribal Government |  |  |  |
| vendors? ment ment<br>Community Action Ag<br>encies<br>Non-profits Non-profits   |  |  |                | Community Action Ag<br>encies  |  |  |  |
| 8.5d W<br>measur   | ho performs installation of weatherization<br>es?  |  |                |  | Community Action Ag<br>encies<br>Non-profits<br>Tribal Government                                |  |  |

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# 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?

Selecting successor EAP Service Provider(s)

Changing Program Providers

As part of the annual State Plan application required by LIHEAP statute, the chief executive officer of each State shall certify the State's a greement to meet the conditions of sixteen assurances. As part of assurances six and fifteen, Commerce developed a network of local administerin g agencies to serve as local EAP Service Providers. Commerce continues to contract with these agencies, whenever possible, to operate LIHEAP.

In the event of an EAP Service Provider acquisition or merger, EAP Service Provider resignation, or Commerce contract termination or no n-renewal, Commerce must select a successor EAP Service Provider.

#### Acquisition or Merger

When a current EAP Service Provider acquires another current EAP Service Provider or when two or more current EAP Service Providers merge, the EAP Service Providers must submit written, signed notification on Service Provider letterhead to the Commerce EAP Director. The wr itten notice must include the following: a statement clearly describing the acquisition or merger plan; the effective acquisition or merger date; and documentation of a formal board resolution, signed and dated by each organization's governing board chair or designee.

#### Service Provider Resignation

To resign from EAP delivery, an EAP Service Provider must submit written, signed notification on Service Provider letterhead to the Com merce EAP Director. The resignation notice must include the following: a statement clearly indicating the Service Provider's intent to resign; the effective resignation date; and documentation of a formal board resolution, signed and dated by the governing board chair or designee. A minimu m notice of 60 days is required to voluntarily terminate a current grant contract.

The resigning EAP Service Provider must complete all contractual obligations to finalize the resignation.

Commerce Contract Termination or Non-Renewal

Commerce may terminate or decline to renew an EAP Service Provider's *LIHEAP Grant Contract*. Commerce will strictly follow contract requirements if terminating a contract. Commerce will provide the EAP Service Provider with written notice identifying the effective date and the remaining obligations for both parties.

#### Successor Selection

If the EAP Service Provider change is due to an acquisition or merger, the successor EAP Service Provider is the new or surviving entity.

If the EAP Service Provider change is due to an EAP Service Provider resignation or Commerce contract termination or non-renewal, Com merce takes the following steps to select a successor EAP Service Provider:

1. Commerce solicits a letter of interest from current EAP Service Providers.

2. If no current EAP Service Provider expresses interest in serving the vacated EAP service area, Commerce follows agency procurement policy t o select a successor EAP Service Provider.

Commerce evaluates and selects each successor EAP Service Provider on a case-by-case basis. Evaluation criteria may include the followi

#### ng:

- Resigning EAP Service Provider's recommendation.
- Vacated EAP service area community recommendation.
- For current EAP Service Providers, recent program performance as reflected in Program Audit Reports and other evaluations.
- Geographic proximity to vacated EAP service area. Current EAP Service Providers serving an EAP service territory overlapping or adjacent to the vacated EAP service area may receive preference.
- Current EAP Service Providers providing similar services in vacated EAP service area (e.g., Weatherization Assistance Program, Head Start) m ay receive preference.

Note: Pursuant to LIHEAP statute, Community Action Agencies receive preference.

#### Commerce may:

- Subdivide the vacated EAP service area.
- Execute a short term contract with an existing EAP Service Provider on an interim or emergency basis during the succession process.

#### Transferring Program Activity

• Upon identifying the successor EAP Service Provider, Commerce directs the transition with the exiting and successor EAP Service Providers to facilitate the transition.

8.7 How many local administering agencies do you use? 28

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

• Yes

 $O_{No}$ 

#### 8.9 If so, why?

Agency was in noncompliance with grantee requirements for LIHEAP -

|             | Agency is under criminal investigation  |  |  |  |
|-------------|---|--|--|--|
|             | Added agency  |  |  |  |
|             | Agency closed   |  |  |  |
| <b>&gt;</b> | Other - describe  |  |  |  |
|             | Agency resigned as an EAP Service Provider.   |  |  |  |
| -           | 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. |  |  |  |

|  | NT OF HEALTH AND HUMAN SERVICES<br>N FOR CHILDREN AND FAMILIES  |  | 2,02/95,03/96,12/98,11/01<br>Clearance No.: 0970-0075<br>piration Date: 12/31/2023 |
|--|---|--|--|
| LC   | OW INCOME HOME ENERGY ASSIS<br>MODEL PLA<br>SF - 424 - MAND   | AN .   | HEAP)  |
|  | Section 9: Energy Suppliers, 26   | 05(b)(7) - Assurance 7   | 7  |
| 9.1 Do you make payn   | nents directly to home energy suppliers?  |  | -  |
| Heating  | • Yes O No  |  |  |
| Cooling  | C Yes 🖸 No  |  |  |
| Crisis   | • Yes C No  |  |  |
| Are there exceptions   | s? • Yes O No   |  | _  |
| If yes, Describe.  |   |  |  |
| Direct Pa  | ayments   |  |  |
|  | olds may receive direct payments under limited circumstances<br>ag energy vendors based on the household's needs. Make direct   |  |  |
| <ul> <li>Certain situati dor below.)</li> <li>A biofuel ven vice Provider:</li> <li>The Service F</li> <li>The househol</li> <li>The househol</li> <li>Note: R</li> <li>Heat in Primary</li> </ul> | ilities, electric and heat are included in the rent.<br>ions where heat is in rent (HIR) and the household pays an ele<br>ador or usable biofuel (e.g., seasoned wood) is not available. E<br>is must maintain knowledge of the biofuel vendors in their ser<br>Provider must document there is no biofuel vendor or usable b<br>Id's energy vendor(s) refused to sign the energy vendor agreer<br>Id is unable to secure an energy vendor.<br>teimbursements to applicants for payments made to energy vender<br><b>Rent; Household Pays an Electric Vendor</b><br>Heat benefits are first distributed to the household's electric vendor equal to the household's annual electric cost of | Biofuel payments must go to a biofuel<br>vice area.<br>iofuel available.<br>nent.<br>ndors are not allowed.<br>zendor. eHEAT automatically calcula | l vendor whenever possible. Ser<br>tes payments for distribution to                |
|  | the client of the amount of assistance paid?  | 00, the entire benefit is distributed to   | the household's electric vendor.   |
| Househo  | olds receive a letter stating the amount paid to energy vendor(s  | s) or, in some instances, the amount p   | paid directly to the household.  |
|  | e that the home energy supplier will charge the eligible how<br>e energy and the amount of the payment?   | usehold, in the normal billing proce   | ess, the difference between the  |
| usehold's energy<br>ndors throughou  | must sign and comply with a vendor agreement to be eligible<br>y accounts. Vendor payments are made through a centralized<br>at the program year and perform ongoing formal monitoring o<br>e are met. Commerce program performance auditors review th  | payment system. Local administering<br>f a percentage of the vendors annual  | g agencies work closely with ve<br>y to assure that all requirements               |
| 9.4 How do you assure<br>nce?  | e that no household receiving assistance under this title wil   | ll be treated adversely because of tl  | heir receipt of LIHEAP assista   |
| usehold's energy<br>ndors throughou  | must sign and comply with a vendor agreement to be eligible<br>y accounts. Vendor payments are made through a centralized<br>at the program year and perform ongoing formal monitoring o<br>e are met. Commerce program performance auditors review th  | payment system. Local administering<br>f a percentage of the vendors annual  | g agencies work closely with ve<br>y to assure that all requirements               |
| 9.5. Do you make payı<br>s?<br>O Yes O No  | ments contingent on unregulated vendors taking appropri   | ate measures to alleviate the energ  | y burdens of eligible household  |
| If so, describe the m  | neasures unregulated vendors may take.  |  |  |

