DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: NORTH DAKOTA

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2017 to 09/30/2018 Report Status: Submission Accepted by CO

Report Sections>

| 1. | Mandatory Grant Application SF-424 | 2 |
|-----|---|----|
| 2. | Section 1 - Program Components | 4 |
| | Section 2 - HEATING ASSISTANCE | |
| 4. | Section 3 - COOLING ASSISTANCE | 11 |
| 5. | Section 4 - CRISIS ASSISTANCE | 13 |
| 6. | Section 5 - WEATHERIZATION ASSISTANCE | 16 |
| 7. | Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) | 19 |
| | <i>Section 7 - Coordniation, 2605(b)(4) - Assurance 4</i> | |
| 9. | Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6 | 21 |
| 10. | Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7 | 24 |
| | Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10 | |
| | Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2) | |
| | 29 | , |
| 13. | Section 12 - Fair Hearings, 2605(b)(13) - Assurance 13 | 31 |
| | Section 13 - Reduction of home energy needs, 2605(b)(16) - Assurance 16 | |
| | Section 14 - Leveraging Incentive Program ,2607A | |
| | Section 15 - Training | |
| | Section 16 - Performance Goals and Measures, 2605(b) | |
| | Section 17 - Program Integrity, 2605(b)(10) | |
| | Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters | |
| | Section 19: Certification Regarding Drug-Free Workplace Requirements | |
| | Section 20: Certification Regarding Lobbying | |
| | | |
| ۷۷, | Assurances | 52 |

Mandatory Grant Application SF-424

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

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

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

| * 1.a. Type of Submission: Plan | | • Annual | | * 1.c. Consolidated Application/Plan/Funding Request? Explanation: | | ading | * 1.d. Version: Initial Resubmission Revision Update | |
|---|------------------------------|------------------------|--------------------------------------|---|-----------|-----------------|--|--|
| | | | | 2. Date Rece | eived: | | State Use Only: | |
| | | | | 3. Applicant | Identifie | r: | | |
| | | | | 4a. Federal | | | 5. Date Received By State: | |
| | | | | 4b. Federal | Award Id | lentifier: | 6. State Application Identifier: | |
| 7. APPLICAN | T INFORMATION | | | | | | | |
| * a. Legal Nai | ne: State of North Dak | tota | | | | | | |
| * b. Employe 45-0309764V | | ion Number (EIN/TIN | (): | * c. Organiz | ational D | UNS: 802743 | 3534 | |
| * d. Address: | | | | | | | | |
| * Street 1: | 600 EAST B | OULEVARD AVENU | E | Street 2: | | DEPARTME | NT 325 | |
| * City: | BISMARCK | · - | | County: | | Burleigh | | |
| * State: | ND | | | Province | | N/A | | |
| * Country: | United States | | | * Zip / Po Code: | ostal | 58505 - 0250 | | |
| e. Organizatio | nal Unit: | | | | | | | |
| Department of Department of | Name: of Human Services | | | Division Nat Economic A | | Policy Division | 1 | |
| f. Name and c | ontact information of | person to be contacted | l on matters inv | volving this ap | plication | : | | |
| Prefix: | * First Name: Michele | | Middle Name A | e: | | * Last Gee | Name: | |
| Suffix: | Title: Director, Economic | Assistance Div. | Organization | al Affiliation: | | | | |
| * Telephone Number: (701) 328-1633 | Fax Number (701) 328-1060 | | * Email: mgee@nd.go | Email: mgee@nd.gov | | | | |
| | F APPLICANT: | | | | | | | |
| b. Addition | al Description: | | | | | | | |
| * 9. Name of l | * 9. Name of Federal Agency: | | | | | | | |
| | | | og of Federal Dor ssistance Numbe | | | | CFDA Title: | |
| 10. CFDA Num | bers and Titles | 93568 | | · | Low-Inc | ome Home Ene | rgy Assistance | |
| 11. Descriptiv | e Title of Applicant's | Project | | | | | | |
| 12. Areas Affe | ected by Funding: | | | | | | | |
| 13. CONGRE | SSIONAL DISTRICT | S OF: | | | | | | |
| | | | | 1 | | | | |

| * a. Applicant AL | | b. Program/Project: Statewide | | | | |
|---|--|--|--|---------------------------|--|--|
| Attach an additional list of Program/N/A | Project Congressional Districts if no | eeded. | | | | |
| 14. FUNDING PERIOD: | | 15. ESTIM | ATED FUNDING: | | | |
| | b. End Date: 09/30/2018 | | * a. Federal (\$): \$0 | b. Match (\$): \$0 | | |
| * 16. IS SUBMISSION SUBJECT TO |) REVIEW BY STATE UNDER EX | ECUTIVE C | ORDER 12372 PROCESS? | | | |
| a. This submission was made avail | lable to the State under the Executiv | ve Order 123 | 72 | | | |
| Process for Review on : | | | | | | |
| b. Program is subject to E.O. 1237 | 72 but has not been selected by State | for review. | | | | |
| c. Program is not covered by E.O. | 12372. | | | | | |
| * 17. Is The Applicant Delinquent Or O YES NO | n Any Federal Debt? | | | | | |
| Explanation: | | | | | | |
| 18. By signing this application, I certicomplete and accurate to the best of accept an award. I am aware that any penalties. (U.S. Code, Title 218, Section **I Agree | my knowledge. I also provide the rec y false, fictitious, or fraudulent state | quired assura | nces** and agree to comply with a | ny resulting terms if I | | |
| ** The list of certifications and assurainstructions. | ances, or an internet site where you | may obtain t | his list, is contained in the announce | ement or agency specific | | |
| 18a. Typed or Printed Name and Titl | le of Authorized Certifying Official | | 18c. Telephone (area code, numbe | r and extension) | | |
| Michele A. Gee | | 18d. Email Address mgee@nd.gov | | | | |
| 18b. Signature of Authorized Certify | ing Official | 18e. Date Report Submitted (Month, Day, Year) 10/03/2017 | | | | |
| Attach supporting docu | ıments as specified in a | agency i | nstructions. | | | |

Section 1 - Program Components

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

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

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

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

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

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

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

Section 1 Program Components

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

| (No | Check which components you will operate under the LIHEAP program. ote: You must provide information for each component designated here as requested elsewhere in s plan.) | Dates of Operation | | |
|-------------|---|--------------------|------------|--|
| | | Start Date | End Date | |
| Y | Heating assistance | 10/01/2017 | 05/31/2018 | |
| V | Cooling assistance | 10/01/2017 | 09/30/2018 | |
| Y | Crisis assistance | 10/01/2017 | 09/30/2018 | |
| > | Weatherization assistance | 10/01/2017 | 09/30/2018 | |

Provide further explanation for the dates of operation, if necessary

North Dakota's regular heating season program runs from 10/1/17 - 5/31/18. Applications for North Dakota's emergency (year-round crisis) program are accepted from 10/1/17 - 9/30/18.

The North Dakota State LIHEAP does not routinely include a cooling program. However, the State reserves the option to implement a temporary cooling program in the event of unusual cooling needs due to weather aberrations, contingent upon available funding.

See Section X (Cooling Assistance Program) of the attached State Plan of Operation for details.

Also see Section C of the attached State Plan of Operation.

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

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%. | Percentage (%) |
|---|------------------|
| Heating assistance | 60.00% |
| Cooling assistance | 0.10% |
| Crisis assistance | 4.90% |
| Weatherization assistance | 15.00% |

| Car | Carryover to the following federal fiscal year 10.00% | | | | | | | | | | | | |
|--|--|------------------|-----------|-------------|--------|--------------------|---------|----------------------|--------------|--------------------|--------|-------------------------|----------------|
| Adr | Administrative and planning costs | | | | | | | | 10 | .00% | | | |
| Services to reduce home energy needs including needs assessment (Assurance 16) | | | | | | | | 0 | .00% | | | | |
| Use | Used to develop and implement leveraging activities | | | | | | | | 0 | .00% | | | |
| TOTA | L | | | | | | | | | | | 100 | 0.00% |
| | | | | | | | | | | | | | \blacksquare |
| Altern | ate Use of Crisis | s Assistance Fun | ds, 260 | 5(c)(1)(C) | | | | | | | | | |
| 1.3 Tł | ne funds reserve | ed for winter cr | isis assi | stance that | t hav | e not been expen | ded | by March 15 will | be rep | programmed to: | | | |
| > | Heating assist | ance | | Cooling a | ssista | ance | | | | | | | |
| > | Weatherizatio | on assistance | > | Other (sp | ecify | :) NOTE: Year-r | ound | crisis assistance er | nd date | e extends beyond t | he fe | deral winter crisis | ; |
| Categ | orical Eligibilit | y, 2605(b)(2)(A |) - Assu | rance 2, 26 | 505(c | e)(1)(A), 2605(b)(| 8A) - | Assurance 8 | | | | | |
| 1.4 De | | ouseholds cate | | | | | | eceives one of the | follov | wing categories of | bene | efits in the left | |
| _ | | | 4 | | 1.4. | 4l 4 - l. l . l l | | nswer questions 1 | <i>5</i> | 116 | | | |
| II you | answered res | to question 1 | .4, you | must comp | пете | | ina a | | .5 and | | 1 | | |
| TANE | | | | | \sim | Heating Yes O No | _ | Yes O No | | Crisis Yes O No | \sim | Weatherization Yes O No | |
| TANF | | | | | _ | | — | | - | | | | _ |
| SSI | | | | | | Yes O No | _ | Yes O No | - | Yes O No | | Yes O No | |
| SNAP | | | | | _ | Yes O No | - | Yes O No | - | Yes O No | | Yes O No | |
| Means | -tested Veterans | Programs | | | 0 | Yes O No | 0 | Yes O No | 0 | Yes O No | 0 | Yes O No | |
| | | Pro | gram N | ame | | Heating | | Cooling | | Crisis | | Weatherizatio | on |
| Other(| Specify) 1 | | | | | C Yes C No | | O Yes O No | | O Yes O No | | O Yes O No | |
| 1.5 De | you automatic | ally enroll hous | seholds | without a | direc | t annual applica | tion? | C Yes O No | | | | | |
| If Yes | , explain: | · | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | ow do you ensur determining eli | | | | atmo | ent of categorical | lly eli | gible households f | from 1 | those not receivin | g oth | er public assista | nce |
| | | | | | | | | | | | | | 믁 |
| | Nominal Payme | | | | | | | | | | | | |
| 1.7a I | o you allocate l | LIHEAP funds | toward | a nominal | pay | ment for SNAP l | ouse | holds? O Yes @ | No | | | | |
| _ | | | | | vide | a response to qu | estior | ns 1.7b, 1.7c, and 1 | 1.7d. | | | | |
| 1.7b A | amount of Nom | inal Assistance | \$0.00 | | | | | | | | | | |
| 1.7c F | requency of As | sistance | | | | | | | | | | | |
| | Once Per Year | | | | | | | | | | | | |
| | Once every five | e years | | | | | | | | | | | |
| | Other - Describ | oe: | | | | | | | | | | | \dashv |
| 1.7d F | low do vou con | firm that the ho | ousehol | d receiving | a no | ominal payment | has a | n energy cost or n | eed? | | | | _ |
| | | | | | | ru, | | | | | | | |
| Determination of Eligibility - Countable Income | | | | | | | | | | | | | |
| 1.8. Ir | 1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ? | | | | | | | | | | | | |
| Y | Gross Income | | | | | | | | | | | | |
| | Net Income | | | | | | | | | | | | |
| 1.9. S | elect all the app | licable forms of | f counta | able income | e use | d to determine a | hous | sehold's income el | igibili | ity for LIHEAP | | | |
| V | Wages | | | | | | | | | - | | | |
| <u>~</u> | ✓ Self - Employment Income | | | | | | | | | | | | |

