DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance Grantee Name: Vermont Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 3 Report Period: 10/01/2017 to 09/30/2018 Report Status: Submitted (Revision #3)

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| 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 | | | | | |
|--|--|------------------------------------|--------------------------------|------------------|--|---|-----------|---|----------|----------------------------------|
| | L | | OME | | | L PLAN | | ROG | RAN | I(LIHEAP) |
| | | | b. Frequency: Annual | | * 1.c. Consolidated Application/Plan/Funding Request? Explanation: 2. Date Received: 3. Applicant Identifier: 4a. Federal Entity Identifier: | | | * 1.d. Version: Initial Resubmission Revision Update State Use Only: 5. Date Received By State: | | |
| | | | | | | 4b. Federal | Award Id | lentifier | : | 6. State Application Identifier: |
| 7. APPLICAN | r info | DRMATION | | | | | | | | |
| * a. Legal Nam | e: Stat | te of Vermont | | | | | | | | |
| * b. Employer / 1-036000264-1 | | yer Identificati | on Nun | nber (EIN/TIN) | : | * c. Organiz | ational D | UNS: | 809376 | 155 |
| * d. Address: | | | | | | <u>, </u> | | | | |
| * Street 1: | | Center Buildi | ng | | | Street 2: | | 280 S | tate Dri | ve |
| * City: | | Waterbury | | | | County: | | | | |
| * State: | | VT | | | | Province | : | | | |
| * Country: | | United States | | | | * Zip / Po Code: | ostal | 05671 | - 1000 | |
| e. Organization | | t: | | | | 1 | | | | |
| Department Na Department fo | | ren and Familie | s | | | Division Nat Economic S | | ivision | | |
| | 1 | - | person t | to be contacted | 1 | | plication | : | | |
| Prefix: Ms. | * Firs Nico | st Name: ble | | | Middle Nam | Tousignant | | | | |
| Suffix: | Title: LIH | EAP Director | | | Organization | onal Affiliation: | | | | |
| * Telephone Number: 802-241-0588 | | Number 769-2186 | | | * Email: nicole.tousig | ignant@vermont.gov | | | | |
| * 8a. TYPE OF A: State Govern | | LICANT: | | | | | | | | |
| b. Additiona | l Descr | ription: | | | | | | | | |
| * 9. Name of Fo | ederal . | Agency: | | | | | | | | |
| | Catalog of Federal 1 Assistance Num | | | | | | | CFDA Title: | | |
| 10. CFDA Numb | ers and | Titles | | 93568 | | Low-Income Home Energy Assistance | | | | |
| 11. Descriptive LIHEAP Fuel | | of Applicant's P nce and Weathe | | | | | | | | |
| 12. Areas Affect Client grants a | | | rmont F | uel Assistance a | nd Weatherizat | tion Programs | | | | |
| 13. CONGRES | SIONA | AL DISTRICTS | S OF: | | | | | | | |
| * a. Applicant | * a. Applicant b. Program/Project: | | | | | | | | | |

| 01 | | State of Vermont | | | | |
|--|--|---|--|--|--|--|
| Attach an additional list of Program/Project Congressional Districts if needed. | | | | | | |
| 14. FUNDING PERIOD: | | 15. ESTIMATED FUNDING: | | | | |
| a. Start Date: 10/01/2017 | b. End Date: 09/30/2018 | * a. Federal (\$): \$0 b. Match (\$): \$0 \$0 | | | | |
| * 16. IS SUBMISSION SUBJECT T | O REVIEW BY STATE UNDER EX | XECUTIVE ORDER 12372 PROCESS? | | | | |
| a. This submission was made ava | ilable to the State under the Executiv | ve Order 12372 | | | | |
| Process for Review on : | | | | | | |
| b. Program is subject to E.O. 123 | 72 but has not been selected by State | e for review. | | | | |
| c. Program is not covered by E.O | . 12372. | | | | | |
| * 17. Is The Applicant Delinquent O O YES O NO | | | | | | |
| Explanation: | | | | | | |
| 18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree | | | | | | |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | | | | | | |
| 18a. Typed or Printed Name and Ti | tle of Authorized Certifying Official | 18c. Telephone (area code, number and extension) | | | | |
| Nicole Tousignant | | 18d. Email Address | | | | |
| 18b. Signature of Authorized Certifying Official 18e. Date Report Submitted (Month, Day, Year) 12/01/2017 | | | | | | |
| Attach supporting documents as specified in agency instructions. | | | | | | |

| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES | | | | | | | |
|--|--|---|--|--|--|--|--|
| 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 optiona | | | | | | | |
| required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in yet file an abbreviated plan. Public reporting burden for this collection of information is estimated to av for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection sponsor, and a person is not required to respond to, a collection of information unless it displays a co | erage 1 hour per respon of information. An agen | se, including the time cy may not conduct or | | | | | |
| Section 1 Program Components | | | | | | | |
| Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C) 1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.) | | Operation | | | | | |
| | Start Date | End Date | | | | | |
| Heating assistance | 10/01/2017 | 09/30/2018 | | | | | |
| Cooling assistance | | | | | | | |
| Crisis assistance | 11/27/2017 | 04/30/2018 | | | | | |
| Weatherization assistance | 10/01/2017 | 09/30/2018 | | | | | |
| Provide further explanation for the dates of operation, if necessary | | | | | | | |
| Applications for heating assistance are processed year-round by the Vermont Department for Children and Families (DCF), Economic Services Division (ESD). Applications for winter crisis assistance are processed by Vermont's five Community Action Agencies under grant agreements with ESD, beginning the last Monday in November up to and including the last business day in April, or until crisis funds are exhausted, whichever occurs first. Vermont also operates a year-round, limited-funded, crisis fuel tank replacement program for fuel tanks that have been "red-tagged," or are at imminent risk of failure. The crisis tank replacement program is operated under an interagency agreement with the Department of Environmental Conservation. Weatherization assistance also operates year round, and is conducted by the the DCF Office of Economic Opportunity, Weatherization Program. | | | | | | | |
| Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16 | | | | | | | |
| must add up to 100%. | .2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages nust add up to 100%. | | | | | | |
| Heating assistance | | 55.00% | | | | | |
| Cooling assistance | | 0.00% | | | | | |
| Crisis assistance | | 10.00% | | | | | |
| Weatherization assistance | | 15.00% | | | | | |