## 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: 12/31/2023

## 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?

Fiscal accounting and tracking of LIHEAP funds takes place on the state and local levels. Local administering agencies are allowed only th ree days' cash on hand. The Minnesota Department of Commerce requires local administering agencies to submit monthly financial status reports and tracks and monitors those reports on an ongoing basis.

Quality and Performance Control tracking is performed to reduce late payments and process energy vendor refunds in a timely manner.

Centralized payment process for Primary Heat, Crisis, and ERR benefits.

Commerce staff review and assess SP fiscal information annually for compliance as part of the annual contracting process (Local Plan and Internal Controls Documentation).

Audit Process

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

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring as sessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.

No Findings 📃

| 1 1                               | reporting              | The Department of Commerce overs<br>tated the federal share of unliquidate<br>d obligations on the Federal Financia<br>I Report for one LIHEAP award by \$  |                                |                                  |
|-----------------------------------|------------------------|---|--------------------------------|----------------------------------|
|                                   |                        | 2,646,623. The Department of Com<br>merce did not report the date of the 1<br>ast obligation on the Federal Financi<br>al Report for four LIHEAP awards.<br>No questioned costs.  | Yes                            | procedure/policy changes         |
| 2 1                               | monitoring             | The Department of Commerce did n<br>ot communicate the federal award id<br>entification number to its LIHEAP s<br>ubrecipients for the Energy Assistan<br>ce Program (EAP), or the federal aw<br>ard date to any of its LIHEAP subrec<br>ipients. | Yes                            | procedure/policy changes         |
| 3 1                               | reporting              | The Department of Commerce under<br>stated the amounts provided to subre<br>cipients reported on the Schedule of<br>Expenditures of Federal Awards for<br>LIHEAP by \$188,844.  | Yes                            | procedure/policy changes         |
| What types of a Select all that a | apply.                 | ements do you have in place for local a   |                                |                                  |
| Local                             | l agencies/district of | fices are required to have an annual a  | udit in compliance with Single | Audit Act and OMB Circular A-133 |
| Local                             | l agencies/district of | fices are required to have an annual a  | udit (other than A-133)        |                                  |
| 🗹 Local                           | agencies/district of   | fices' A-133 or other independent aud   | its are reviewed by Grantee as | part of compliance process.      |
| 🗹 Gran                            | tee conducts fiscal a  | nd program monitoring of local agend  | cies/district offices          |                                  |

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all th at apply

| Grantee employees:                               |               |
|--|---------------|
| Internal program review                          |               |
| Departmental oversight                           |               |
| Secondary review of invoices and payments        |               |
| Other program review mechanisms are in pla       | ce. Describe: |
|  |               |
| Local Administering Agencies / District Offices: |               |
| On - site evaluation                             |               |
| Annual program review                            |               |
| Monitoring through central database              |               |
| Desk reviews                                     |               |
| Client File Testing / Sampling                   |               |
| Other program review mechanisms are in pla       | ce. Describe: |
|  |               |

Commerce EAP receives, reviews and assesses SP corporate audit information annually for compliance as part of the annual contracting pr ocess (Local Plan and Internal Controls Documentation).

#### 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.

All local EAP agencies are monitored on site at least once a year.

Initial monitoring takes place from October to December at selected EAP agencies. Full monitoring is typically started in late December or January, with the last visits completed in May or June. All local EAP agencies receive a full monitoring visit. Due to the COVID-19 health emerg ency, the State of Minnesota suspended employee travel. This means Commerce is not able to conduct on site program audit visits to all local EAP agencies. For these local EAP agencies, Commerce is conducting virtual visits which include file review and service provider staff interviews.

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

Site Visits:

All local EAP Service Providers receive at least one on-site monitoring visit. It is possible that well-performing or low-risk Service Provid ers will not have an initial program assessment visit. Due to the COVID-19 health emergency, the State of Minnesota suspended employee travel. This means Commerce is not able to conduct on site program audit visits to all local EAP agencies. Commerce is conducting virtual visits which i nclude file review and service provider staff interviews.

#### **Desk Reviews:**

Commerce runs and analyzes reports on a weekly basis for all EAP Service Providers. Commerce has authority to request any information regarding the operation of the program. In addition, Commerce regularly analyzes eHEAT (EAP's database) and other data for patterns and inform ation. This information may lead to questions about a Service Provider's program delivery. When questions arise, the Program Performance Audit or or other designated staff may follow up with the Service Provider.

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

Each local EAP agency is monitored at least once per federal fiscal year. A second program audit visit from one fiscal year may be combin ed with the first visit from the next fiscal year. In the event travel remains restricted due to the COVID-19 health emergency, Commerce will cond uct a virtual visit which includes file review and service provider staff interviews.

Local weatherization (EAPWX) agencies are monitored at least once during the two-year LIHEAP Award Grant Period by Commerce WA

P staff.

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

This is not tracked in aggregate.

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

This is not tracked in aggregate.