| | 1 | | | | | | | | |
|----------|---|--|--|--|--|--|--|--|--|
| > | Contract Income | | | | | | | | |
| > | Payments from mortgage or Sales Contracts | | | | | | | | |
| > | Unemployment insurance | | | | | | | | |
| > | Strike Pay | | | | | | | | |
| > | Social Security Administration (SSA) benefits | | | | | | | | |
| | ☐ Including MediCare deduction | | | | | | | | |
| < | Supplemental Security Income (SSI) | | | | | | | | |
| < | Retirement / pension benefits | | | | | | | | |
| | General Assistance benefits | | | | | | | | |
| > | Temporary Assistance for Needy Families (TANF) benefits | | | | | | | | |
| | Supplemental Nutrition Assistance Program (SNAP) benefits | | | | | | | | |
| | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits | | | | | | | | |
| | Loans that need to be repaid | | | | | | | | |
| | Cash gifts | | | | | | | | |
| | Savings account balance | | | | | | | | |
| | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. | | | | | | | | |
| > | Jury duty compensation | | | | | | | | |
| > | Rental income | | | | | | | | |
| > | Income from employment through Workforce Investment Act (WIA) | | | | | | | | |
| | Income from work study programs | | | | | | | | |
| > | Alimony | | | | | | | | |
| \ | Child support | | | | | | | | |
| > | Interest, dividends, or royalties | | | | | | | | |
| > | Commissions | | | | | | | | |
| > | Legal settlements | | | | | | | | |
| > | Insurance payments made directly to the insured | | | | | | | | |
| | Insurance payments made specifically for the repayment of a bill, debt, or estimate | | | | | | | | |
| > | Veterans Administration (VA) benefits | | | | | | | | |
| | | | | | | | | | |

| | Earned income of a child under the age of 18 |
|-------------|--|
| | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |
| | Income tax refunds |
| | Stipends from senior companion programs, such as VISTA |
| | Funds received by household for the care of a foster child |
| | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
| | Reimbursements (for mileage, gas, lodging, meals, etc.) |
| > | Other |
| | Some of the above categories of income may or may not be counted. For example, Interest on savings and CDs is not counted, however, dividends and interest on investments and trusts are counted when included as part of monthly or regular payment from annuity, pension fund or other retirement plan. One-time inheritance and insurance settlements are excluded as income if they are non-recurring lump-sum payment. Annual payments are considered recurring payments. |
| | See Section H.1. (Income Eligibility Criteria for Heating Assistance) of the attached State Plan of Operation for list of income inclusions, exclusions, and allowable deductions. |
| | See Countable and Exluded Income list attached. |
| | Also see Section C of the attached State Plan of Operation. |
| | ny of the above questions require further explanation or clarification that could not be made in the ds provided, attach a document with said explanation here. |

Section 2 - HEATING ASSISTANCE

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

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

| | Section 2 - Heating Assistance | | | | | | | | | |
|--|---|---------------|-----------------------|-----------------------|--|--|--|--|--|--|
| Eligibility, 2605(b | o)(2) - Assurance 2 | | | | | | | | | |
| 2.1 Designate the | 2.1 Designate the income eligibility threshold used for the heating componenet: | | | | | | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | | | | | |
| 1 | All Household Sizes | | State Median Income | 60.00% | | | | | | |
| 2.2 Do you have a HEATING ASSIT | additional eligibility requirements for FANCE? | ⊙ Yes | ○ No | | | | | | | |
| 2.3 Check the app | propriate boxes below and describe the p | olicies for o | each. | | | | | | | |
| Do you require a | n Assets test ? | C Yes | € No | | | | | | | |
| Do you have add | itional/differing eligibility policies for: | | | | | | | | | |
| Renters? | | C Yes | € No | | | | | | | |
| Renters Liv | ving in subsidized housing ? | ⊙ Yes | C No | | | | | | | |
| Renters wit | th utilities included in the rent ? | Cyes | € No | | | | | | | |
| Do you give prior | rity in eligibility to: | | | | | | | | | |
| Elderly? | | ⊙ Yes | C No | | | | | | | |
| Disabled? | | C Yes | € No | | | | | | | |
| Young chile | dren? | C Yes | € No | | | | | | | |
| Households | s with high energy burdens ? | C Yes | € No | | | | | | | |
| Other? Cri | sis situations | ⊙ Yes | O _{No} | | | | | | | |
| Explanations of p | policies for each "yes" checked above: | | | | | | | | | |
| Subsidized Housing: Households that pay rent in a government-subsidized housing project or program and are not directly responsible for home energy costs are considered to be fully protected from the rising cost of heating fuel and are not eligible for LIHEAP. The rental costs for these households are based on a fixed percentage of the household's income and/or other factors, and does not increase or decrease when fuel costs increase or decrease. (See Section H(2) attached) | | | | | | | | | | |
| Preference is given to high risk households that are identified when the heating assistance application is received, or a utility or other fuel supplier may refer a household when a serious payment problem is first discovered. | | | | | | | | | | |
| Link to LIHEAP Policy Manual: http://www.nd.gov/dhs/policymanuals/415/415.htm | | | | | | | | | | |
| Determination of | Benefits 2605(b)(5) - Assurance 5, 2605(c)(| (1)(B) | | | | | | | | |
| 2.4 Dogoviho hom | | | | | | | | | | |

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

Generally, household are served on a first come-first served basis, however, applications from fixed income households are accepted prior to the official start of the heating season. A mass mailing of applications to fixed income households is completed in September.

Early identification and crisis prevention is considered essential for "high risk" households, particularly those with vulnerable members. These households may be identified when the heating assistance application is received; or a utility or other fuel supplier may establish appropriate procedures to refer households with a vulnerable member for assistance or when a serious payment problem is first discovered.

In addition, all outreach activities emphasize reaching those households that include at least one elderly person or person with a disability. Each of the county social service boards is also responsible to administer TANF, SNAP, Medicaid, and Title XX and other service programs. Therefore, the county

| social service boards can assure that these programs and energy programs are fully coordinated and are able to refer households with vulnerable members. |
|---|
| 2.5 Check the variables you use to determine your benefit levels. (Check all that apply): |
| ✓ Income |
| Family (household) size |
| ✓ Home energy cost or need: |
| Fuel type |
| Climate/region |
| Individual bill |
| Dwelling type |
| Energy burden (% of income spent on home energy) |
| Energy need |
| ✓ Other - Describe: |
| Cost/Consumption Tables (Estimated Cost of Heating Matrix): LIHEAP in North Dakota uses a statewide cost/consumption table to determine a household's estimated costs of heating. The table is used to determine heating assistance benefits only. The table is based upon actual cost and consumption data reported for LIHEAP recipients in the LIHEAP data system. Billing data reported directly from fuel suppliers, either electronically or on paper billing statements, is used to determine the cost of heating a dwelling/residence for the entire heating season. Billing data (i.e., total amount billed to client) is determined by several factors, including fuel consumption, cost of fuel, temperature/heating degree day data, the heating values of various fuels, and furnace efficiency factor for various fuels. Billing data therefore accounts for these factors in a single number/value. |
| Using actual billing data from the four most recent federal fiscal years (i.e., heating seasons), a distribution of total amount billed is generated, and values at the 95 th percentile are identified. Using these 95 th percentile values, a single cost/consumption table is produced for the entire state, based on various sizes of living units, various types of buildings, and various types of fuel. |
| Accurate consumption/cost data are not available for wood, coal, and other miscellaneous types of fuel, due to the very small number of LIHEAP recipients with these primary fuel types. Therefore, consumption and cost rates are best negotiated with the individual household on a case-by-case basis, using the previous year's usage and cost data. If not available, the natural gas rate will be used to compute benefits. (See Section I attached) |
| Benefit Calculation (See Section J attached): Heating assistance benefits are an individually determined percentage of the eligible household's actual heat cost incurred during each eligible month of the heating season, October through May. Heating fuel and some incidental charges may be included in the household's cost of heat. |
| The household is responsible to pay an affordable percentage of the actual heat cost. The amount each household can afford to pay for heat cost is based on family size and income: |
| (1) One percent of the household's adjusted annual income if that income is less than or equal to one-third (1/3) of the income eligibility limits described in Section H, 1, of attached state plan, or |
| (2) Two percent of the household's annual income if the income is more than one-third (1/3) but less than or equal to two-thirds (2/3) of the income eligibility limits described in Section H, 1, of attached state plan, or |
| (3) Three percent of the household's adjusted annual income if the income is more than two-thirds (2/3) of the income eligibility limits described in Section H, 1, or attached state plan. |
| The household's percentage share is the amount calculated in (1), (2), or (3) above, divided by the estimated cost of heat from the cost/consumption tables described in Section I, 2, and rounded down to the nearest 5%. The remainder is the LIHEAP percentage share of the actual heat cost. Some households can demonstrate that they maintain home temperatures higher than anticipated in the cost/consumption tables due to age, disability, or health problem. If so, the household's percentage share will be based on the higher estimated cost of heat. Therefore, benefits take into account family size, income, and heat cost so that the greatest amount of assistance is provided to households with the lowest income and the highest energy costs. |
| The maximum LIHEAP percentage is 95% and the minimum LIHEAP percentage share is 10%. Eligible households whose LIHEAP percentage calculates to less than 6% will receive a one-time, \$50 cash benefit. These limits will assure that the eligible household will always pay a portion of each heat bill. The total amount paid for households whose heating bills include non-residential heating costs will not exceed the amount of that household's Estimated Cost of Heat multiplied by their calculated LIHEAP Share Percentage. All households that meet the heating assistance eligibility criteria in any month of the year may be provided any of the defined services and/or premium assistance, as needed, anytime through September 30, 2018, the end of federal fiscal year 2018. (See Section N of the attached state Plan for Emergency Assistance Eligibility Criteria) |
| Maximum Benefit Note: Since our benefit is calculated as a LIHEAP Share Percentage (LS%), unless the primary fuel source is used to heat other buildings in addition to the home, we do not have a maximum benefit. |
| Attached is a copy of the Statewide Benefit Matrix for the 2017-2018 Heating Season. |
| The estimated benefit for FY 2018 is from FY 2017 for heating, emergency and furance cleanings. |
| |

| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | | | |
|---|----------------|-----------------------------------|---------|--|--|--|--|--|--|
| 2.6 Describe estimated benefit levels for FY 2018: | | | | | | | | | |
| Minimum Benefit | \$8 | Maximum Benefit | \$6,200 | | | | | | |
| 2.7 Do you provide in-kind (e.g., blankets, space heat | ers) and/or ot | her forms of benefits? © Yes O No | | | | | | | |
| If yes, describe. | | | | | | | | | |
| Temporary heating devices and/or other consumer type goods may be provided under the <u>emergency component only</u> in order to protect household members from a severe loss or lack of home energy. | | | | | | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | | | | | | |

Section 3 - COOLING ASSISTANCE

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

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

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

| | Section 3 - Cooling Assistance | | | | | | | | |
|--|---|--------------|-----------------------|-----------------------|--|--|--|--|--|
| Eligibility, 2605(c | Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2 | | | | | | | | |
| 3.1 Designate Th | 3.1 Designate The income eligibility threshold used for the Cooling componenet: | | | | | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | | | | |
| 1 | All Household Sizes | | State Median Income | 60.00% | | | | | |
| 3.2 Do you have COOLING ASSI | additional eligibility requirements for TANCE? | ⊙ Yes | C _{No} | | | | | | |
| 3.3 Check the ap | propriate boxes below and describe the p | olicies for | each. | | | | | | |
| Do you require a | n Assets test ? | C Yes | ⊙ No | | | | | | |
| Do you have add | itional/differing eligibility policies for: | | | | | | | | |
| Renters? | | C Yes | ⊙ _{No} | | | | | | |
| Renters Li | ving in subsidized housing ? | O Yes | ⊙ No | | | | | | |
| Renters wi | th utilities included in the rent ? | O Yes | ⊙ _{No} | | | | | | |
| Do you give prio | rity in eligibility to: | 4: | | | | | | | |
| Elderly? | | ⊙ Yes | O _{No} | | | | | | |
| Disabled? | | ⊙ Yes | O _{No} | | | | | | |
| Young chil | dren? | C Yes | ⊙ No | | | | | | |
| Household | s with high energy burdens ? | Oyes | ⊙ _{No} | | | | | | |
| Other? Mo | edical Necessity | • Yes | O _{No} | | | | | | |
| Explanations of 1 | policies for each "yes" checked above: | | | | | | | | |
| Explanations of policies for each "yes" checked above: The North Dakota State LIHEAP does not routinely include a cooling program. However, the State reserves the option to implement a temporary cooling program in the event of unusual cooling needs due to weather aberrations, contingent upon available funding. This component will allow for the purchase and installation of approved cooling devices for households with an elderly member or households who can document a medical need for cooling. A special application will be required for this assistance. The application will establish that the income of the household are within the guidelines allowed under the Heating Assistance component, as described in Section H, 1 of the attached state plan. Since this assistance is for cooling devices, the applicant does <u>not</u> need to have responsibility to pay a heating or cooling bill. Therefore, households who are not eligible under the Heating Assistance component, as described in Section H, 2, of the state plan may be eligible for purchase of cooling devices under this cooling component. The documentation of medical need will require a signed statement from a physician, physician's assistant, nurse practitioner, or public health nurse that identifies the member of the household who needs a cooled living space, the nature of the medical condition and why cooling of the living space is needed. An assertion that cooling is required because of disability is not sufficient to establish medical need. | | | | | | | | | |
| 3.4 Describe how you prioritize the provision of cooling assistance toyulnerable populations a g_banefit amounts, early application periods atc. | | | | | | | | | |

A LIHEAP-eligible household may qualify for a cooling device (an air conditioner or a fan, as the need dictates), if a member of the household has a documented medical need. Documentation of a household member's medical need for a cooling device **will not be** required if there is an elderly person (age 60 or over) in the household. Documentation of medical need **will continue** to be required when there are no elderly persons in the household. (See

Section X attached)

| Determination of Benefits 2605(b)(5) - Assurance 5, 2605(| c)(1)(B) | | |
|--|------------------|---|----------------------|
| 3.5 Check the variables you use to determine your bene | fit levels. (Che | eck all that apply): | |
| ✓ Income | | | |
| Family (household) size | | | |
| Home energy cost or need: | | | |
| Fuel type | | | |
| Climate/region | | | |
| Individual bill | | | |
| Dwelling type | | | |
| Energy burden (% of income spent on hom | ie energy) | | |
| Energy need | | | |
| Other - Describe: | | | |
| The income of the household must be within the guidelines state plan (See Section X attached). | allowed under | r the Heating Assistance component, as described in Section | H, 1 of the attached |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | |
| 3.6 Describe estimated benefit levels for FY 2018: | | | |
| Minimum Benefit | \$1 | Maximum Benefit | \$800 |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) | and/or other f | forms of benefits? • Yes No | |
| If yes, describe. | | | |
| North Dakota cooling program (not regularly implemented) does not pay a household's cooling costs. Instead, a LIHEAP-eligible household may qualify for a cooling device (an air conditioner or a fan, as the need dictates) or repair on an existing cooling device, if a member of the household is elderly or has a documented medical need. The household need not be responsible for paying heating costs so tenants in subsidized housing may qualify. | | | |
| The income of the household must be within the guidelines allowed under the Heating Assistance component, as described in Section H, 1 of the attached state plan. | | | |
| See attached Estimated Cost of Heating Table (matrix). | | | |
| | | | |
| If any of the above questions require fur fields provided, attach a document with | | nation or clarification that could not be m | ade in the |

Section 4 - CRISIS ASSISTANCE

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

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

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 compo | nent | |
| Add | Household size | Eligibility Guideline | Eligibility Threshold |
| 1 | All Household Sizes | State Median Income | 60.00% |
| 4.2 Provide your | LIHEAP program's definition for determining a cris | is. | |
| See Section E of attached state plan of operation: Energy Crisis: This term means weather-related and supply shortage emergencies and other household energy-related emergencies. | | | |
| 4.3 What constitu | ntes a <u>life-threatening crisis?</u> | | |
| See Section E of attached state plan of operation: Life-Threatening Energy Crisis: This term refers to an energy-related crisis that poses a serious threat to the health and safety of one or more members of the household. | | | |
| Crisis Requireme | ent, 2604(c) | | |
| 4.4 Within how n | nany hours do you provide an intervention that will r | esolve the energy crisis for eligible househo | lds? 48Hours |
| 4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours | | | |
| Crisis Eligibility, 2605(c)(1)(A) | | | |
| 4.6 Do you have a ASSISTANCE? | additional eligibility requirements for CRISIS | € Yes C No | |
| 4.7 Check the appropriate boxes below and describe the policies for each | | | |
| Do you require a | n Assets test ? | C Yes No | |
| Do you give prior | rity in eligibility to : | | |
| Elderly? | | • Yes O No | |
| Disabled? | | • Yes O No | |
| Young Chil | ldren? | ⊙ Yes O No | |
| Households | s with high energy burdens? | C Yes O No | |
| Other? | | C Yes O No | |
| In Order to recei | ve crisis assistance: | • | |
| Must the ho empty tank? | ousehold have received a shut-off notice or have a nea | r C Yes O No | |
| Must the he | ousehold have been shut off or have an empty tank? | C Yes O No | |
| Must the he | ousehold have exhausted their regular heating benefi | t? O Yes O No | |
| Must rente | rs with heating costs included in their rent have | C Yes ⊙No | |

| received an eviction notice ? | | |
|--|---|--|
| Must heating/cooling be medically necessary? | C Yes ⊙ No | |
| Must the household have non-working heating or cooling equipment? | C Yes ⊙ No | |
| Other? | C Yes ⊙ No | |
| Do you have additional / differing eligibility policies for: | • | |
| Renters? | C Yes O No | |
| Renters living in subsidized housing? | ⊙ Yes C No | |
| Renters with utilities included in the rent? | C Yes ⊙ No | |
| Explanations of policies for each "yes" checked above: | , | |
| Renters living in subsidized housing and are not responsible for paying their | heat do not qualify for emergency assistance. | |
| Determination of Benefits | | |
| 4.8 How do you handle crisis situations? | | |
| Separate component | | |
| Fast Track | | |
| Other - Describe: | | |
| 4.9 If you have a separate component, how do you determine crisis assist | tance benefits? | |
| ✓ Amount to resolve the crisis. | | |
| Other - Describe: | | |
| <u> </u> | | |
| Crisis Requirements, 2604(c) | | |
| 4.10 Do you accept applications for energy crisis assistance at sites that a | are geographically accessible to all households in the area to be served? | |
| ⊙ Yes ○ No Explain. | | |
| Applications are available at all county social service offices. Emergency procommunication with suppliers, or other services and a 24 hour telephone nun potentially eligible households are informed of the heating assistance and em submit an application. Aging service area coordinators and the North Dakota regional community action agencies, have agreed to continue to provide outre. In addition, the Department contracted with Community Options to provide clients, providing applications, assist completing applications and obtaining the community of the contraction of the community of the contraction of the contract | nber for requesting aid or reporting a crisis. Outreach activites assure that all lergency assistance components of the program and have the opportunity to Council of Community Action Agency Directors, representing the seven (7) reach and intake function for LIHEAP heating assistance and crisis situations. | |
| 4.11 Do you provide individuals who are physically disabled the means to: | | |
| Submit applications for crisis benefits without leaving their homes? | | |
| • Yes O No If No, explain. | | |
| Travel to the sites at which applications for crisis assistance are accept | ted? | |
| • Yes O No If No, explain. | | |
| If you answered "No" to both options in question 4.11, please explain alt disabled? | ternative means of intake to those who are homebound or physically | |
| Benefit Levels, 2605(c)(1)(B) | | |
| 4.12 Indicate the maximum benefit for each type of crisis assistance offer | red. | |
| Winter Crisis \$0.00 maximum benefit | | |
| Summer Crisis \$0.00 maximum benefit | | |
| Year-round Crisis \$500.00 maximum benefit | | |
| 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or ot | her forms of benefits? | |
| ⊙ Yes ○ No If yes, Describe | | |
| | y finance and other incidental charges, for households that are financially The emergency assistance component may be used to justify re-computing | |