Section 1 - Program Components

| Carryover to the following federal fiscal year 10.00% | | | | | | | | | | | |
|--|--|---|---|---|--|---|--|--|---|--|--|
| Administrative and planning costs | | | | | | | 10.00% | | | | |
| Services to reduce home energy needs including needs assessment (Assurance 16) | | | | | | | | | 0.00% | | |
| d to develop and i | implement | levera | aging activities | | | | | | | | 0.00% |
| L | | | | | | | | | | | 100.00% |
| | | | | | | | | | | | |
| nate Use of Crisis | Assistanc | ce Fun | uds, 2605(c)(1)(0 | C) | | | | | | | |
| he funds reserve | d for wint | ter cr | isis assistance t | that ha | ve not been expe | ended b | oy March 15 will l | be rep | orogrammed to: | | |
| Heating assista | nce | | Cooling assist: | ance | | | | | | | |
| Weatherization assistance | l I | × | | | | s until t | the last day in Apri | il. Afte | er April, any rema | uning | funds are |
| orical Eligibility | v 2605(h) | (2)(A) |) - Assurance ? | 26050 | e)(1)(A) 2605 (b) |)(84) - | Assurance 8 | | | | |
| | | | | | | | | follov | ving categories of | fhan | afite in the left |
| in below? O Ye | s 💽 No | scate | gorically englor | ie ii oli | e nousenoiu mei | inder fo | cerves one or the | 10110 v | allg categories of | i ben | ents in the left |
| answered "Yes | s" to quest | tion 1 | .4, you must co | mplete | the table below | and a | nswer questions 1 | .5 and | l 1.6. | | |
| | | | | | Heating | | Cooling | | Crisis | | Weatherization |
| | | | | 0 | Yes 💿 No | 0 | Yes 💿 No | \mathbf{O} | Yes 💿 No | 0 | Yes 💿 No |
| | | | | 0 | Yes 💿 No | 0 | Yes 💿 No | 0 | Yes 💽 No | 0 | Yes 💽 No |
| | | | | 0 | Yes 💽 No | 0 | Yes 💽 No | 0 | Yes 💽 No | 0 | Yes 💽 No |
| -tested Veterans I | Programs | | | 0 | Yes 💿 No | | | 0 | Yes 💿 No | 0 | Yes 💽 No |
| | | Pro | gram Name | | di . | _ | 4 | <u> </u> | | | Weatherization |
| (Specify) 1 | | | 8 | | | | | | | | OYes ONo |
| | | Other(Specify) 1 CYes CNo CYes CNo CYes CNo CYes CNo | | | | | | | | | |
| o you automatics s, explain: | ally enroll | l hous | seholds without | t a dire | ct annual applic | | | | No res No No | | // <u></u> |
| s, explain: | re there is | no di | fference in the | | r ct annual applic | cation? | O Yes O No | from (| | ng oth | " ner public assistance |
| s, explain: ow do you ensur | e there is gibility an | no di | fference in the | | r ct annual applic | cation? | O Yes O No | from (| | ng oth | er public assistance |
| ow do you ensur determining elig | re there is gibility an | no di nd ben | fference in the nefit amounts? | treatm | " ct annual applic ent of categoric: | ation? ally eli | O Yes O No | | | ng oth | ner public assistance |
| ow do you ensur determining eli _i ? Nominal Payme Do you allocate I | re there is gibility an ents LIHEAP f | no di nd ben funds | fference in the nefit amounts? toward a nomi | treatm inal pay | tt annual applic ent of categoric: ment for SNAP | cation? ally elip Phouse | O Yes O No | No | | ng oth | ner public assistance |
| ow do you ensur determining eli _i ? Nominal Payme Do you allocate I | re there is gibility an ents LIHEAP f | no di nd ben funds tion 1 | fference in the hefit amounts? toward a nomi .7a, you must p | treatm inal pay | tt annual applic ent of categoric: ment for SNAP | cation? ally elip Phouse | C Yes O No gible households f holds? C Yes | No | | ng oth | ner public assistance |
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| ow do you ensur determining elig P Nominal Payme Do you allocate I answered ''Yes Amount of Nomi | re there is gibility an ents LIHEAP f '' to quest inal Assist sistance | no di nd ben funds tion 1 | fference in the hefit amounts? toward a nomi .7a, you must p | treatm inal pay | tt annual applic ent of categoric: ment for SNAP | cation? ally elip Phouse | C Yes O No gible households f holds? C Yes | No | | ng oth | ner public assistance |
| ow do you ensur determining elig Nominal Payme Do you allocate I a answered ''Yes Amount of Nomi Srequency of Ass Once Per Year | re there is gibility an ents LIHEAP f inal Assist inal Assist sistance | no di nd ben funds tion 1 | fference in the hefit amounts? toward a nomi .7a, you must p | treatm inal pay | tt annual applic ent of categoric: ment for SNAP | cation? ally elip Phouse | C Yes O No gible households f holds? C Yes | No | | ng oth | ner public assistance |
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| | vices to reduce ho ed to develop and i L nate Use of Crisis he funds reserve Heating assista Weatherization assistance gorical Eligibility o you consider h m below? Yes answered "Yes s-tested Veterans 1 | vices to reduce home energy ed to develop and implement L nate Use of Crisis Assistance he funds reserved for win Heating assistance Weatherization assistance gorical Eligibility, 2605(b) o you consider household in below? Yes No answered "Yes" to ques s-tested Veterans Programs | vices to reduce home energy needs ed to develop and implement levera L nate Use of Crisis Assistance Fun he funds reserved for winter cr Heating assistance Weatherization assistance gorical Eligibility, 2605(b)(2)(A o you consider households cate in below? Yes No i answered "Yes" to question 1 s-tested Veterans Programs | vices to reduce home energy needs including needs ed to develop and implement leveraging activities L nate Use of Crisis Assistance Funds, 2605(c)(1)(he funds reserved for winter crisis assistance f Heating assistance Cooling assist Weatherization Other (specify assistance Other (specify reprogrammed gorical Eligibility, 2605(b)(2)(A) - Assurance 2 o you consider households categorically eligib an below? Yes No a answered "Yes" to question 1.4, you must con- s-tested Veterans Programs | vices to reduce home energy needs including needs assess ed to develop and implement leveraging activities L nate Use of Crisis Assistance Funds, 2605(c)(1)(C) the funds reserved for winter crisis assistance that have Heating assistance Cooling assistance Weatherization Cooling assistance Weatherization Cooling assistance Weatherization Cooling assistance weatherization Cooling assistance gorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c) o you consider households categorically eligible if one m below? Yes No a answered "Yes" to question 1.4, you must complete s-tested Veterans Programs | vices to reduce home energy needs including needs assessment (Assurance 1 ed to develop and implement leveraging activities L hate Use of Crisis Assistance Funds, 2605(c)(1)(C) he funds reserved for winter crisis assistance that have not been expe Heating assistance Cooling assistance Weatherization assistance Cooling assistance Weatherization assistance Cooling assistance (Secondary Correst) Gorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b) o you consider households categorically eligible if one household mer m below? Yes No I answered "Yes" to question 1.4, you must complete the table below Heating Yes No i answered Veterans Programs Veteral No | vices to reduce home energy needs including needs assessment (Assurance 16) ed to develop and implement leveraging activities L hate Use of Crisis Assistance Funds, 2605(c)(1)(C) he funds reserved for winter crisis assistance that have not been expended 1 Heating assistance Cooling assistance Weatherization assistance Cooling assistance Weatherization assistance Cooling assistance (specify:) Crisis assistance lasts until 1 reprogrammed for carryover. gorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - o you consider households categorically eligible if one household member r m below? Yes No 1 answered ''Yes'' to question 1.4, you must complete the table below and an Heating Yes No Yes No S-tested Veterans Programs Program Name Heating | vices to reduce home energy needs including needs assessment (Assurance 16) ed to develop and implement leveraging activities L nate Use of Crisis Assistance Funds, 2605(c)(1)(C) he funds reserved for winter crisis assistance that have not been expended by March 15 will 1 Heating assistance Cooling assistance Weatherization sistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O ther (specify:) Crisis assistance lasts until the last day in Apria assistance O (Second) (Secon | vices to reduce home energy needs including needs assessment (Assurance 16) ed to develop and implement leveraging activities L nate Use of Crisis Assistance Funds, 2605(c)(1)(C) the funds reserved for winter crisis assistance that have not been expended by March 15 will be rep Heating assistance Cooling assistance Weatherization assistance Colong assistance Weatherization assistance Colong assistance for carryover. Secrical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8 o you consider households categorically eligible if one household member receives one of the follow answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and Heating Cooling answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and Yes ⊙ No answered "Yes ⊙ No An | vices to reduce home energy needs including needs assessment (Assurance 16) ed to develop and implement leveraging activities L nate Use of Crisis Assistance Funds, 2605(c)(1)(C) he funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to: Heating assistance Cooling assistance Weatherization assistance Cooling assistance lasts until the last day in April. After April, any rema reprogrammed for carryover. gorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8 o you consider households categorically eligible if one household member receives one of the following categories o an aswered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6. Heating Cooling Crisis Cooling Crisis | vices to reduce home energy needs including needs assessment (Assurance 16) ed to develop and implement leveraging activities L hate Use of Crisis Assistance Funds, 2605(c)(1)(C) he funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to: Heating assistance Weatherization assistance Weatherization assistance Other (specify:) Crisis assistance lasts until the last day in April. After April, any remaining reprogrammed for carryover. gorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8 o you consider households categorically eligible if one household member receives one of the following categories of ben n below? Yes No n answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6. Heating Cooling Crisis Yes No No Heating Cooling Crisis Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes |