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0

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)

| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY  |   |   |  |  |  |  |
| Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)  |   |   |  |  |  |  |
| 11.1 How did you obtain input fro<br>Select all that apply.  | m the public in the development of your LIH   | EAP plan?                                     |  |  |  |  |
| Tribal Council meeting(s   | 3)  |   |  |  |  |  |
| Public Hearing(s)  |   |   |  |  |  |  |
| <b>Draft Plan posted to web</b>  | osite and available for comment   |   |  |  |  |  |
| Hard copy of plan is ava   | ilable for public view and comment  |   |  |  |  |  |
| Comments from applica  | nts are recorded  |   |  |  |  |  |
| Request for comments or  | n draft Plan is advertised  |   |  |  |  |  |
| Stakeholder consultation   | n meeting(s)  |   |  |  |  |  |
| Comments are solicited of  | during outreach activities  |   |  |  |  |  |
| Other - Describe:  |   |   |  |  |  |  |
|  | Commerce publishes public hearing and public comment period in the Minnesota State Register, on Commerce website, and sends to all lo cal service providers, policy advisory committee members, and other stakeholders, with a minimum of 30-days notice. |   |  |  |  |  |
| Commere Commissio  | Commere Commissioner and Commerce tribal liaison consult with Minnesota's tribal communities.   |   |  |  |  |  |
| Commerce accepts co  | omments through multiple channels: US Mail, e   | mail, public hearing, online form, and fax.   |  |  |  |  |
| Throughout the progr<br>nd other stakeholders.   | Throughout the program year, Commerce seeks input from local service providers, policy advisory committee members, energy vendors, a nd other stakeholders.   |   |  |  |  |  |
| 11.2 What changes did you make t   | to your LIHEAP plan as a result of this partic  | cipation?                                     |  |  |  |  |
| Adding online applic   | ation in FFY22.   |   |  |  |  |  |
| Numerous program c   | hanges in response to pandemic.   |   |  |  |  |  |
| Modified SSN excep   | tion policies and procedures.   |   |  |  |  |  |
| Modified allowable u   | Modified allowable uses of LIHEAP funds transferred to Weatherization Assistance Program.   |   |  |  |  |  |
| Considering a larger transfer of LIHEAP funds to Weatherization Assistance Program.  |   |   |  |  |  |  |
| Calculating benefits using total energy cost rather than estimated heating cost.   |   |   |  |  |  |  |
| Adding community solar garden operators as energy vendors.   |   |   |  |  |  |  |
|  |   |   |  |  |  |  |
|  |   |   |  |  |  |  |
| Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only  |   |   |  |  |  |  |
| 11.3 List the date and location(s) t   | hat you held public hearing(s) on the propose   | ed use and distribution of your LIHEAP funds? |  |  |  |  |
|  |   | Date Event Description                        |  |  |  |  |
| 1     07/27/2021     Public Hearing via Webex  |   |   |  |  |  |  |
| 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).  |   |   |  |  |  |  |
| N/A  |   |   |  |  |  |  |
|  |   |   |  |  |  |  |
|  |   |   |  |  |  |  |

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

N/A

Note: Commerce held the public hearing via Webex due to the pandemic.

| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AUGU<br>ADMINISTRATION FOR CHILDREN AND FAMILIES  | ist 1987, revised 05/92,02/95,03/96,12/98,11/01<br>OMB Clearance No.: 0970-0075<br>Expiration Date: 12/31/2023 |
|--|--|
| LOW INCOME HOME ENERGY ASSISTANC   | E PROGRAM(LIHEAP)  |
| SF - 424 - MANDATOR  | v  |
| SF - 424 - MANDATOR  | T  |
|  |  |
| 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? $0$   |  |
| <b>12.2</b> How many of those fair hearings resulted in the initial decision being reversed? 0   |  |
| 12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as   | a result of fair hearings?   |
| N/A  |  |
| 12.4 Describe your fair hearing procedures for households whose applications are denied.   |  |
| Households have 30 days from the date they receive their notification letter to an lication. Applicants are informed of this right when they receive their application and ag  |  |
| Applicants may initiate an appeal if:  |  |
| • The application was denied, or   |  |
| <ul> <li>The application received no action in the appropriate timeframe, or</li> <li>Incorrect facts or improper procedures were used to determine eligibility, assistance a</li> <li>The Energy Related Repair services at the time of completion or final inspection were</li> </ul>  |  |
| The three levels of appeal are:  |  |
| <ul> <li>Local, including investigation and a written response.</li> <li>State, including investigation and a written response.</li> <li>Hearing with an administrative law judge followed by a written recommendation to the state of the stat</li></ul> | ne Commissioner of the Department of Commerce.   |
| 12.5 When and how are applicants informed of these rights?   |  |
| The household receives a "Rights and Responsibilities" form with their applicati appeal. Denial letters also inform applicants of their right to appeal.   | on. The EAP application describes the applicant's right to   |
| 12.6 Describe your fair hearing procedures for households whose applications are not acted   | ed on in a timely manner.  |
| Households may contact their local agency to inquire about their application   | n.   |
| Households have the right to appeal and may request a fair hearing as state  |  |
| 12.7 When and how are applicants informed of these rights?   |  |
| The household receives a "Rights and Responsibilities" form with their applicati<br>appeal. Denial letters also inform applicants of their right to appeal.  | on. The EAP application describes the applicant's right to   |
| If any of the above questions require further explanation or c<br>the fields provided, attach a document with said explanation   |  |
|  | · · · · · · · · · · · · · · · · · · ·  |

| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES  | August 1987, revised 05/92,02/95,03/96,12/98,11/01<br>OMB Clearance No.: 0970-0075<br>Expiration Date: 12/31/2023 |  |
|---|---|--|
| LOW INCOME HOME ENERGY ASSIST   |   |  |
| MODEL PLA   |   |  |
| SF - 424 - MANDA  |   |  |
|   |   |  |
| Section 13: Reduction of home energy neo  | eds, 2605(b)(16) - Assurance 16   |  |
| 13.1 Describe how you use LIHEAP funds to provide services that encourage and eby the need for energy assistance?   | enable households to reduce their home energy needs and ther  |  |
| Minnesota uses LIHEAP funds to provide services that encourage and<br>e need for energy assistance. Commerce refers to supported activities as "Assu                            |   |  |
| <ul><li>Budget counseling</li><li>Energy conservation education</li></ul>   |   |  |
| <ul> <li>Facilitation of household negotiations for budget payments</li> <li>Advocacy with fuel suppliers on behalf of households</li> </ul>                                    |   |  |
| <ul> <li>Household energy assessments</li> <li>Referrals</li> </ul>   |   |  |
| Case management   |   |  |
| Public relations and outreach   |   |  |
| Please refer to the attachment for Section 6 - Outreach for Assurance 1   | s eligible activities and measures.   |  |
| 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds   | for these activities?   |  |
| Commerce assigns a dedicated project code in the State Accounting Sy ng agencies. Service Providers record A16 activities in LIHEAP software, and 16 funds.                     |   |  |
| 13.3 Describe the impact of such activities on the number of households served in   | the previous Federal fiscal year.   |  |
| Energy Self-Sufficiency includes activities that help reduce household the following areas:   | energy need and enable energy security by affecting one or more of  |  |
| <ul> <li>Enabling and encouraging a household's optimal, or most desirable, energy</li> <li>Increasing the affordability of energy.</li> </ul>                                  | usage (e.g., more efficient, reduced usage).  |  |
| <ul> <li>Enabling household access to services and opportunities that increase or imp</li> </ul>  | rove income and/or assets.  |  |
| <ul><li>Encouraging increased household housing/energy provider options.</li><li>Seek to help households substantially improve their energy security in the location.</li></ul> | ng-term.  |  |
|   |   |  |
| 13.4 Describe the level ofdirect benefitsprovided to those households in the previo   | us Federal fiscal year.   |  |
| N/A   |   |  |
| 13.5 How many households applied for these services? Number is not available  |   |  |
| 13.6 How many households received these services? Number is not available   |   |  |
| If any of the above questions require further explanation the fields provided, attach a document with said explan   |   |  |