Page 14

the basic heating assistance benefit level if the financial shortage is expected to be long-term, or it may be used to pay the amount needed to resolve the current crisis, or a combination of both options. An eligible household may receive up to \$500.00 per season for heating costs (including re-connection charges) if the household is financially unable to contribute all or part of their co-payment percentage to the purchase of the fuel

- 2. Repair or replacement of a defective, inoperable, or unsafe heating system or water heater or a severely inefficient heating system or water heater for an eligible homeowner or an eligible renter with verifiable responsibility for such costs may be provided, depending on the availability of funds, weatherization or other resources, expected payback, and other related factors. The heating system includes chimney, air ducts, burners, tanks, pipes and all other components necessary to produce heat safely and efficiently. (No maximum for this portion of crisis assistance and includes the cost of equipment and replacement of heating system or parts.)
- 3. Minor home repairs or replacement components (excludes additions) to prevent the loss of home energy in the living unit of an eligible homeowner or a renter with verifiable responsibility for such costs. (up to \$400/season)
- 4. Temporary shelter, temporary heating or cooling devices and/or other consumer type goods that may be needed to protect household members from a sever loss or lack of home energy. (Up to \$100.00/season).
- 5. The state may delegate some or all of the responsibility for delivering the services described in 2, 3 and 4 above by administrative agreement with the Division of Community Services. (See Section N attached)

| with the Division of Community Services. (See Section N attached) | | | | |
|--|------------------|------------------|---|--|
| 4.14 Do you provide for equipment repair or replacement using crisis funds? | | | | |
| € Yes C No | | | | |
| If you answered "Yes" to question 4.14, you must o | complete que | estion 4.15. | | |
| 4.15 Check appropriate boxes below to indicate typ | e(s) of assist | tance provid | led. | |
| | Winter Crisis | Summer Crisis | Year-round Crisis | |
| Heating system repair | | | ▼ | |
| Heating system replacement | | | ✓ | |
| Cooling system repair | | | ✓ | |
| Cooling system replacement | | | ✓ | |
| Wood stove purchase | | | | |
| Pellet stove purchase | | | | |
| Solar panel(s) | | | | |
| Utility poles / gas line hook-ups | | | ▼ | |
| Other (Specify): | | | | |
| 4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? | | | | |
| • Yes O No | | | | |
| If you responded "Yes" to question 4.16, you must | respond to | question 4.1 | 7. | |
| 4.17 Describe the terms of the moratorium and any | special disp | pensation re | ceived by LIHEAP clients during or after the moratorium period. | |
| Investor-owned utilities (there are four in the state) must follow the attached PSC disconnect rules. | | | | |
| | | | | |
| | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the | | | | |
| fields provided, attach a document w | | | | |

Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

| | Section 5: WEATHERIZATION ASSISTANCE | | | |
|---|---|---------------------------|---|-------------------------------------|
| Eligibility, 2605(| c)(1)(A), 2605(b)(2) - Assur | rance 2 | | |
| 5.1 Designate the | e income eligibility thresho | ld used for the Weatheriz | ation component | |
| Add | Househ | old Size | Eligibility Guideline | Eligibility Threshold |
| 1 | All Household Sizes | | State Median Income | 60.00% |
| 5.2 Do you enter No | into an interagency agreer | nent to have another gove | ernment agency administer a WEATHERIZ | ATION component? • Yes |
| 5.3 If yes, name t | the agency. North Dakota I | Department of Commerce | | |
| 5.4 Is there a sep | parate monitoring protocol | for weatherization? 💽 Y | es O No | |
| WEATHERIZA | TION - Types of Rules | | | |
| 5.5 Under what i | rules do you administer LI | HEAP weatherization? (C | Check only one.) | |
| Entirely un | nder LIHEAP (not DOE) r | ules | | |
| Entirely un | nder DOE WAP (not LIHE | CAP) rules | | |
| Mostly und | der LIHEAP rules with the | following DOE WAP rul | le(s) where LIHEAP and WAP rules differ (| Check all that apply): |
| Incor | me Threshold | - | | |
| | | family housing structure | is permitted if at least 66% of units (50% in | 2- & 4-unit huildings) are eligible |
| | ome eligible within 180 day | | is permitted if at least 00 /0 or units (50 /0 in | 2 to 4 unit buildings) are engine |
| Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities). | | | | |
| Othe | er - Describe: | | | |
| Mostly und | Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.) | | | |
| ✓ Income Threshold | | | | |
| Wear | therization not subject to I | OOE WAP maximum stat | ewide average cost per dwelling unit. | |
| Wear | therization measures are n | ot subject to DOE Saving | s to Investment Ration (SIR) standards. | |
| ✓ Other - Describe: | | | | |
| Income eligibility for LIHEAP is a pre-requisite for weatherization services. | | | | |
| DOC weatherization does not require ASHRAE 62.2 compliance. | | | | |
| DOC weatherization does not require Quality Control Certified Inspections. | | | | |
| DOC weatherization does not follow the reweatherization date of 1994. | | | | |
| We allow omission of some measures if there are documented reasons for NOT doing them, such as a health and safety issue. | | | | |
| | | | | |
| 5.6 Do you requi | b)(5) - Assurance 5 | C Yes O No | | |
| | additional/differing eligibil | ļ <u> </u> | | |

| Renters | C Yes O No | | | |
|--|--|--|--|--|
| Renters living in subsidized housing? | C Yes O No | | | |
| 5.8 Do you give priority in eligibility to: | | | | |
| Elderly? | ⊙ Yes C No | | | |
| Disabled? | ⊙ Yes ○ No | | | |
| Young Children? | ⊙ Yes ○ No | | | |
| House holds with high energy burdens? | ⊙ Yes C No | | | |
| Other? High Energy Usage | ● Yes ○ No | | | |
| If you selected "Yes" for any of the options below. | in questions 5.6, 5.7, or 5.8, yo | ou must provide further explanation of these policies in the text field | | |
| Income eligibility for LIHEAP is a pre-requisi | te for weatherization services. | | | |
| All heating assistance households will automa | tically be referred for energy con | nservation services. | | |
| Discussion with applicants who live in poor qu Assistance should focus on the benefits of con | | nergy usage, or who are demonstrating a pattern of reliance on Energy | | |
| Energy conservation will stretch LIF The amount of money required for h The conservation and weatherization out-of-pocket costs will be lower. Their home will be more comfortable. | neating from the applicant's own in services will continue to reduce | e energy costs, so even if the applicant is not eligible for LIHEAP, the | | |
| The long range advantage of taking the extra t allowing more people to be served and reducing | | n conservation services now is that program expenditures will be reduced, s will have to be decreased in the future. | | |
| North Dakota contracts with the Department of Commerce for weatherization services who in turn contracts with Community Action agencies. The Community Action agencies receive written approval from a landlord for weatherization work before any work is started for eligibility LIHEAP households who reside in subsidized housing. The following further defines subsidized housing: | | | | |
| Renters of units in some governmental subsidized housing (including HAP renter/heat paid clients) are not directly responsible for heating costs. The rental costs for these households are based on a fixed percentage of the household's income and other factors. Their rental costs do not increase when heating costs increase; therefore, there households are not eligibile for heating assistance from LIHEAP. Those renters in governmental subsidized housing who are responsible for part or all of their heating costs may be eligibile for LIHEAP benefits. Their eligibility and benefit level is determined in the same manner as other LIHEAP households. | | | | |
| See Section M (3) of attached state plan. Also see Section O attached. | | | | |
| Benefit Levels | | | | |
| 5.9 Do you have a maximum LIHEAP weat | herization henefit/evnenditure | ner household? O Yes O No | | |
| 5.10 If yes, what is the maximum? \$0 | nerization benefit expenditure | per nouscilott. 2 103 2 110 | | |
| Types of Assitance, 2605(c)(1), (B) & (D) | | | | |
| 5.11 What LIHEAP weatherization measur | es do you provide ? (Check all | categories that apply.) | | |
| Weatherization needs assessments/a | udits | Energy related roof repair | | |
| Caulking and insulation | | Major appliance Repairs | | |
| ✓ Storm windows | | Major appliance replacement | | |
| Furnace/heating system modification | ns/ rengirs | Windows/sliding glass doors | | |
| Furnace replacement | | Doors | | |
| Turnace replacement | | | | |
| Cooling system mounteations/ repair | 15 | | | |
| Water conservation measures ✓ Compact florescent light bulbs | | Cooling system replacement Other - Describe: If weatherization expenditures are above \$8,000 per household, state approval must be obtained | | |
| | | approvar must be obtained | | |

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

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)

| 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 eligible households are made aware of all LIHEAP assistance available: |
| Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. |
| Publish articles in local newspapers or broadcast media announcements. |
| Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. |
| Mass mailing(s) to prior-year LIHEAP recipients. |
| Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. |
| Execute interagency agreements with other low-income program offices to perform outreach to target groups. |
| Other (specify): |
| County social service offices and alternate outreach organizations distribute heating assistance application forms to all individuals upon request, and provide such application forms to fuel suppliers, Community Action Agencies, senior citizen centers or any other individuals or organizations that are willing to distribute the form to potentially eligible households. |
| The Department contracts with Community Options to provide outreach services with a focus on elderly and disabled people. Community Options participates in local events to provide information on the LIHEAP program such as Senior Center and conferences, place fliers in local communities, and partner with Community Action agencies. Community Options providers applications to interested clients, assist clients in completing applications and obtaining required verifications, assist county social services in obtaining necessary verifications for eligibility, and conduct home visit to assist with application if someone is home bound. |
| See Section G of state plan attached: |
| |
| |

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

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)

| | MODEL PLAN SF - 424 - MANDATORY |
|---------------------|--|
| | Section 7: Coordination, 2605(b)(4) - Assurance 4 |
| 7.1 Desc WAP, et | cribe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, tc.). |
| | Joint application for multiple programs |
| > | Intake referrals to/from other programs |
| > | One - stop intake centers |
| | Other - Describe: |
| | the county social service offices are responsible for administering TANF, SNAP, Medicaid, Child Care Assistance Program and Title XX and vice programs. Therefore, the county social service offices can assure that these programs and energy programs are fully coordinated. |
| See Sect | ion M of attached State Plan of Operation. |
| • | of the above questions require further explanation or clarification that could not be made in the provided, attach a document with said explanation here. |