| < | Self - Employment Income | | | | | | | | |
|-------------|---|--|--|--|--|--|--|--|--|
| > | Contract Income | | | | | | | | |
| | Payments from mortgage or Sales Contracts | | | | | | | | |
| > | Unemployment insurance | | | | | | | | |
| | Strike Pay | | | | | | | | |
| > | Social Security Administration (SSA) benefits | | | | | | | | |
| | Including MediCare deduction Excluding MediCare deduction | | | | | | | | |
| > | Supplemental Security Income (SSI) | | | | | | | | |
| > | Retirement / pension benefits | | | | | | | | |
| > | General Assistance benefits | | | | | | | | |
| > | Temporary Assistance for Needy Families (TANF) benefits | | | | | | | | |
| | Supplemental Nutrition Assistance Program (SNAP) benefits | | | | | | | | |
| | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits | | | | | | | | |
| | Loans that need to be repaid | | | | | | | | |
| > | Cash gifts | | | | | | | | |
| | Savings account balance | | | | | | | | |
| | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. | | | | | | | | |
| > | 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 Ameri-Corp Program payments for living allowances, earnings, and in-kind aid are counted as income and some are not. |
| | 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 - I | HEATING | ASSISTA | NCE |
|---------------|---------|---------|-----|
|---------------|---------|---------|-----|

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

| | Secti | ion 2 - I | Heating Assistance | | | | |
|---|---|----------------------------------|--|-------------------------------------|--|--|--|
| Eligibility, 2605(l | b)(2) - Assurance 2 | | | | | | |
| 2.1 Designate the | e income eligibility threshold used for the | heating co | mponenet: | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | | |
| 1 | All Household Sizes | | State Median Income | 60.00% | | | |
| 2.2 Do you have HEATING ASSI | additional eligibility requirements for TANCE? | • Yes | C No | | | | |
| 2.3 Check the ap | propriate boxes below and describe the p | policies for | each. | | | | |
| Do you require a | an Assets test ? | C Yes | • No | | | | |
| Do you have add | litional/differing eligibility policies for: | | | | | | |
| Renters? | | C _{Yes} | • No | | | | |
| Renters Li | iving in subsidized housing ? | C Yes | • No | | | | |
| Renters wi | ith utilities included in the rent ? | C _{Yes} | • No | | | | |
| Do you give prio | rity in eligibility to: | | | | | | |
| Elderly? | | C Yes O No | | | | | |
| Disabled? | | O Yes O No | | | | | |
| Young chil | ldren? | C Yes 💿 No | | | | | |
| Household | s with high energy burdens ? | C Yes 💿 No | | | | | |
| Other? Re | esidency requirement | ⊙ _{Yes} C _{No} | | | | | |
| Explanations of | policies for each "yes" checked above: | | | | | | |
| Applicants must occupy a living unit or separate living quarters in Vermont as their primary residence, and intend to occupy that living unit or separate living quarters or another living unit or separate living quarters in Vermont indefinitely in order to be eligible for fuel assistance, with the following exception: migrant workers will be determined eligible for fuel assistance if they meet all other applicable eligibility requirements. The standard for primary residence is the fuel household's, or roomer fuel household's, occupation (or, for new Vermont residents, the household's intent to occupy) of a living unit or separate living quarters, located in Vermont, as their primary residence during ay month(s) during the benfit period of November 1 through March 31. | | | | | | | |
| Determination of | Benefits 2605(b)(5) - Assurance 5, 2605(c) | (1)(B) | | | | | |
| No eligibility pric | prity is given to households with vulnerable | members. H | vulnerable populations, e.g., benefit amounts Eligibiilty processing for heads of households wh ed every two years along with SNAP eligibility | ho are elderly (age 60 or older) or | | | |
| 2.5 Check the va | riables you use to determine your benefit | t levels. (Ch | eck all that apply): | | | | |

| 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 | | | | |
| | | | | |

| Dwelling type | | | | | | | |
|---|--|--|--|--|--|--|--|
| Energy burden (% of income spent on h | ome energy) | | | | | | |
| Energy need | | | | | | | |
| Other - Describe: | | | | | | | |
| Dwelling size as determined by the number of bedrooms in the home. | | | | | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B |) | | | | | | |
| 2.6 Describe estimated benefit levels for FY 2018: | | | | | | | |
| Minimum Benefit | Minimum Benefit \$21 Maximum Benefit \$1,769 | | | | | | |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? O Yes ONO | | | | | | | |
| If yes, describe. | | | | | | | |
| | | | | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | | | | |

| Section 3 - | COOLING | ASSISTANCE |
|-------------|---------|------------|
|-------------|---------|------------|