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

| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES   |   |   | ES August 1987, revised 05/92,02/95,03/96,12/98,11/01<br>OMB Clearance No.: 0970-0075<br>Expiration Date: 12/31/2023   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY  |   |   |  |  |  |  |  |  |
|  | Section 14:Leveraging Incentive Program, 2607(A)  |   |  |  |  |  |  |  |
| 14.1 Do you pl   |   | cation for the leveraging incer   | ative program?   |  |  |  |  |  |
| 14.2 Describe<br>ds.   | instructions to any thi   | rd parties and/or local agenci  | es for submitting LIHEAP leveraging resource information and retaining recor   |  |  |  |  |  |
|  | Separate instructions/le  | everaging survey forms are attac  | ched for:  |  |  |  |  |  |
| <ul> <li>Deliv</li> </ul>  | Service Providers/Non-<br>vered fuel vendors<br>nected utility vendors  | -profit agencies  |  |  |  |  |  |  |
| <ul> <li>Connected unity vendors</li> <li>The Minnesota Department of Commerce and the local administering agencies acquire non-federal leveraged resources for Minnesota EA</li> <li>P. These leveraged resources are administered by the State or the local administering agencies or in collaboration and cooperation with the local a dministering agency and made available to federally qualified low-income households under 2605(b)(2).</li> </ul> |   |   |  |  |  |  |  |  |
| 14.3 For each<br>describe the fo   |   | or benefit to be leveraged in th  | ne upcoming year that will meet the requirements of 45 C.F.R. § 96.87(d)(2)(iii),  |  |  |  |  |  |
| 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  | Contributions to the<br>State or local adminis<br>tering agencies   | Sources of the contributions i<br>nclude State or local govern<br>ments, foundations, individu<br>als, businesses, and other ent<br>ities.  | The resource will be used to provide assistance to supplement LIHEAP payments, i n accordance with federal program requirements.   |  |  |  |  |  |
| 2  | CIP Funds used to as<br>sist low-income EAP<br>households.  | Contributions and monies rec<br>eived under Minnesota Statut<br>es 216B.241, "Energy Conse<br>rvation Improvements,"  | E. The purchase of blankets, space heating devices and space cooling devices and e quipment (including stoves and refrigerators) which meet MN Stat. 216C.19 Energ y Conservation. F. The purchase, delivery and installation of electrical conservation materials to households where electricity is required to help meet the household's h ome heating needs. |  |  |  |  |  |
| 3  | local governments, fo<br>undations, individual<br>s, businesses or other<br>entities that assist the<br>energy assistance pro<br>gram, including prim<br>ary heat, crisis, weath<br>erization and energy    | Minnesota social services ag<br>encies have informally agree<br>d on a protocol for providing<br>low-income home energy ass<br>istance, beginning with feder<br>al funds, then state and local<br>government funds. Communi<br>ty resources may be spent aft<br>er federal funds or after state<br>and local government funds,<br>depending upon the purposes<br>of the resources. The agreem<br>ent also provides for coordin<br>ation and collaboration of fu<br>nding and advocacy efforts t<br>o assist households to meet h<br>ome energy needs. | These monies assist low-income households to meet the costs of home energy in ac<br>cordance with federal program requirements and Funds are integrated into the ener<br>gy assistance program through coordination activities to assist low-income EAP ho<br>useholds.  |  |  |  |  |  |
| 4  | es contract with ener<br>gy vendors to admini<br>ster vendor sponsore<br>d fuel funds. These f<br>unds use energy assis<br>tance eligibility criter<br>ia and supplement En<br>ergy assistance fundi<br>ng. | Energy vendors and commun<br>ity groups operate fuel funds<br>that integrate with the energy<br>assistance program through c<br>oordination of eligibility dete<br>rmination and grant award de<br>termination. The energy assis<br>tance program maintains stro<br>ng communications ties with<br>these fuel funds, which pigg<br>y-back their activities on the<br>energy assistance program.<br>the Salvation Army Heat Sha  | The energy assistance program maintains strong communications ties with these fu el funds, which coordinate their activities with the energy assistance program.   |  |  |  |  |  |
| 5  | The State of Minneso<br>ta, local administerin  | the Salvation Army Heat Sha<br>re Program   | Heat Share and the local administering agencies coordinate services though eligibil<br>ity determination, referral networks, and joint training meetings. Heat Share accept  |  |  |  |  |  |

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|   | g agencies and will c<br>ollaborate to ensure i<br>ntegration with the e<br>nergy assistance prog<br>ram. Heat Share is a<br>private fuel fund that<br>receives voluntary co<br>ntributions collected<br>from energy vendor c<br>ustomers and stockho<br>lders. Item A. Negoti<br>ated price discount fo<br>r an agreed-upon nu<br>mber of gallons of he<br>ating fuel. The heatin<br>g fuel will be availab<br>le to EAP households<br>at the discounted pric<br>e. Item E. The purcha<br>se of blankets, space<br>heating devices and s<br>pace cooling devices<br>and equipment (inclu<br>ding stoves and refrig<br>erators) which meet<br>MN Stat. 216C.19 En<br>ergy Conservation.<br>The purchase, deliver<br>y and installation of e<br>lectrical conservation |                | s EAP eligibility as proof of income eligibility and accepts EAP certified income as<br>verified household income. The State of Minnesota and the Salvation Army cooper<br>ate on many levels including reciprocal membership in advisory boards.   |
|---|---|----------------|---|
| 6 | materials to househol<br>ds where electricity i<br>s required to help me<br>et the household's ho<br>me heating needs. Th<br>e reduction in home e<br>nergy bills obtained<br>when a household pa<br>rticipates in a utility<br>or energy supplier's S<br>pecial Rate or Practic<br>es Plan. These includ<br>e programs designed<br>to reduce the cost of<br>home energy needs o<br>f the household and<br>minimize the risk of<br>an energy crisis. Spe<br>cial rate programs ma<br>y include but are not<br>limited to: discount r<br>ate, off-peak, time of<br>day or dual heating p<br>lans.  | Energy Vendors | Discounts or reductions in bulk fuel prices. Contracts at the local level with oil or li<br>quid propane vendors will guarantee   |
| 7 | The purchase, deliver<br>y and installation of e<br>lectrical conservation<br>materials to househol<br>ds where electricity i<br>s required to help me<br>et the household's ho<br>me heating needs.  | Energy Vendors | The reduction in home energy bills obtained when a household participates in a util<br>ity or energy supplier's Special Rate or Practices Plan. These include programs desi<br>gned to reduce the cost of home energy needs of the household and minimize the ri<br>sk of an energy crisis. Special rate programs may include but are not limited to: dis<br>count rate, off-peak, time of day or dual heating plans. |