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

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

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

SF - 424 - MANDATORY

| Sec | Commonwealth of Puerto Rico) | | |
|--|---|--|--|
| 8.1 How | would you categorize the primary responsibility of your State agency? | | |
| > | Administration Agency | | |
| | Commerce Agency | | |
| | Community Services Agency | | |
| | Energy / Environment Agency | | |
| | Housing Agency | | |
| | Welfare Agency | | |
| | Other - Describe: | | |
| | | | |
| Alternat | e Outreach and Intake, 2605(b)(15) - Assurance 15 | | |
| If you se | lected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable. | | |
| 8.2 How | do you provide alternate outreach and intake for HEATING ASSISTANCE? | | |
| continue | h Dakota Council of Community Action Agency Directors, representing the seven (7) regional community action agencies, have agreed to to provide outreach and intake function for LIHEAP heating assistance and crisis situations. In addition, the Department has contracted with ity Options to conduct statewide outreach services. | | |
| The North Dakota Department of Human Services Aging Services Division, as the statewide agency for Aging Services employs coordinators in each of the eight (8) regional Human Service Centers. The division has agreed that the regional Aging Services coordinators will continue to provide outreach and intake functions for LIHEAP heating assistance and crisis situations. | | | |
| The North Dakota LIHEAP has agreed to provide appropriate staff training, administrative forms and printed information to the regional community action agencies and the regional Aging Services coordinators. | | | |
| The outreach function and the intake function assigned to these alternate sites are defined in Section E of the attached state plan. | | | |
| Intake Function: Intake is defined as the beginning formal contact(s) with a potential applicant to provide program information and explanations, and to provide the application form with instructions for completion and submission. | | | |
| Outreach Function: This term is similar to the general outreach activities and processes described in Section G except that special service outreach activities are not included. To assure that all households are aware of the program and the application process, the outreach function takes advantage of opportunities to publicize the LIHEAP through a variety of publicity methods including, but not limited to, the public media, meetings and presentations, fliers and brochures. | | | |
| See Secti | See Section B (2) of State Plan of Operations attached: | | |
| 8.3 How | do you provide alternate outreach and intake for COOLING ASSISTANCE? | | |
| See Secti | on B (2) of State Plan of Operations attached: Community Action Agencies provide alternate outreach for the cooling program. | | |
| 8.4 How | do you provide alternate outreach and intake for CRISIS ASSISTANCE? | | |

See Section B (2) of State Plan of Operations attached: See above for heating

| 8.5 LIHEAP Component Administration. | Heating | Cooling | Crisis | Weatherization |
|--|-------------------------------------|--|----------------------------|------------------------------|
| 8.5a Who determines client eligibility? | Local County Government | Local County Government Community Action Agencies | Local County Government | Local County Government |
| 8.5b Who processes benefit payments to gas and electric vendors? | Local County Government Other | Non-Applicable | Local County Government | |
| 8.5c who processes benefit payments to bulk fuel vendors? | Local County Government Other | Non-Applicable | Local County Government | |
| 8.5d Who performs installation of weatherization measures? | | | | Community Action Agencies |

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?

County offices (53):

By North Dakota Century Code, North Dakota is a state supervised, county administer state.

Section Powers and duties of the department - 50-06-05.1.19. states, "To act as the official agency of the state in the administration of the energy assistance program; to direct and supervise county administration of that program; and to take such actions, give such directions, and adopt such rules, subject to review in the courts of this state, as may be necessary or desirable to carry out this subsection. For purposes of the administration of the energy assistance program, funds are obligated at the earlier of the time a written commitment is made to pay a vendor or contractor for services or supplies delivered or to be delivered, or at the time payment is made to a vendor or contractor for services or supplies delivered or to be delivered. The provisions of this subsection concerning obligation of funds apply to payments and commitments made on or after July 1, 1991. The department with the consent of the budget section of the legislative management may terminate the program if the rate of federal financial participation in administrative costs is decreased or limited to less than fifty percent of total administrative costs, or if the state or counties become financially responsible for all or a portion of the cost of energy assistance program benefits.

CAAs (7):

The Department of Commerce utilizes the following process in accordance with 10 CFR 440:

§440.15 Subgrantees.

- (a) The grantee shall ensure that:
- (1) Each subgrantee is a CAA or other public or nonprofit entity;
- (2) Each subgrantee is selected on the basis of public comment received during a public hearing conducted pursuant to §440.14(a) and other appropriate findings regarding:
- (i) The subgrantee's experience and performance in weatherization or housing renovation activities;
- (ii) The subgrantee's experience in assisting low-income persons in the area to be served; and
- (iii) The subgrantee's capacity to undertake a timely and effective weatherization program.
- (3) In selecting a subgrantee, preference is given to any CAA or other public or nonprofit entity which has, or is currently administering, an effective program under this part or under title II of the Economic Opportunity Act of 1964, with program effectiveness evaluated by consideration of factors including, but not necessarily limited to, the following:
- $(i) The \ extent \ to \ which \ the \ past \ or \ current \ program \ achieved \ or \ is \ achieving \ weather ization \ goals \ in \ a \ timely \ fashion;$
- (ii) The quality of work performed by the subgrantee;
- (iii) The number, qualifications, and experience of the staff members of the subgrantee; and
- (iv) The ability of the subgrantee to secure volunteers, training participants, public service employment workers, and other Federal or State training programs.
- (b) The grantee shall ensure that the funds received under this part will be allocated to the entities selected in accordance with paragraph (a) of this section, such that funds will be allocated to areas on the basis of the relative need for a weatherization project by low-income persons.
- (c) If DOE finds that a subgrantee selected to undertake weatherization activities under this part has failed to comply substantially with the provisions of the Act or this part and should be replaced, such finding shall be treated as a finding under §440.30(i) for purposes of §440.30.

| (d) Any n section. | new or additional subgrantee shall be selected at a hearing in accordance with §440.14(a) and upon the basis of the criteria in paragraph (a) of this |
|-------------------------|---|
| | ate may terminate financial assistance under a subgrant agreement for a grant period only in accordance with established State procedures that to the subgrantee appropriate notice of the State's reasons for termination and afford the subgrantee an adequate opportunity to be heard. |
| | |
| 8.7 How | many local administering agencies do you use? 60 |
| 8.8 Have C Yes No | e you changed any local administering agencies in the last year? |
| 8.9 If so, | , why? |
| | Agency was in noncompliance with grantee requirements for LIHEAP - |
| | Agency is under criminal investigation |
| | Added agency |
| | Agency closed |
| | Other - describe |
| | |
| | of the above questions require further explanation or clarification that could not be made in the provided, attach a document with said explanation here. |

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

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

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

| | Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7 |
|-----------------------|---|
| 9.1 Do you make payme | nts directly to home energy suppliers? |
| Heating | € Yes C No |
| Cooling | C Yes ⊙ No |
| Crisis | € Yes C No |
| Are there exceptions? | ⊙ Yes CNo |
| If yes, Describe. | |
| | used directly to the vendor for fuel costs incurred during a client's eligibility period. If, however, the fuel costs have been paid in |

Renters whose heating costs are included as an undesignated portion of their rent payment will receive LIHEAP payments directly. Payments will generally be made once per month, on the third Tuesday, and will continue for the cient's eligibility period.

In unusual circumstance, third party payments may be issued (Ex: landlord who refuses to have the tenant's name on the vendor's account).

Prepayment to Supplier: Suppliers that provide a price discount, incentives, or supplemental services to LIHEAP eligible households may be granted a prepayment contract in advance of the heating season, of the estimated fuel costs for their customers who have been and are projected to be eligible for future LIHEAP heating assistance benefits. They will receive prorated cash advances from October 1, 2017 through May 31, 2018. As an alternative to price discounts, suppliers may agree to provide pre-established credits for the time the prepaid line of credit is not expended. Suppliers who can demonstrate that a discounted price or extended service is not possible or would be an undue hardship may also be granted prepayments, but will not receive cash advances. Suppliers to be offered prepayments will be determined by the State Program Director based on available funds and other criteria designed to ensure efficient, cost-effective use of this option.

The LIHEAP electronic system maintains a record of the total prepayment contract amount, cash advances made to the supplier, minus debits for customer bills as they are presented by the supplier, and the resulting balance of these transactions. Suppliers who have a prepayment contract and receive cash advance payments will continue to submit actual customer bills as they are incurred, as described in Section F, 5. The electronic system will record the customer billing and payment information to the appropriate customer account and the supplier account and produce all other documents normally issued with the supplier's check. A check will not be written, unless the total of bills to be paid exceeds the cash advance balance. In that case, the check will be the difference between the cash advance balance and the total of bills to be paid.

Suppliers who negotiate a prepayment contract but do not receive cash advance payments will bill and be paid in the same manner as suppliers who do not have a prepayment contract.

LIHEAP does not currently practice a policy of an actual cash advance (prepayment) to vendors and has not done so in many years.

See Section K (Supplier Agreements) of attached State Plan of Operation.

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

A notice detailing specific payments to be made is sent to the household (and supplier when appropriate) whenever miscellaneous, emergency, or premium payments are entered into the computer payment system by county or state office workers.

County eligibility workers have 45 days to process an application. Upon entry of the households information into the computer system, a notice is sent to the household notifiying them of percentage is their responsibility and the state share for heating costs.

See Section L (4) of attached State Plan of Operation.

9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

The fuel supplier will be required to sign a standard agreement statement that is included on the Heating Assistance billing form. Suppliers who submit electronic tape in lieu of the Heating Assistance billing form will sign the same agreement but in letter form. The standard agreement will commit the fuel supplier:

To charge the eligible household, in a normal billing process, the difference between the actual cost of the home energy and the amount of payment

to be made by the State. (The household's co-payment)

- b. To give assurance that no household receiving assistance under this program will be treated adversely because of such assistance under applicable provisions of State Law or public regulatory requirements.
- c. Not to discriminate, either in the cost of the goods supplied or the services provided, against the eligible household on whose behalf payments are made.
- d. To cooperate in reviews or audits of LIHEAP payments, and to refund to the State any over-payments.

Suppliers who are granted prepayments will be required to sign a contract agreement. Such statements that are necessary to ensure proper crediting to customer accounts and security of the prepaid funds will be included in the prepayment agreement. These suppliers will also sign the standard agreement as bills are presented for fuel purchased by individual customers.