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

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

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

| Section 3 - Cooling Assistance | | | | |
|--|------------------|---|---------------------------------|--|
| Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2 | | | | |
| 3.1 Designate The income eligibility threshold used for | the Cooling c | omponenet: | | |
| Add Household size | | Eligibility Guideline | Eligibility Threshold | |
| 1 | | | 0.00% | |
| 3.2 Do you have additional eligibility requirements for COOLING ASSITANCE? | • O Yes | C No | | |
| 3.3 Check the appropriate boxes below and describe the | he policies for | each. | | |
| Do you require an Assets test ? | C Yes | O No | | |
| Do you have additional/differing eligibility policies for | 4 | | | |
| Renters? | C Yes | | | |
| Renters Living in subsidized housing ? | C Yes | | | |
| Renters with utilities included in the rent ? | C Yes | O No | | |
| Do you give priority in eligibility to: | | | | |
| Elderly? | C Yes | O No | | |
| Disabled? | C Yes | O No | | |
| Young children? | C Yes | O No | | |
| Households with high energy burdens ? | O Yes | C Yes C No | | |
| Other? | O Yes | O _{No} | | |
| Explanations of policies for each "yes" checked above: | | | | |
| | | | | |
| 3.4 Describe how you prioritize the provision of coolin | g assistance to | vulnerable populations,e.g., benefit amounts, | early application periods, etc. | |
| | | | | |
| Determination of Benefits 2605(b)(5) - Assurance 5, 2605 | 5(c)(1)(B) | | | |
| 3.5 Check the variables you use to determine your ben | efit levels. (Ch | 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 home energy) | | | | |
| Energy need | | | | |
| Other - Describe: | | | | |

| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | |
|---|-----|-----------------|-----|
| 3.6 Describe estimated benefit levels for FY 2018: | | | |
| Minimum Benefit | \$0 | Maximum Benefit | \$0 |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? O Yes O No | | | |
| If yes, describe. | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | |

| Section 4 - | CRISIS | ASSISTA | NCE |
|-------------|--------|---------|-----|
|-------------|--------|---------|-----|

| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES | OM | /92,02/95,03/96,12/98,11/01 3 Clearance No.: 0970-0075 Expiration Date: 09/30/2020 | |
|--|------------------------|--|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | |
| Section 4: CRIS | SIS ASSISTANCE | | |
| Eligibility - 2604(c), 2605(c)(1)(A) | | | |
| 4.1 Designate the income eligibility threshold used for the crisis comport | nent | | |
| Add Household size | Eligibility Guideline | Eligibility Threshold | |
| 1 All Household Sizes H | IHS Poverty Guidelines | 150.00% | |
| 4.2 Provide your LIHEAP program's definition for determining a crisis | S. | | |
| A crisis is found to exist in households that are at imminent risk of losing home heating because they have nearly exhausted their current supply of primary heating fuel, or have received a shutoff notice from their natural gas or electricity company, and the company either provides metered service for their primary heating source, or supplies service to a necessary component of their primary home heating equipment. Criteria for determining the existence of a home heating crisis include, but are not limited to, the following circumstances: (1) the household's primary heating fuel tank is at 25% or less of its full capacity; (2) there is one week's supply or less of fuel for households whose primary heating sources include firewood, wood pellets, or coal; (3) the household has received a disconnect notice for a metered utility, and the utility is responsible for either providing the household's primary fuel source, or for operation of a necessary component of the household's primary home heating equipment. | | | |
| 4.3 What constitutes a life-threatening crisis? | | | |
| A life-threatening crisis is any medical condition (physical, cognitive, or other) that requires a member of the fuel household to remian in the home and not be temporarily relocated to an alternate residence (such as another home belonging to family or friends, a commercial lodging establishment, or a residential shelter). The medical condition must be documented in writing (a letter or an email written within 30 days of the crisis fuel application) by a Vermont-licensed medical practitioner who is knowledgeable about the household member's condition. Services to resolve the home heating crisis must be completed within 18 hours of the household being determined eligible. If necessary, a benefit to pay for special trip, start-up, or similar charges may be included in the crisis fuel grant. | | | |
| Crisis Requirement, 2604(c) | | | |
| 4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours 4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours | | | |
| Crisis Eligibility, 2605(c)(1)(A) | | | |
| 4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE? | | | |
| 4.7 Check the appropriate boxes below and describe the policies for eac | ch | | |
| Do you require an Assets test ? | • Yes O No | | |
| Do you give priority in eligibility to : | | | |
| Elderly? | | | |
| Disabled? | • Yes O No | | |
| Young Children? | ⊙ Yes ONo | | |
| Households with high energy burdens? | O Yes O No | | |
| Other? | O Yes O No | | |
| In Order to receive crisis assistance: | | | |
| Must the household have received a shut-off notice or have a near empty tank? | | | |
| Must the household have been shut off or have an empty tank? | O Yes O No | | |

| Must the household have exhausted their regular heating benefit? | • Yes O No | |
|---|------------|--|
| Must renters with heating costs included in their rent have received an eviction notice ? | C Yes O No | |
| Must heating/cooling be medically necessary? | C Yes O No | |
| Must the household have non-working heating or cooling equipment? | C Yes C No | |
| Other? See 4.2 above | • Yes O No | |
| Do you have additional / differing eligibility policies for: | | |
| Renters? | C Yes 💿 No | |
| Renters living in subsidized housing? | O Yes 💿 No | |
| Renters with utilities included in the rent? | O Yes • No | |
| Explanations of policies for each "yes" checked above: | | |
| Assets Test: Recipients of crisis assistance must pass an assets test as part of the eligibility process. Priority: If the head of households is elderly or disabled, they are allowed to apply for crisis assistance by phone, and not come into the office. All required | | |

paperwork is done by mail. If the head of household is elderly or disabled, or if there are young children in the household, assistance (by phone) is available from 8:30 a.m. to 4:00 p.m. on Saturdays, Sundays and state holidays. All required paperwork is done by mail for elderly and disabled. Households with young children must go into the office to complete paperwork.