### August 1987, revised 05/92,02/95,03/96,12/98,11/01 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB Clearance No.: 0970-0075 ADMINISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 12/31/2023 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN** SF - 424 - MANDATORY Section 15: Training 15.1 Describe the training you provide for each of the following groups: a. Grantee Staff: 1 Formal training on grantee policies and procedures How often? Annually Biannually 4 As needed ~ Other - Describe: During weekly staff meetings ~ Employees are provided with policy manual ~ **Other-Describe:** Any updates to the policy manual are distributed via "The Energizer". The Energizer is produced weekly, emailed to staff and posted on the Commerce website. 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: 4 Employees are provided with policy manual 4 Other - Describe Commerce provides training regularly at Energy Assistance Coordinator Association (EACA) meetings and biweekly webinars. Training and technical a ssistance is provided during initial monitoring program assessment visits, as needed. Additional training is provided as needed. Local agencies also recei ve The Energizer, which is distributed approximately 44 times during the program year. c. Vendors Formal training conference How often? Annually Biannually ~ As needed Other - Describe:

## **Section 15 - Training**

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

**Other - Describe:** 

Local EAP Service Providers may provide training and technical assistance during vendor monitoring, when obtaining energy consumption data, or as ne eded.

15.2 Does your training program address fraud reporting and prevention?

• Yes

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023

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

# 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 measure s. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

Minnesota continues to meet and report all required data collection. Minnesota's eHEAT software collects the data needed to report perfor mance measures.

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.

|  |   |       |                            |   |        |  | · · · ·                                 |                       |                                      |                                       |
|--|---|-------|----------------------------|---|--------|--|---|-----------------------|--------------------------------------|---------------------------------------|
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES |   |       |                            | August 1987, revised 05/92,02/95,03/96,12/98,11/01<br>OMB Clearance No.: 0970-0075<br>Expiration Date: 12/31/2023 |        |  |   |                       |                                      |                                       |
|  |   | MC    | E HOME EN<br>SF            | MODE  | LP     |  | PROGRAI                                 | M(L                   | IHEAP)                               |                                       |
|  |   | Ş     | Section 17: ]              | Program   | In     | tegrity, 26(                           | <b>)5(b)(10)</b>                        |                       |                                      |                                       |
| 17.1   | Fraud Reporting Mechanisms  | 6     |                            |   |        |  |   |                       |                                      |                                       |
| a. D   | a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply. |       |                            |   |        |  |   |                       |                                      |                                       |
|  | Online Fraud Reportin   | g     |                            |   |        |  |   |                       |                                      |                                       |
| [  | Dedicated Fraud Report  | rting | Hotline                    |   |        |  |   |                       |                                      |                                       |
|  | Report directly to local  | agei  | ncy/district office o      | r Grantee offi  | ce     |  |   |                       |                                      |                                       |
|  | Report to State Inspect   | or G  | eneral or Attorney         | General   |        |  |   |                       |                                      |                                       |
|  | Forms and procedures  | in pl | ace for local agenc        | ies/district off  | ices a | and vendors to re                      | port fraud, was                         | te, ai                | nd abuse                             |                                       |
| [  | Other - Describe:   |       |                            |   |        |  |   |                       |                                      |                                       |
|  | Adding online fraud 1   | epor  | ting to Commerce w         | vebsite   |        |  |   |                       |                                      |                                       |
| b. D   | escribe strategies in place for a   | adve  | rtising the above-re       | eferenced reso  | urce   | s. Select all that a                   | vlaa                                    |                       |                                      |                                       |
|  | Printed outreach mater  |       | 5                          |   |        |  |   |                       |                                      |                                       |
|  | Addressed on LIHEAP   |       | lication                   |   |        |  |   |                       |                                      |                                       |
|  | Vebsite   |       |                            |   |        |  |   |                       |                                      |                                       |
|  | Other - Describe:   |       |                            |   |        |  |   |                       |                                      |                                       |
|  |   |       |                            |   |        |  |   |                       |                                      |                                       |
| 17.2   | . Identification Documentation  | n Req | juirements                 |   |        |  |   |                       |                                      |                                       |
| a. In<br>emb   | dicate which of the following<br>ers.   | form  | s of identification a      | are required of   | r req  | uested to be colle                     | cted from LIHI                          | EAP                   | applicants or the                    | ir household m                        |
| Тур  | Collected from Whom?  |       |                            |   |        |  |   |                       |                                      |                                       |
| Type of Identification Conected  |   |       | Applicant Only             |   |        | All Adults in Household                |   | All Household Members |                                      |                                       |
| Social Security Card is photocopi<br>ed and retained                                     |   |       | Required                   |   |        | Required                               |   |                       | Required                             |                                       |
|  |   |       | Requested                  |   |        | Requested                              |   |                       | Requested                            |                                       |
| Social Security Number (Without<br>actual Card)  |   |       | Required                   |   |        | Required                               |   | >                     | Required                             |                                       |
|  |   |       | Requested                  |   |        | Requested                              |   |                       | Requested                            |                                       |
| card   |   |       | Required                   |   |        | Required                               |   |                       | Required                             |                                       |
| (i.e.: driver's license, state ID, Tri<br>bal ID, passport, etc.)                        |   |       | Requested                  |   |        | Requested                              |   |                       | Requested                            |                                       |
|  | Other   |       | Applicant Only<br>Required | Applicant On<br>Requested   |        | All Adults in<br>Household<br>Required | All Adults in<br>Household<br>Requested |                       | All Household<br>Members<br>Required | All Household<br>Members<br>Requested |