Violations of the agreements due to suspected fraud or other criminal action will be referred to the county attorney for action. Other agreement violations may be cause to suspend the supplier from participating in LIHEAP or the program director may prescribe other appropriate action.

At the end of the regular heating season, all LIHEAP households receive a payment notice showing all payments made on behalf of the household for the heating season. The notice instructs the client to review the payments and contact the county with any discrepancies or questions. The notice provides a level of program integrity by allowing client to review/verify what has been paid on their behalf.

See Section K (Supplier Agreements) of attached State Plan of Operation

9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

Per agreement signed with vendor (See Section K of attached State Plan of Operation).

Households eligible for heating assistance and/or emergency assistance will receive an electronically produced "notice of action" at the time their eligibility and benefits have been determined. This form will include co-payment percentages and duration of benefits, right to appeal, and all other necessary explanations. It also conveys their right to file a written complaint if they believe they have been discriminated against because of race, color, religion, national origin, age, gender, disability or status with respect to marriage or public assistance.

9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?

Yes No

If so, describe the measures unregulated vendors may take.

Payments that are contingent on a vendor actions are typically reserved for emergency assistance. Good faith efforts of the household, and energy supplier if appropriate, to avoid or resolve crisis should be apparent. A budget payment plan or other formalized Action Plan to avoid future crises may be required as a condition of emergency payments.

The energy supplier's collection efforts and cooperation in extending credit and offering a reasonable payment plan is considered when a household requests emergency assistance.

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

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

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

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

| Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10) | | | | |
|---|------------------------|--|-------------------------------|--------------------------|
| 10.1. How do | you ensure good fiscal | accounting and tracking of LIHEAP | funds? | |
| See the following sections of the attached State Plan of Operation: P (Distribution of Grant Funds by Priority) Q (Benefits Excluded as Income) R (Administrative/Service Costs) S (Control of Fraud, Waste and Abuse) T (Fiscal Controls, Fund Accounting and Annual Audit) U (Reporting and Investigations) | | | | |
| Audit Process | | | | |
| 10.2. Is your I | IHEAP program aud | ited annually under the Single Audit | Act and OMB Circular A - 133? | |
| | | ing to the level of material weakness ows, or other government agency review | | |
| No Findings | | | | |
| Finding | Туре | Brief Summary | Resolved? | Action Taken |
| 1 | other | The Department does not have proper procedures in place to detect and prevent duplicate payments from being issued. The LIHEAP system includes edits to prevent duplicate payments. However in a situation when a vendor or eligibility worker enter different information such as incorrect vendor, different dates of service, etc. a duplicate payment may be made. To prevent duplicate payments in these unusual situations, a report is generated and reviewed by program staff as a secondary prevention of duplicate payments. | Yes | procedure/policy changes |
| 2 | other | The Department failed to implement sufficient policies and procedures requiring supporting documentation to be maintained. This finding was a result of two cases where the documents could not be located in the electronic file system known as FileNet. Staff are trained on the importance of scanning all documents and locating in the appropriate category in FileNet. | Yes | training changes |
| 10.4. Audits of Local Administering Agencies | | | | |
| What types of annual audit requirements do you have in place for local adminstering agencies/district offices? Select all that apply. | | | | |
| Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133 | | | | |
| Local agencies/district offices are required to have an annual audit (other than A-133) | | | | |
| Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process. | | | | |
| ✓ « | | | | |

| Compliance Monitoring |
|--|
| 10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply |
| Grantee employees: |
| ✓ Internal program review |
| ✓ Departmental oversight |
| Secondary review of invoices and payments |
| Other program review mechanisms are in place. Describe: |
| |
| Local Adminstering Agencies / District Offices: |
| ✓ On - site evaluation |
| Annual program review |
| Monitoring through central database |
| ✓ Desk reviews |
| Client File Testing / Sampling |
| Other program review mechanisms are in place. Describe: |
| Weatherization Monitoring by Department of Commerce see attached document. |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. |

A state-wide monthly random sample of ten (10) Low Income Home Energy Assistance Program (LIHEAP) cases are reviewed by the Quality Assurance Unit staff. A sample of one (1) case per region (6) and four (4) cases selected statewide (total of 10 cases) are selected each month. The sampling methodology allows for a minimum of one (1) case to be sampled from each county agency during a 12 month review period.

The results of the case file reviews are shared with the eligibility worker, county director and Economic Assistance Regional Representatives. If overpayment exists as a result of the review, overpayments are established regardless if the overpayment is due to agency error or recipient error. At the time an overpayment is established, the family is informed of the overpaid amount and that they are responsible for repayment of the overpayment.

Error trends are used to identify areas in need of training or possible policy revisions for clarity. Online LIHEAP course is available 24 hours a day for eligibility workers to develop competency and skill in applying CCAP policy. Economic Assistance Regional Representatives provide training for county eligibility workers on new policy and policy revisions. In addition, they work one on one with eligibility workers

Monitoring

North Dakota Department of Human Services has built a verification application called NDVerify. This tool allows eligibility workers to access some identifying information such as North Dakota Vital Records and some Social Security Administration information, wage data, unemployment data, motor vehicle data and Game and Fish data. LIHEAP eligibility workers also have access to additional information received through other major programs such as Numident - Social Security verification system, IRS information on income, and PARIS interface information. They may so accesses SAVE to determine qualified alien status.

The following systems are sources of information to obtain verification of benefits available to eligibility workers for determination of eligibility:

- The BENDEX System This is an on-line inquiry of recipients receiving Title II benefits.
- BENDEX wage match and SDX information will be available in the new tool called NDVerify.
- The Form 1610 System If Social Security data or benefits information is not available from the client, BENDEX, SDX, or the TPQY system, the Social Security District Offices will honor the use of Form 1610. This form should be used selectively and only after other means of securing the data have been explored. Thus, the use of Form 1610 is basically limited to determining the following:
- Child Support Enforcement System
- The amount of Social Security Title II benefits received during the three-month period preceding the date of application for Medicaid. The specific time period for which the data is needed must be indicated on Form 1610;
- The amount of Social Security benefits or other data when all efforts through BENDEX, SDX, or TPQY have failed; and
- To serve as a lead to determine potential eligibility for Social Security benefits for an individual who has never applied to the Social Security
 Administration. A telephone call to the Social Security District Office will also serve as a referral and eliminate the need for the Form 1610.

For weatherization and emergency furnace services, monitoring is flagged in the Department's electronic contract system on a specified schedule throughout the life of the contract.

Fiscal Review-Local Agencies:

North Dakota is a state supervised, county administration state. DHS has the responsibility of building and maintaining the computer system that determines eligibility and benefits statewide. DHS Fiscal Administration, LIHEAP Program Administrator and Economic Assistance Policy Division Director monitor the funding of the program.

Local agency utilization of LIHEAP is monitored monthly through statistical reports generated and reviewed that include caseload and expenditures by

county. These reports shared within DHS and each county agency for their review and information. Any discrepancy may be reported to DHS for research and review.

In additional, an abstract is created each week of payments authorized through by the eligibility worker in the eligibility computer system and payments requested by fuel vendors. The abstract is reviewed by DHS policy staff and Fiscal Administration before payments are released and paid through the payment system known as PeopleSoft. Fiscal Administration reviews payments made through PeopleSoft. In addition, Fiscal Administration provides monthly spenddown tables on the utilization of the program to the Economic Assistance Policy Director.

Weatherization Monitoring by DOC; see attached document.

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

Site Visits:

On-site county visits are not conducted unless deemed necessary based on reviews completed by Quality Assurance Unit.

Weatherization Monitoring by DOC; see attached document.

Desk Reviews:

The Quality Assurance Unit conducts monthly case file reviews. The county social service office provides the case file or an electronic case file is retrieved from FileNet for the review process. A standard form is used for the review process. The form includes LIHEAP policy and procedures, i.e. verification of income, household members, etc. The results of the case file reviews are shared with the eligibility worker and county director. If overpayment exists as a result of the review, overpayments are established regardless if the overpayment is due to agency error or recipient error. At the time an overpayment is established, the family is informed of the overpaid amount and that they are responsible for repayment of the overpayment.

Weatherization Monitoring by DOC; see attached document.

10.8. How often is each local agency monitored?

See 10.6

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

The error rate won't be calculated until the end of FFY2017.

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

For the previous federal fiscal year, 2016 errors percentage was 7% for benefit determinions. Corrective action has been take on all findings.

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? 0

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

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| SF | - 424 - MANDATORY | | | |
|---|--|--|--|--|
| Section 11: Timely and Meanin | ngful Public Participation, 260 | 05(b)(12), 2605(C)(2) | | |
| 11.1 How did you obtain input from the public in the deve Select all that apply. | lopment of your LIHEAP plan? | | | |
| Tribal Council meeting(s) | | | | |
| ✓ Public Hearing(s) | | | | |
| ✓ Draft Plan posted to website and available for co | omment | | | |
| Hard copy of plan is available for public view an | d comment | | | |
| ✓ Comments from applicants are recorded | | | | |
| Request for comments on draft Plan is advertised | d | | | |
| Stakeholder consultation meeting(s) | | | | |
| Comments are solicited during outreach activities | es | | | |
| ✓ Other - Describe: | | | | |
| See Section D (Public Participation, Review and Comments on State Plan) of the attached State Plan of Operation. 11.2 What changes did you make to your LIHEAP plan as a result of this participation? None | | | | |
| Public Hearings, 2605(a)(2) - For States and the Common | wealth of Puerto Rico Only | | | |
| 11.3 List the date and location(s) that you held public hear | ring(s) on the proposed use and distribution o | of your LIHEAP funds? | | |
| | Date | Event Description | | |
| 1 | 08/03/2017 | Public Hearing at state office in Bismarck ND on proposed FY2018 ND State Plan of Operation for LIHEAP | | |
| 11.4. How many parties commented on your plan at the hearing(s)? 1 | | | | |
| 11.5 Summarize the comments you received at the hearing | g(s). | | | |
| In addition to state office personnel, public hearing attendees included two representatives from the Department of Commerce and three representatives from Community Action Agencies throughout the state. Written comment from Community Action Agencies expressed positive feedback regarding elimination of asset requirement for LIHEAP for FY2018 as well as commending LIHEAP and our partnership with DOC for the purpose of providing services for low income households across the state. Affidavit of publication and attendees are attached. | | | | |
| | | | | |
| 11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)? | | | | |
| None | | | | |
| | | | | |

If any of the above questions require further explanation or clarification that could not be made in the

fields provided, attach a document with said explanation here.