Determination of Benefits

| 4.8 | How do you handle crisis situations? |
|---|--|
| > | Separate component |
| | Fast Track |
| Image: A start of the start of | Other - Describe: The Department for Children & Families' "Economic Services Division" (ESD) processes eligibility year-round for seasonal fuel assistance benefits. ESD's Office of Fuel & Utility Programs maintains grant agreements with the state's five community action agencies (CAPs) to operate the crisis fuel assistance component from the last Monday in November to the last business day in April - or until funds are exhausted. |
| 4.9] | " If you have a separate component, how do you determine crisis assistance benefits? |
| > | Amount to resolve the crisis. |
| | Other - Describe: While the crisis benefit given is intended, at a minimum, to alleviate the immediate heating crisis, there are limitations and guidelines on the amount of benefit to be distributed per crisis assist. They are: For oil, kerosene and propane: 125 gallons (NOTE: The average benefit of \$444 in section 4.14 below is based on 125 gallons @ \$3.50/gallon.) For firewood: one cord For coal and pellets: one ton For electric service to run a heating system: sufficient payment to the company to maintain service for one month For natural gas heat: sufficient payment to the company to maintain service for one month |
| 4.10 | is Requirements, 2604(c) Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? |
| (| Yes O No Explain. |
| | five community action agencies operate 15 separate offices that are geographically accessible to all households where crisis fuel application |

application intakes are performed. By comparison, the Economic Serivces Division operates 12 district offices.

4.11 Do you provide individuals who are physically disabled the means to:

| Submit applications f | for crisis benefits | without leaving | their homes? |
|-----------------------|---------------------|-----------------------|--------------|
| Submit applications i | | in the other tea i mg | men nomest |

• Yes O No If No, explain.

Travel to the sites at which applications for crisis assistance are accepted?

| O Yes 💿 No If No, explain. | | | |
|---|-----------------|---------------|---|
| If you answered "No" to both options in question 4 disabled? | .11, please e | explain alter | native means of intake to those who are homebound or physically |
| If the head of households is elderly or disabled, they a paperwork is done by | re allowed to | apply for cr | isis assistance by phone, and not come into the office. All required |
| mail. If the head of household is elderly or disabled, or | r if there are | young childr | en in the household, assistance (by phone) is available from 8:30 a.m. to |
| 4:00 p.m. on Saturdays Sundays and state holidays. All required part | nerwork is d | one by mail f | or elderly and disabled. Households with young children must go into the |
| office to complete | per work is u | Jie by man i | or enderry and disabled. Households with young enhance must go into the |
| paperwork. | | | |
| | | | |
| Benefit Levels, 2605(c)(1)(B) | | | |
| 4.12 Indicate the maximum benefit for each type of | f crisis assist | ance offered | l |
| Winter Crisis \$444.00 maximum benefi | it | | |
| Summer Crisis \$0.00 maximum benefit | | | |
| Year-round Crisis \$0.00 maximum benefit | | | |
| 4.13 Do you provide in-kind (e.g. blankets, space he | eaters, fans) | and/or othe | r forms of benefits? |
| O Yes O No If yes, Describe | | | |
| • / | | | |
| 4.14 Do you provide for equipment repair or replace | cement using | e crisis fund | s? |
| • Yes O No | | 2 | |
| If you answered "Yes" to question 4.14, you must c | complete que | estion 4.15. | |
| 4.15 Check appropriate boxes below to indicate typ | e(s) of assis | tance provid | led. |
| | Winter | Summer | Year-round Crisis |
| | Crisis | 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 4.17. | | | |
| 4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period. | | | |
| The Vermont Public Service Board's Rule 3.300 "Disconnection of Residential Gas, Electric and Water Service" established detailed rules that utility vendors must comply with year-round for shut-offs. The full Rule 3.300 is available on-line at: http://psb.vermont.gov/sites/psbnew/files/doc_library/rule-3300-disconnection-of-essential-service.pdf | | | |

| | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN ON FAMILIES ADMINISTRATION FOR CHILDREN AND FA | | | | |
|---|---|----------------------------------|---|--------------------------|--|
| | LOW INCOME | MO | Y ASSISTANCE PROGRAM(DEL PLAN - MANDATORY | LIHEAP) | |
| | | | | | |
| | Sect | ion 5: WEATHE | ERIZATION 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 | zation component | | |
| Add | Househ | old Size | Eligibility Guideline | Eligibility Threshold | |
| 1 | All Household Sizes | | State Median Income | 60.00% | |
| 5.2 Do you enter No | r into an interagency agreer | nent to have another gov | zernment agency administer a WEATHERIZ | ATION component? C Yes 💿 | |
| 5.3 If yes, name | the agency. | | | | |
| 5.4 Is there a set | parate monitoring protocol | for weatherization? 💽 Y | Yes ONO | | |
| | | | | | |
| WEATHERIZA | TION - Types of Rules | | | | |
| 5.5 Under what | rules do you administer LI | HEAP weatherization? (| Check only one.) | | |
| Entirely u | nder LIHEAP (not DOE) r | ules | | | |
| Entirely u | nder DOE WAP (not LIHE | CAP) rules | | | |
| Mostly un | Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply): | | | | |
| | | | | | |
| Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible | | | | | |
| units or will become eligible within 180 days | | | | | |
| care facilities). Other - Describe: | | | | | |
| | | | | | |
| Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.) | | | | | |
| Income Threshold | | | | | |
| ✓ Wea | Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit. | | | | |
| Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards. | | | | | |
| V Other - Describe: | | | | | |
| Some weatherization measures that are not otherwise allowable under DOE WAP rules. See section 5.11 for more details. | | | | | |
| | | | | | |
| Eligibility, 2605 | Eligibility, 2605(b)(5) - Assurance 5 | | | | |
| 5.6 Do you requi | ire an assets test? | O Yes O No | | | |
| 5.7 Do you have additional/differing eligibility policies for : | | | | | |
| Renters | | O Yes O No | | | |
| Renters liv housing? | ving in subsidized | C Yes 💿 No | | | |
| 5.8 Do you give priority in eligibility to: | | | | | |
| Elderly? | | ⊙ _{Yes} O _{No} | | | |
| H | | 1 | | | |