| 1 er<br>xa<br>W  | FY22 EAP Policy Manual Chapte<br>3 outlines acceptable SSN excepti<br>n documents for eligible non-citiz<br>ns. Commerce is pursuing a data e<br>change with SSA to verify SSNs.<br>Ve expect the exchange to be func<br>onal in FFY22.   |  |   |                                     |                        | ✓                   |                   |
|--|---|--|---|-------------------------------------|------------------------|---------------------|-------------------|
| b. Des   | <ul> <li>Safe at Home Program partici</li> <li>Children less than one year ol</li> <li>Household members claiming</li> <li>Parent/guardian does not have</li> <li>New SSN applicants, must pro-</li> </ul>  | pants are exempt<br>d are exempt<br>religious exemption,<br>access to child's SSI  | N, must provide do  |                                     |                        |                     |                   |
| 17.3 I   | dentification Verification  |  |   |                                     |                        |                     |                   |
| Descr<br>apply   | ribe what methods are used to ve  | erify the authenticit  | y of identification   | documents provid                    | led by clients or ho   | usehold members.    | Select all that   |
| >  | Verify SSNs with Social Secur   | ity Administration   |   |                                     |                        |                     |                   |
|  | Match SSNs with death record  | ds from Social Secu  | rity Administratio  | n or state agency                   |                        |                     |                   |
|  | Match SSNs with state eligibil  | ity/case managemer   | nt system (e.g., SN   | AP, TANF)                           |                        |                     |                   |
|  | Match with state Department   | of Labor system  |   |                                     |                        |                     |                   |
|  | Match with state and/or feder   | -  | n   |                                     |                        |                     |                   |
|  | Match with state child suppor   | t system   |   |                                     |                        |                     |                   |
|  | Verification using private soft   | ware (e.g., The Wor  | ·k Number)  |                                     |                        |                     |                   |
|  | In-person certification by staf   | f (for tribal grantee  | s only)   |                                     |                        |                     |                   |
|  | Match SSN/Tribal ID number  | with tribal databas  | e or enrollment r   | ecords (for tribal g                | grantees only)         |                     |                   |
| >  | Other - Describe:   |  |   |                                     |                        |                     |                   |
|  | Commerce EAP is pursus<br>FFY2022. SSA's required onsite  | -  |   | cial Security Admi                  | nistration. The verifi | cation process show | uld be available  |
| 17.4   | Citizenship/Legal Residency Ve  |  |   |                                     |                        |                     |                   |
|  |   | ng that household n  | nembers are U.S. o  | citizens or aliens w                | who are qualified to   | receive LIHEAP      | benefits? Select  |
| What   | t are your procedures for ensuri<br>at apply.   | 0  |   |                                     |                        |                     |                   |
| What   |   | -  | residency   |                                     |                        |                     |                   |
| What<br>all tha  | at apply.   | citizenship or legal   |   | legal residency                     |                        |                     |                   |
| What<br>all tha  | at apply.<br>Clients sign an attestation of   | citizenship or legal<br>Security cards is ac   | cepted as proof of  | egal residency                      |                        |                     |                   |
| What<br>all tha  | nt apply.<br>Clients sign an attestation of<br>Client's submission of Social  | citizenship or legal<br>Security cards is ac<br>cumentation of imm   | cepted as proof of  |                                     | sport                  |                     |                   |
| What<br>all tha  | nt apply.<br>Clients sign an attestation of<br>Client's submission of Social<br>Noncitizens must provide do   | citizenship or legal<br>Security cards is ac<br>cumentation of imm<br>of their birth certif  | ccepted as proof of<br>aigration status<br>ficate, naturalizati   |                                     | sport                  |                     |                   |
| What all tha   | nt apply.<br>Clients sign an attestation of<br>Client's submission of Social<br>Noncitizens must provide do<br>Citizens must provide a copy   | citizenship or legal<br>Security cards is ac<br>cumentation of imm<br>of their birth certif<br>ugh the SAVE syste  | cepted as proof of<br>ligration status<br>ficate, naturalizati<br>m   | on papers, or pass                  | sport                  |                     |                   |
| What<br>all tha  | nt apply.<br>Clients sign an attestation of<br>Client's submission of Social<br>Noncitizens must provide do<br>Citizens must provide a copy<br>Noncitizens are verified thro  | citizenship or legal<br>Security cards is ac<br>cumentation of imm<br>of their birth certif<br>ugh the SAVE syste  | cepted as proof of<br>ligration status<br>ficate, naturalizati<br>m   | on papers, or pass                  | sport                  |                     |                   |
| What all tha   | nt apply.<br>Clients sign an attestation of<br>Client's submission of Social<br>Noncitizens must provide do<br>Citizens must provide a copy<br>Noncitizens are verified thro<br>Tribal members are verified   | citizenship or legal<br>Security cards is ac<br>cumentation of imm<br>of their birth certif<br>ugh the SAVE syste<br>through Tribal enro   | cepted as proof of<br>sigration status<br>"icate, naturalizati<br>m<br>ollment records/T                                | on papers, or pass<br>ribal ID card | •                      | ber signs a stateme | nt declaring the  |
| What all tha   | at apply.<br>Clients sign an attestation of<br>Client's submission of Social<br>Noncitizens must provide do<br>Citizens must provide a copy<br>Noncitizens are verified thro<br>Tribal members are verified<br>Other - Describe:<br>A household member pro-   | citizenship or legal<br>Security cards is ac<br>cumentation of imm<br>of their birth certif<br>ugh the SAVE syste<br>through Tribal enro   | cepted as proof of<br>sigration status<br>"icate, naturalizati<br>m<br>ollment records/T                                | on papers, or pass<br>ribal ID card | •                      | ber signs a stateme | nt declaring the  |
| What all tha   | tt apply.<br>Clients sign an attestation of<br>Client's submission of Social<br>Noncitizens must provide do<br>Citizens must provide a copy<br>Noncitizens are verified thro<br>Tribal members are verified<br>Other - Describe:<br>A household member pro-<br>y are currently residing at the add  | citizenship or legal<br>Security cards is ac<br>cumentation of imm<br>of their birth certif<br>ugh the SAVE syste<br>through Tribal enro<br>wides a Social Securi<br>dress on their applica  | cepted as proof of<br>igration status<br>ficate, naturalizati<br>m<br>ollment records/T<br>ity Number or an A<br>tion.  | on papers, or pass<br>ribal ID card | •                      | ber signs a stateme | nt declaring the  |
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| What all tha   | Att apply.         Clients sign an attestation of         Client's submission of Social         Noncitizens must provide a copy         Citizens must provide a copy         Noncitizens are verified thro         Tribal members are verified         Other - Describe:         A household member pro         y are currently residing at the add         Income Verification         t methods does your agency utility         Require documentation of income         Pay stubs         Pay stubs         Bank statements         Tax statements         Zero-income statement | citizenship or legal<br>Security cards is ac<br>cumentation of imm<br>of their birth certif<br>ugh the SAVE syste<br>through Tribal enro<br>ovides a Social Securi<br>dress on their applica<br>ze to verify househo<br>ome for all adult ho             | cepted as proof of<br>sigration status<br>"icate, naturalizati<br>m<br>ollment records/T<br>ity Number or an A<br>tion. | on papers, or pass<br>ribal ID card | •                      | ber signs a stateme | Int declaring the |
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| Signed statements from employers<br>Tribal Casino Per Capita Letters   |
|--|
| County statement of public assistance benefits<br>Veteran Benefits award letters   |
| IRS Form 1099  |
| Computer data matches:   |
| Income information matched against state computer system (e.g., SNAP, TANF)  |
| Proof of unemployment benefits verified with state Department of Labor   |
| Social Security income verified with SSA   |
| Utilize state directory of new hires   |
| Other - Describe:  |
| Commerce is implementing a data exchange agreement with the Minnesota Department of Employment and Economic Development to ve rify wage and unemployment insurance income starting in FFY2022. |
| 17.6. Protection of Privacy and Confidentiality  |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.  |
| Policy in place prohibiting release of information without written consent   |
| Grantee LIHEAP database includes privacy/confidentiality safeguards  |
| Employee training on confidentiality for:  |
| Grantee employees  |
| Local agencies/district offices  |
| Employees must sign confidentiality agreement  |
| Grantee employees  |
| Local agencies/district offices  |
| Physical files are stored in a secure location   |
| Other - Describe:  |
| 17.7. Verifying the Authenticity   |
| What policies are in place for verifying vendor authenticity? Select all that apply.   |
| All vendors must register with the State/Tribe.  |
| All vendors must supply a valid SSN or TIN/W-9 form  |
| Vendors are verified through energy bills provided by the household  |
| Grantee and/or local agencies/district offices perform physical monitoring of vendors  |
| Other - Describe and note any exceptions to policies above:  |
| 17.8. Benefits Policy - Gas and Electric Utilities   |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.                                    |
| Applicants required to submit proof of physical residency  |
| Applicants must submit current utility bill  |
| Data exchange with utilities that verifies:  |
| Account ownership  |
|  |
| Consumption  |
|  |
| Consumption  |
| Consumption Balances   |
| Consumption       Balances       Payment history   |