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

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

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

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

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

| 12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 5 | |
|---|---|
| | _ |
| 12.2 How many of those fair hearings resulted in the initial decision being reversed? 0 | |

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

None

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

If a client believes the decision made on their Heating Assistance or Emergency Assistance application may be wrong, or if they do not receive a written notice of the action taken on their Heating Assistance application within 45 days from the date their application is received, they should first contact the county social service office to be sure the eligibility worker has all the information they need to correctly determine your eligibility. If they still believe the decision is wrong for some reason, they can make a written request for a hearing before the North Dakota Department of Human Services. They are instructed to contact the county social service office for instructions on how to request a hearing. The written request for a hearing must be received within 30 days of the date of the notice of action. The client can have an attorney, relative, friend or other person assist them at the hearing. If the hearing request is received within that time, benefits will not be changed until a decision is reached. However, they will be required to pay back any excess benefits received if their appeal is not successful. A hearing officer will contact them to arrange a hearing time and place that is convenient for them. The cient will receive a written decision from the North Dakota Department of Human Services. See attached "Your Right to Appeal" notice.

12.5 When and how are applicants informed of these rights?

Whenever a case is processed or changed, the client receives a notice of the action taken on the case. The "Your Right to Appeal" document is on the back of all notices of action sent to clients.

Appeal rights are also included on the instruction page of the LIHEAP application.

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

Same as above.

12.7 When and how are applicants informed of these rights?

Same as above

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

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

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

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

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

Informational - Under the weatherization program, the weatherization coordinator completes an assessment and individual action plan; energy conservation lifestyle analysis and education; recommendations for specific services such as chimney and furance cleaning and tuning, minor furance repair or

replacement of inefficient or inoperable heating systems or water systems, and minor repair to prevent heat loss; and follow-up contacts for reassessment.

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

Specific funds are not dedicated to providing services that encourage and enable households to reduce their home energy needs as this is part of weatherization program.

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

N/A

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

N/A

13.5 How many households applied for these services? $\,\mathrm{N/A}$

13.6 How many households received these services? N/A

Section 14 - Leveraging Incentive Program ,2607A

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

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Expiration Date: 09/30/2020

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

| Section | 14·Lex | eraging | Incentive | Program | 26070 | (A) |
|---------|--------|---------|-------------|------------|--------|------------|
| Section | IT.LC | craging | IIICCIILIVC | I IUZI am. | , 2007 | 1 1 |

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

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

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

Section 15 - Training

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

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

| Section 15: Training | | | | |
|--|--|--|--|--|
| 15.1 Describe the training you provide for each of the following groups: | | | | |
| a. Grantee Staff: | | | | |
| Formal training on grantee policies and procedures | | | | |
| How often? | | | | |
| Annually | | | | |
| Biannually | | | | |
| ✓ As needed | | | | |
| Other - Describe: Federal webinars, conferences, work groups | | | | |
| Employees are provided with policy manual | | | | |
| Other-Describe: There are various committees, groups, or taskforces that work to develop policy that is consistent among economic assistance programs and to provide training, and clarification on existing policies and procedures. These various groups also provide an excellent opportunity to develop effective communications and build rapport with county staff. | | | | |
| 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: Economic Assistance Regional Representatives conduct quarterly visits of each county agency and provide policy and procedure training on all Economic Assistance Programs which inlcudes LIHEAP. | | | | |
| Employees are provided with policy manual | | | | |
| Other - Describe | | | | |
| c. Vendors | | | | |
| Formal training conference | | | | |
| How often? | | | | |
| Annually | | | | |
| Biannually | | | | |

| As needed |
|---|
| Other - Describe: |
| Policies communicated through vendor agreements |
| Policies are outlined in a vendor manual |
| Other - Describe: Regular oral communication with vendors (many on a daily basis) |
| 15.2 Does your training program address fraud reporting and prevention? Yes No |
| 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 16 - Performance Goals and Measures, 2605(b)

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 09/30/2020

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

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

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

Since the LIHEAP benefit is calculated as a percentage that is to be paid on each read/delivery incurred during the client's eligibility period, vendors/clients are required to submit household energy cost data in order to receive payment. Because of this fact, our system already obtains the data need to calculate average annual main heating fuel bill by household's main heat source.

The requirement of reporting an average annual electricity cost by primary heat source will be a major challenge. ND LIHEAP requests data from vendors on a 'need to know' basis. We do obtain household electricity cost data when electricity IS the client's main source of heat, however, if the client's main source of heat is something other than electricity, we have "no need" to request that information. It is not needed to determine eligibility or pay benefits. Because of this fact, the applicable data for this report was extrapolated using the electric costs of those households whose main source of heat IS electricity. In calculating the LIHEAP benefit for these households, it is "assumed" that 25% of the household's annual electric bills is for non-heating purposes. This assumption was carried into our reporting methodology and applied across all households whose main source of heat is NOT electricity.

Our year-round crisis program (emergency home energy assistance program) provides assistance that is necessitated by weather-related or supply shortage emergencies or because the household is not able to secure home energy for financial or other reason. It is not an entitlement program. The program is designed to be preventative in nature. Eligibility and the amount of benefits provided are designed to resolve or prevent a home energy crisis. As such, approval for crisis assistance is considered a prevention measure unless payment codes indicate reconnection or emergency fuel delivery. Disconnection and totally empty fuel tanks is uncommon during the majority of the fuel season due to the harsh winters here.

The State of North Dakota subcontracts with the Department of Commerce for our Emergency Furnace Repair and Replacement Program so we will be working with them to report the preventative and restoration measures for home energy equipment.

We are currently in the process of developing a new eligibility system for use by all economic assistance programs so reporting will be sort of a cumbersome manual process in the meantime. Developing a new data exchange system on an out-going system would be fiscally irresponsible at this point, however, we do plan to have numerous data exchange enhancements in the new system.

North Dakota does expect to be able to satisfy the LIHEAP Performance Measures reporting requirements for FY2017.

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

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

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

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

| OI 424 MARBATORI | | | | | | | |
|--|--|------------------------------|-----------------------|--|--|--|--|
| Section 17: Program Integrity, 2605(b)(10) | | | | | | | |
| 17.1 Fraud Reporting Mechanisms | | | | | | | |
| a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply. | | | | | | | |
| Online Fraud Reporting | | | | | | | |
| Dedicated Fraud Repor | ☑ Dedicated Fraud Reporting Hotline | | | | | | |
| Report directly to local agency/district office or Grantee office | | | | | | | |
| Report to State Inspector General or Attorney General | | | | | | | |
| Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse | | | | | | | |
| Other - Describe: | | | | | | | |
| The Department of Human Services has a fraud toll free hot-line and a website for individuals to resport suspect fraud. The suspected fraud reports are logged and researched to determine appropriate action. In addition, intential program violations determined for Child Care Assistance, Medicaid/CHIP, Supplemental Nutrition Assistance and Temporary Assistance for Needy Families programs are reviewed to determine if there is a LIHEAP case and if action needs to be taken on the LIHEAP case. | | | | | | | |
| b. Describe strategies in place for a | dvertising the above-referenced reso | urces. Select all that apply | | | | | |
| Printed outreach mater | ials | | | | | | |
| Addressed on LIHEAP | application | | | | | | |
| Website | | | | | | | |
| Other - Describe: | | | | | | | |
| As part of the human service delivery system in North Dakota, LIHEAP has a visible presence in all 53 of the state's counties. In addition, DHS has a fraud hot-line, a toll-free number, and a website by which cases of suspected fraud can be reported at any time www.nd.gov/dhs . | | | | | | | |
| The Department has an active public information unit which publishes press releases which include the website address. | | | | | | | |
| Our tools and mechanisms are in place; we continue seeking new and creative ways to encourage our citizens to inform DHS of suspected fraud. | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| 17.2. Identification Documentation Requirements | | | | | | | |
| a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members. | | | | | | | |
| | | | | | | | |
| Type of Identification Collected Col | | | | | | | |
| | Applicant Only | All Adults in Household | All Household Members | | | | |
| Social Security Card is | Required | Required | Required | | | | |
| photocopied and retained | | | | | | | |
| | Requested | Requested | Requested | | | | |
| | | | | | | | |
| | Required | Required | Required | | | | |

| Social Security Number (Without actual Card) | | | | | | | | | |
|--|--|----------------------------|---|--------|-------------------|------------------|-------|--------------------|--|
| | ~ | Requested | | > | Requested | | > | Requested | |
| Government-issued identification card | | Required | | | Required Required | | | | |
| (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | | Requested | | | Requested | | | Requested | |
| Other | | Applicant Only Required | plicant Only Applicant Only Household Household Members Members | | l | | | | |
| 1 | | | | | | | | | |
| b. Describe any exceptions to the above policies. LIHEAP in North Dakota utilizes the head of household's Social Security Number (SSN) as its primary identifier in its computer system. Several years ago, DHS also began collecting the SSN's of all of the household members. Because of Privacy Act considerations, we informed applicants that providing the SSN was voluntary, but virtually all applicants comply. | | | | | | | | | |
| LIHEAP policy in North Dakota rem | | the same. If fifther | meets that provi | iuiiig | unit miormation (| out no longer oc | TOTUL | mary, Bris will ec | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 17.3 Identification Verification | | | | | | | | | |
| Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply | | | | | | | | | |
| Verify SSNs with Social Security Administration | | | | | | | | | |
| Match SSNs with death records from Social Security Administration or state agency | | | | | | | | | |
| Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) | | | | | | | | | |
| Match with state Departme | ent o | f Labor system | | | | | | | |
| Match with state and/or federal corrections system | | | | | | | | | |
| Match with state child support system | | | | | | | | | |
| Verification using private software (e.g., The Work Number) | | | | | | | | | |
| In-person certification by staff (for tribal grantees only) | | | | | | | | | |
| Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only) | | | | | | | | | |
| Other - Describe: | Other - Describe: | | | | | | | | |
| North Dakota Department of Human Services currently has a verification application called NDVerify. This tool allows eligibility workers to access identifying information such as North Dakota Vital Records for birth date, Social Security Administration information for validation of SSN's and amount of benefits received, North Dakota Motor Vehicle resignation, and North Dakota Child Support for child support income and paid out. | | | | | | | | | |
| DHS has also begun the process of developing a central integrated eligibility system which will include all of the Department's economic assistance programs. The first phase of the new system included ACA and CHIP and was implemented February 2016. The second phase includes Child Care Assistance; Low Income Home Energy Assistance; Medicaid Aged Blind and Disabled; Supplemental Nutrition Assistance and Temporary Assistance for Needy Families Programs. One of the requirements of the system will be the verification of applicant identities across all programs. | | | | | | | | | |
| 17.4. Citizenship/Legal Residency Verification | | | | | | | | | |
| What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply. | | | | | | | | | |
| Clients sign an attestation of citizenship or legal residency | | | | | | | | | |
| Client's submission of Soc | ial S | ecurity cards is acc | epted as proof | f of l | egal residency | | | | |
| Noncitizens must provide documentation of immigration status | | | | | | | | | |
| Citizens must provide a copy of their birth certificate, naturalization papers, or passport | | | | | | | | | |
| Noncitizens are verified through the SAVE system | | | | | | | | | |
| Tribal members are verifi | Tribal members are verified through Tribal enrollment records/Tribal ID card | | | | | | | | |
| Other - Describe: | | | | | | | | | |
| DHS' verification system (NDVerify) is able to provide verification of citizenship, qualified noncitizens throught SAVE as an interface and web service. In addition, verification of identity through numerous interfaces in NDVerify. See 17.3 for further information. | | | | | | | | | |

Page 38

| 17.5. Income | Verification |
|--|--|
| What method | s does your agency utilize to verify household income? Select all that apply. |
| ✓ Requi | re documentation of income for all adult household members |
| > | Pay stubs |
| > | Social Security award letters |
| > | Bank statements |
| ~ | Tax statements |
| | |
| | Zero-income statements |
| | Unemployment Insurance letters |
| > | Other - Describe: |
| | types of income that exceed \$500 per year must be verified. This may be accomplished by the use of wage stubs, signed statement from an nal Revenue Service (IRS) forms, automatic bank deposit slips for social security, award letters for SSI, other types of benefits and |
| Com | outer 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: |
| Administration Security/Supple | Department of Human Services' currently utilizes a verification application called NDVerify that interfaces with the Social Security, Child Support Enforcement System, ND Unemployment Insurance Benefits and ND Job Service. It can be accessed to verify Social emental Security Income benefits, Child Support and spousal support received and paid, quarterly wage match and unemployment benefits Dakota Job Service). Information is not available from out-of-state employers. New hires is also part of NDVerify. |
| | |
| 17.6. Protection | on of Privacy and Confidentiality |
| | on of Privacy and Confidentiality inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| Describe the f | |
| Describe the f | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| Describe the f | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent |
| Policy Grant Emplo | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent the LIHEAP database includes privacy/confidentiality safeguards |
| Policy Grant Emplo | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent the LIHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: trantee employees |
| Describe the f | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent ee LIHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: cantee employees cal agencies/district offices |
| Describe the f | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent the LIHEAP database includes privacy/confidentiality safeguards type training on confidentiality for: the antice employees cal agencies/district offices types must sign confidentiality agreement |
| Describe the f | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent the LIHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: trantee employees cal agencies/district offices yees must sign confidentiality agreement trantee employees |
| Describe the f | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent the LIHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: antee employees cal agencies/district offices yees must sign confidentiality agreement cantee employees cal agencies/district offices |
| Describe the f | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent the LIHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: trantee employees cal agencies/district offices yees must sign confidentiality agreement trantee employees |
| Describe the f | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent the LIHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: antee employees cal agencies/district offices yees must sign confidentiality agreement cantee employees cal agencies/district offices |
| Describe the f | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent be LIHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: can tee employees cal agencies/district offices yees must sign confidentiality agreement can tee employees cal agencies/district offices and files are stored in a secure location |
| Policy Policy Find Grant Find Gra | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent be LIHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: cantee employees cal agencies/district offices yees must sign confidentiality agreement cantee employees cal agencies/district offices al files are stored in a secure location - Describe: ficant steps in safeguarding client's privacy in 2011 with its SSN suppression initiative. All written communications being mailed out |
| Describe the f | inancial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. in place prohibiting release of information without written consent the LHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: tantee employees cal agencies/district offices yees must sign confidentiality agreement tantee employees cal agencies/district offices al files are stored in a secure location - Describe: ficant steps in safeguarding client's privacy in 2011 with its SSN suppression initiative. All written communications being mailed out not with a system-assigned "billing number" rather than a Social Security Number. This will continue in 2018. stance Policy Division addresses safeguarding of client information in Administrative Procedural manual 448-01 which may be found on |
| Policy Policy Grant Figure 1 Figure 2 Figure 3 Figure 3 Figure 4 F | in place prohibiting release of information without written consent the LIHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: the antee employees cal agencies/district offices yees must sign confidentiality agreement cantee employees cal agencies/district offices al files are stored in a secure location Describe: ficant steps in safeguarding client's privacy in 2011 with its SSN suppression initiative. All written communications being mailed out ent with a system-assigned "billing number" rather than a Social Security Number. This will continue in 2018. stance Policy Division addresses safeguarding of client information in Administrative Procedural manual 448-01 which may be found on Department of Human Services website at http://www.state.nd.us/humanservices/policymanuals/home/financialhelp.htm Assistance Policy Division Administrative Procedural manual 448-01 is utilized to provide county eligibility workers with guidance on |
| Policy Policy Grant Find Employ Employ Employ Employ Find V Employ Find V Employ Other DHS took sign identify the clie Economic Assin North Dakota I The Economic policy and processors 17.7. Verifyin | in place prohibiting release of information without written consent the LHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: tantee employees cal agencies/district offices yees must sign confidentiality agreement tantee employees cal agencies/district offices al files are stored in a secure location - Describe: ficant steps in safeguarding client's privacy in 2011 with its SSN suppression initiative. All written communications being mailed out ent with a system-assigned "billing number" rather than a Social Security Number. This will continue in 2018. stance Policy Division addresses safeguarding of client information in Administrative Procedural manual 448-01 which may be found on bepartment of Human Services website at http://www.state.nd.us/humanservices/policymanuals/home/financialhelp.htm Assistance Policy Division Administrative Procedural manual 448-01 is utilized to provide county eligibility workers with guidance on edures of client information. |
| Policy Policy Grant Fmplo Fmmlo Fmml | in place prohibiting release of information without written consent the LIHEAP database includes privacy/confidentiality safeguards yee training on confidentiality for: The antee employees Cal agencies/district offices yees must sign confidentiality agreement The antee employees Cal agencies/district offices al files are stored in a secure location Describe: ficant steps in safeguarding client's privacy in 2011 with its SSN suppression initiative. All written communications being mailed out not with a system-assigned "billing number" rather than a Social Security Number. This will continue in 2018. Stance Policy Division addresses safeguarding of client information in Administrative Procedural manual 448-01 which may be found on Department of Human Services website at http://www.state.nd.us/humanservices/policymanuals/home/financialhelp.htm Assistance Policy Division Administrative Procedural manual 448-01 is utilized to provide county eligibility workers with guidance on edures of client information. g the Authenticity |

| 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: | | | | | | |
| North Dakota's status as a rural state lends a generous hand to vendor authenticity. A majority of the vendor in the state are small 'mom and pop' businesses that have been established in the communities for many years and, in many cases, generations. County staff have developed an excellent working relationship with vendors in their areas as most of the vendors and their employees are part of rural community. Vendor reputation is very well known to county staff. | | | | | | |
| 17.8. Benefits Policy - Gas and Electric Utilities | | | | | | |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. | | | | | | |
| Applicants required to submit proof of physical residency | | | | | | |
| Applicants must submit current utility bill | | | | | | |
| Data exchange with utilities that verifies: | | | | | | |
| Account ownership | | | | | | |
| Consumption | | | | | | |
| ✓ Balances | | | | | | |
| Payment history | | | | | | |
| Account is properly credited with benefit | | | | | | |
| Other - Describe: | | | | | | |
| Centralized computer system/database tracks payments to all utilities | | | | | | |
| Centralized computer system automatically generates benefit level | | | | | | |
| Separation of duties between intake and payment approval | | | | | | |
| Payments coordinated among other energy assistance programs to avoid duplication of payments | | | | | | |
| Payments to utilities and invoices from utilities are reviewed for accuracy | | | | | | |
| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities | | | | | | |
| Direct payment to households are made in limited cases only | | | | | | |
| Procedures are in place to require prompt refunds from utilities in cases of account closure | | | | | | |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism | | | | | | |
| Other - Describe: | | | | | | |
| 17.9. Benefits Policy - Bulk Fuel Vendors | | | | | | |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. | | | | | | |
| V Vendors are checked against an approved vendors list | | | | | | |
| ✓ Centralized computer system/database is used to track payments to all vendors | | | | | | |
| Clients are relied on for reports of non-delivery or partial delivery | | | | | | |
| Two-party checks are issued naming client and vendor | | | | | | |
| ✓ Direct payment to households are made in limited cases only | | | | | | |
| Vendors are only paid once they provide a delivery receipt signed by the client | | | | | | |
| Conduct monitoring of bulk fuel vendors | | | | | | |
| Bulk fuel vendors are required to submit reports to the Grantee | | | | | | |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism | | | | | | |
| Other - Describe: | | | | | | |
| | | | | | | |

| Applicants are asked to include a copy of their current heating bill with their application. This serves to verify heating vendor's authenticity and to ensure that the proper vendor is authorized to submit heating bills on behalf of the client. | | | | |
|--|--|--|--|--|
| 17.10. Investigations and Prosecutions | | | | |
| Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply. | | | | |
| Refer to state Inspector General | | | | |
| Refer to local prosecutor or state Attorney General | | | | |
| Refer to US DHHS Inspector General (including referral to OIG hotline) | | | | |
| Local agencies/district offices or Grantee conduct investigation of fraud complaints from public | | | | |
| Grantee attempts collection of improper payments. If so, describe the recoupment process | | | | |
| See Section J.1.4. (Erroneous Payments) of attached state plan of operation | | | | |
| Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? | | | | |
| Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated | | | | |
| Vendors found to have committed fraud may no longer participate in LIHEAP | | | | |
| Other - Describe: | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the | | | | |

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)

| 600 East Boulevard Avenue * Address Line 1 | | |
|---|---------------|------------------------|
| Department 325 Address Line 2 | | |
| Burleigh County Address Line 3 | | |
| Bismarck * City | ND * State | 58505-0250 * Zip Code |

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

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other

designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

Section 20: Certification Regarding Lobbying

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Assurances

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

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

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

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

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

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

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

- (10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");
- (11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;
- (12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);
- (13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and
- (14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.
- (15) * beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.
- * This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.
- (16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with

energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Plan Attachments

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