| Separation of duties between intake and payment approval   |
|--|
| Payments coordinated among other energy assistance programs to avoid duplication of payments   |
| Payments to utilities and invoices from utilities are reviewed for accuracy  |
| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities   |
| Direct payment to households are made in limited cases only  |
| Procedures are in place to require prompt refunds from utilities in cases of account closure   |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism   |
| Other - Describe:  |
| 17.9. Benefits Policy - Bulk Fuel Vendors  |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, a nd 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   |
| <b>V</b> Direct payment to households are made in limited cases only   |
| Vendors are only paid once they provide a delivery receipt signed by the client  |
| Conduct monitoring of bulk fuel vendors  |
| Bulk fuel vendors are required to submit reports to the Grantee  |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism   |
| Other - Describe:  |
|  |
| 17.10. Investigations and Prosecutions   |
| 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.   |
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| 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           Image: Refer to local prosecutor or state Attorney General  |
| 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)   |
| 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  |
| 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   |
| 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 Overpayments and Recovery of EAP Funds Overpayment recovery is required when an EAP benefit is overpaid by \$10 or greater. Until an overpayment process is complete, the hous ehold is not eligible to receive Crisis benefits. Service Providers must track and maintain a single log of households with overpayments, to ensure all recovery steps are conducted and Crisis is not provided until the recovery process is complete. Follow the overpayment recovery procedures for the recovery process is complete. Follow the overpayment recovery procedures for the recovery process is complete. Follow the overpayment recovery procedures for the recovery process is complete. Follow the overpayment recovery procedures for the recovery process is complete. Follow the overpayment recovery procedures for the recovery process is complete. Follow the overpayment recovery procedures for the process is complete. Follow the overpayment recovery procedures for the process is complete.   |
| 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         Overpayment recovery is required when an EAP benefit is overpaid by \$10 or greater. Until an overpayment process is complete, the hous ehold is not eligible to receive Crisis benefits. Service Providers must track and maintain a single log of households with overpayments, to ensure all recovery steps are conducted and Crisis is not provided until the recovery process is complete. Follow the overpayment recovery procedures for r an error, waste, abuse, or suspected fraud below:   |
| 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  Local agencies/district offices or Grantee conduct investigation of fraud complaints from public  Corepayments and Recovery of EAP Funds Overpayment recovery is required when an EAP benefit is overpaid by \$10 or greater. Until an overpayment process is complete, the house ehold is not eligible to receive Crisis benefits. Service Providers must track and maintain a single log of households with overpayments, to ensure all recovery steps are conducted and Crisis is not provided until the recovery process is complete. Follow the overpayment recovery procedures for r an error, waste, abuse, or suspected fraud below: Overpayments Resulting from Error If error results in overpayment of EAP funds the Service Provider must attempt to recover funds in the following order: I. If identified immediately, work with the energy vendor to determine if the incorrect payment can be easily refunded. Adjust scheduled payments, if possible. Recover credit on energy vendor account, if possible. Net othe client by certified mail to:   |
| 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 Overpayment recovery is required when an EAP benefit is overpaid by \$10 or greater. Until an overpayment process is complete, the hous ehold is not eligible to receive Crisis benefits. Service Providers must track and maintain a single log of households with overpayments, to ensure all recovery steps are conducted and Crisis is not provided until the recovery process is complete. Follow the overpayment recovery procedures for an error, waste, abuse, or suspected fraud below: Overpayments Resulting from Error If dentrine from Error If dentrine timediately, work with the energy vendor to determine if the incorrect payment can be easily refunded. Adjust scheduled payments, if possible. 3. Recover credit on energy vendor account, if possible.  |
| 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         Overpayment recovery is required when an EAP benefit is overpaid by \$10 or greater. Until an overpayment process is complete, the hous ehold is not eligible to receive Crisis benefits. Service Providers must track and maintain a single log of households with overpayments, to ensure all recovery steps are conducted fraud below:         Overpayments Resulting from Error       If error results in overpayment of EAP funds the Service Provider must attempt to recover funds in the following order:         1. If identified immediately, work with the energy vendor to determine if the incorrect payment can be easily refunded.       Adjust scheduled payments, if possible.         3. Recover credit on energy vendor account, if possible.       4. Write to the client by certified mail to:         •       Notify them of the situation.         •       Refer to run event with them.         •       Clarify the household's rights and responsibilities, hardship option, and appeals process. |

1. If the household does not respond to Service Provider's certified letter within 30 days of the letter's date:

- Call the household regarding overpayment recovery information in #4 above.
- · If unable to reach the household by phone, mail a certified "overpayment second notice" letter, including all information from #4 above.
- If the household does not respond within 30 days of the "overpayment second notice" letter's date:
- · Document attempts made by the Service Provider to recover overpaid funds
- Terminate the recovery effort.

1. If the household does not maintain planned repayment schedule:

- Call the household regarding missed payment and other information in #4 above.
- If unable to reach the household by phone, mail a certified "payment plan reminder" letter, including all information from #4 above.
- If the household does not respond within 30 days of the "payment plan reminder" letter's date:
- Document attempts made by the Service Provider to recover overpaid funds
- Terminate the recovery effort.

Overpayment recovery efforts must be tracked by Service Providers to ensure timelines are met. The household is eligible to request Crisis assistance when one of the following occurs:

- Overpayment is recovered or repaid in full
- Household submits a signed declaration of hardship regarding the overpayment

The household is not eligible for a Crisis benefit if they have been non-responsive to Service Provider communication regarding attempts t o recover an overpayment.

Overpayments Resulting from Waste and Abuse

If waste or abuse results in overpayment, the DOC will review and determine actions.

- · Service Providers could be subject to repayment with non-federal funds.
- · Energy vendors could be subject to repayment and determined non-cooperative.
- Contractors could be subject to repayment and unable to receive future EAP payments.
- The DOC reserves the right to take additional steps.

#### Overpayments Resulting from Suspected Fraud

All cases of **suspected fraud** must be reported to proper authorities. See Investigation procedures above. The following rules guide overp ayment recovery of EAP funds for instances of suspected fraud:

- · Households suspected of fraud must repay funds. Recover funds in the following order:
- 1. If identified immediately, work with the energy vendor to determine if incorrect payment can be easily refunded.
- 2. Recover credit on energy vendor account, if possible.
- 3. Write to the client by certified mail to:
- Notify them of the situation.
- Request repayment of overpaid EAP funds not recovered.
- · Clarify the household's rights and responsibilities and appeals process.
- Offer to meet with them.
- Set up a repayment schedule including installment payments as needed ensuring full repayment is made by September 30 of the current progra m year.
- 1. If the household does not respond to Service Provider's certified letter within 30 days of the letter's date:
- Call the household regarding overpayment recovery information in #3 above.
- If unable to reach the household by phone, mail a certified "overpayment second notice" letter, including all information from #3 above.
- If the household does not respond within 30 days of the "overpayment second notice" letter's date:
- Document attempts made by the Service Provider to recover overpaid funds
- Terminate the recovery effort notify the DOC with an updated Incident Report.
- 1. If the household does not maintain planned repayment schedule:
- Call the household regarding missed payment and other information in #3 above.
- If unable to reach the household by phone, mail a certified "payment plan reminder" letter, including all information from #3 above.
- If the household does not respond within 30 days of the "payment plan reminder" letter's date:
- Document attempts made by the Service Provider to recover overpaid funds
- Terminate the recovery effort and notify the DOC with an updated Incident Report.

1. The DOC reserves the right to deny a household suspected of fraud for the current program year and require all EAP benefits be repaid. The ho usehold will be denied by DOC with the "Application Denied by DOC" reason.

- 2. The DOC reserves the right to take additional steps.
- Service Providers suspected of fraud are reviewed by the DOC.
  - § The DOC determines actions including repayment with non-federal funds.
  - § The DOC reserves the right to take additional steps
     Energy yendors or contractors suspected of fraud as
  - Energy vendors or contractors suspected of fraud are reviewed by the DOC.
    - § The DOC determines actions that could include repayment and the energy vendor being determined uncooperative.
    - § The DOC reserves the right to take additional steps.

Overpayment Documentation

Service Providers must document overpayments when recovering EAP funds paid to a household, energy vendor or contractor. The docum entation must include:

- · List of households for which an overpayment was made.
- Date the household, Service Provider, energy vendor or contractor was notified of the overpayment.
- Description of the incident and when it occurred.

| How and when the incident was discovered.   |
|---|
| The disposition made, e.g., amount to recover.  |
| <ul> <li>Date and/or amount of any recovery or the amount of un-collectible funds.</li> </ul>   |
| Corrective action to prevent similar occurrences.   |
|   |
| All overpayments must be refunded to the DOC and should be made payable to DOC. An attached note should include:  |
| Household number.   |
| <ul><li>Reason for the overpayment.</li></ul>   |
| <ul> <li>Indicate primary heat, crisis or ERR benefit.</li> </ul>   |
| <ul> <li>Indicate primary near, crisis of EKK benefit.</li> <li>Service Provider ID.</li> </ul>   |
| Service Provider ID:     Service Provider Name.   |
| • Service Flovider Name.  |
| If the recipient chooses to pay in monthly installments, the Service Provider must send the payments to the DOC as they are received. If th e repayment requires a repayment plan in excess of one year, full payment is expected to be made as soon as possible. |
|   |
| Costs and Responsibility  |
|   |
| Except in the case of Service Provider fraud, Service Provider recovery costs (legal action, fees, investigations, etc.) are allowable adminis  |
| trative expenses.   |
|   |
| Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? Current Program Year   |
| Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated  |
| Vendors found to have committed fraud may no longer participate in LIHEAP   |
| V Other - Describe:   |
|   |
| Local agencies have their own internal policies and procedures regarding employees found to have committed fraud.   |
|   |
|   |
| 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)

| 85 7th Place E, Suite 280, Ramsey County <u>* Address Line 1</u>  |   |                                   |  |  |  |
|---|---|-----------------------------------|--|--|--|
| Address Line 2  |   |                                   |  |  |  |
| Address Line 3  |   |                                   |  |  |  |
| St. Paul <u>* City</u>  | Minnesota<br><u>* State</u>                           | <sup>55101</sup><br>* Zip Code    |  |  |  |
|   | rkplaces on file that are n<br>s Who Are Individuals) | ot identified here.               |  |  |  |
| (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<br>during the conduct of any grant activity, he or she will report the conviction, in<br>writing, within 10 calendar days of the conviction, to every grant officer or other<br>designee, unless the Federal agency designates a central point for the receipt of<br>such notices. When notice is made to such a central point, it shall include the<br>identification number(s) of each affected grant. |   |                                   |  |  |  |
| [55 FR 21690, 21702   | 2, May 25, 1990]                                      |                                   |  |  |  |
| By checking this<br>certification set out a   |   | nary participant is providing the |  |  |  |

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 \$10,000 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  |
|---|
| (1) use the funds available under this title to   |
| (A) conduct outreach activities and provide assistance to low income<br>households in meeting their home energy costs, particularly those with the lowest<br>incomes that pay a high proportion of household income for home energy,<br>consistent with paragraph (5);  |
| (B) intervene in energy crisis situations;  |
| (C) provide low-cost residential weatherization and other cost-effective energy-<br>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<br>Code, or under section 306 of the Veterans' and Survivors' Pension<br>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<br>solely on the basis of household income if such income is less than 110 percent<br>of the poverty level for such State, but the State may give priority to those<br>households with the highest home energy costs or needs in relation to<br>household income.  |
| (3) conduct outreach activities designed to assure that eligible households,<br>especially households with elderly individuals or disabled individuals, or both,<br>and households with high home energy burdens, are made aware of the<br>assistance available under this title, and any similar energy-related assistance<br>available under subtitle B of title VI (relating to community services block grant<br>program) or under any other provision of law which carries out programs which<br>were administered under the Economic Opportunity Act of 1964 before the date<br>of the enactment of this Act; |
| (1) coordinate its activities under this title with similar and related programs  |

(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).