Section 5 - WEATHERIZATION ASSISTANCE

| Disabled? | • Yes O No | | |
|--|--|--|--|
| Young Children? | • Yes O No | | |
| House holds with high energy burdens? | • Yes O No | | |
| Other? Households recieving fuel assistance | • Yes O No | | |
| If you selected "Yes" for any of the options below. | s in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field | | |
| following order | eligible for weatherization assistance are prioritized using a "client rank algorithm" that are prioritized in the households receiving fuel assistance; (2) households with high energy burdens; (3) the elderly; (4) the | | |
| Benefit Levels | | | |
| 5.9 Do you have a maximum LIHEAP wea | therization benefit/expenditure per household? O Yes O No | | |
| 5.10 If yes, what is the maximum? \$0 | | | |
| Types of Assitance, 2605(c)(1), (B) & (D) | | | |
| 5.11 What LIHEAP weatherization measured | res do you provide ? (Check all categories that apply.) | | |
| Weatherization needs assessments/a | audits Energy related roof repair | | |
| Caulking and insulation | Major appliance Repairs | | |
| Storm windows | Major appliance replacement | | |
| Furnace/heating system modification | ons/ repairs Windows/sliding glass doors | | |
| Furnace replacement | Doors | | |
| Cooling system modifications/ repair | irs Water Heater | | |
| Water conservation measures | Cooling system replacement | | |
| Compact florescent light bulbs Other - Describe: (1) Air Sealing and Insulation; (2) Energy health and safety measures, including, but not limited to: knob and tube wiring repairs, exhaust ventilation installation and repair, smoke alarm and carbon monoxide dectector installation. A complete list of all Vermont weatherization measures, policies, and procedures can be found at: http://dcf.vermont.gov/benefits/weatherization/manual | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | |

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|--|---|--|--|--|
| LOW INCOME HOME ENERGY ASSIS | | | | |
| MODEL PL | | | | |
| SF - 424 - MAND | | | | |
| | | | | |
| | | | | |
| Section 6: Outreach, 2605(b)(3) - A | assurance 3, 2605(c)(3)(A) | | | |
| 6.1 Select all outreach activities that you conduct that are designed to assure tha available: | t eligible households are made aware of all LIHEAP assistance | | | |
| Place posters/flyers in local and county social service offices, offices of agin | ng, 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): | | | | |
| Mass Mailings: For Seasonal (heating) Fuel Assistance, the Vermont Economic Servi | ices Division (ESD) annually mails eligibility "renewal" documents | | | |
| for all public benefits that a household is receiving including LIHEAP, SNAP, TANF and healthcare programs. Other: Maintain an aggressive web presence with links | | | | |
| between state | | | | |
| government and non-profit programs that serve generally the same clientele. Provide annual trainings for advocates around the state. Operate an "800" state-wide "Benefits | | | | |
| Service Center." For Seasonal (heating) Fuel Assistance, paper applications are available | able on-line, and clients can apply on-line. | | | |
| | | | | |
| If any of the above questions require further explanation o | r clarification that could not be made in the | | | |
| fields provided, attach a document with said explanation h | ere. | | | |

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| | LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | |
| | Section 7: Coordination, 2605(| b)(4) - Assurance 4 | | |
| 7.1 Desc WAP, et | ribe how you will ensure that the LIHEAP program is coordinated with ot tc.). | her programs available to low-income households (TANF, SSI, | | |
| > | Joint application for multiple programs | | | |
| N | Intake referrals to/from other programs | | | |
| N | One - stop intake centers | | | |
| N | Other - Describe: | | | |
| The Department for Children & Families' "Economic Services Division" is responsible, state-wide for: SNAP, TANF, LIHEAP, General/Emergency Assistance and Essential Person benefits. A single coordinated application allows clients to apply for any benefits they require. Eligibility is coordinated and conducted once a year. Clients may apply with a traditional paper application or apply on-line. Confidential benefit information is available to clients at 12 district offices, online (password protected) and by phone (password protected) through the ESD Benefits Service Center. | | | | |
| | of the above questions require further explanation or provided, attach a document with said explanation her | | | |

| | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES | | | | | | |
|--|---|-----------------------------------|----------------|------------------------------|------------------------------|--|--|
| | LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | | | | |
| Sec | tion 8: Agency Designation, C | 2605(b)(6) - As Commonwealth o | | ired for state gra | antees and the | | |
| 8.1 How | would you categorize the primary respons | ibility of your State ager | ncy? | | | | |
| | Administration Agency | | | | | | |
| | Commerce Agency | | | | | | |
| | Community Services Agency | | | | | | |
| | Energy / Environment Agency | | | | | | |
| | Housing Agency | | | | | | |
| > | Welfare Agency | | | | | | |
| | Other - Describe: | | | | | | |
| | Alternate Outreach and Intake, 2605(b)(15) - Assurance 15 If you selected ''Welfare Agency'' in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable. | | | | | | |
| The Dep applicati clients to with a tra paper ap (passwor | 8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE? The Department for Children & Families' "Economic Services Division" is responsible, state-wide for: SNAP, TANF and LIHEAP. A single coordinated application allows clients to apply for any benefits they require. Eligibility is coordinated so that all programs are reviewed at the same time once a year. Clients may apply with a traditional paper application or apply on-line. Confidential benefit information is available to clients at 12 district offices, on-line (password protected) and by phone (password protected) through the ESD Benefits Service Center. Additionally, outreach occurs for both seasonal and crisis components via local Area Agencies on Aging. | | | | | | |
| | 8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE? Vermont does not operate an established "cooling assistance" component. | | | | | | |
| 8.4 How | 8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE? | | | | | | |
| Services "Office of activities | Crisis Assistance Component is administered by the five community action agencies (CAPs) under annual grant agreements managed by Economic Services Division's "Office of Fuel & Utility Programs." The CAPs along with ESD and the F&U Office, as well as local Area Agencies on Aging each perform outreach activities. ONLY the CAPs do crisis assistance intakes. When a client seeks a crisis assistance grant and has not received their seasonal fuel grant, the CAP worker will request that an ESD worker expedite that client's seasonal fuel grant to alleviate the crisis. | | | | | | |
| 8.5 LIH | EAP Component Administration. | Heating | Cooling | Crisis | Weatherization | | |
| 8.5a Wh | o determines client eligibility? | State Welfare Agency | Non-Applicable | Community Action Agencies | Community Action Agencies | | |
| 8.5b Wh | o processes benefit payments to gas and | State Welfare Agency | Non-Applicable | Community Action | | | |

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

| electric vendors? | | | Agencies | | |
|---|--|----------------|------------------------------|------------------------------|--|
| 8.5c who processes benefit payments to bulk fuel vendors? | State Welfare Agency | Non-Applicable | Community Action Agencies | | |
| 8.5d Who performs installation of weatherization measures? | | | | Community Action Agencies | |
| If any of your LIHEAP component complete questions 8.6, 8.7, 8.8, and | | • | ed by a state agen | cy, you must | |
| 8.6 What is your process for selecting local adminis | stering agencies? | | | | |
| Crisis - the LIHEAP Crisis Assistance Component is administered by the five community action agencies (CAPs) under annual grant agreements managed by ESD's "Office of Fuel & Utility Programs." The CAPs are an established community partner with access to non-government resources to address a client's home heat or energy crisis. This 'one stop shopping' approach to crisis resolution provides the most effective customer service possible. Weatherization - Wx is NOT a function of ESD. Wx is the responsibility of the Dept for Children & Families' "Office of Economic Opportunity (OEO). OEO maintains grant agreements with the five Weatherization Assistance Program (WAPs) agencies - four of which are components of community action agency and the fifth is an independent Wx non-profit. 8.7 How many local administering agencies in the last year? Yess No | | | | | |
| 8.9 If so, why? | | | | | |
| Agency was in noncompliance with grante | Agency was in noncompliance with grantee requirements for LIHEAP - | | | | |
| Agency is under criminal investigation | | | | | |
| Added agency | Added agency | | | | |
| Agency closed | Agency closed | | | | |
| Other - describe | Other - describe | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | | |

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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 payments directly to home energy suppliers? |
| Heating O Yes O No |
| Cooling O Yes O No |
| Crisis O Yes O No |
| Are there exceptions? • Yes O No |
| If yes, Describe. |
| Seasonal fuel assistance clients that heat with firewood or wood pellets receive a cash benefit to be used to pay for wood or pellets. Clients whose heat is included in their rent receive a cash benefit to off-set the undesignated portion of their monthly rent that is applied by the landlord to pay for heat and or utilities. There are no payment exceptions for crisis fuel assistance. All payments are made to the fuel or energy supplier by the CAP. |
| 9.2 How do you notify the client of the amount of assistance paid? For seasonal fuel assistance: clients receive a printed notice by mail advising them of the amount of their benefit, applicable terms and the name of the fuel or energy dealer who received their benefit. Clients who are denied assistance also receive a printed notice by mail. Clients may also go on-line or by phone through the ESD Benefits Service Center obtain information about the status of their seasonal assistance benefit. Information on-line and by phone are password protected. For crisis fuel assistance: clients receive a copy of their application from the CAP indicating the grant details (amount, fuel/energy type, dealer or utility paid), or if they were denied the reason for the denial. |
| 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? |
| For seasonal fuel assistance: dealers are certified by the ESD Fuel and Utility Office and payment terms and conditions and prices are established (see: http://dcf.vermont.gov/sites/dcf/files/pdf/esd/fuel/Terms_Conditions.pdf). Included in those terms is a requirment that the fuel supplier provide to the eligible households periodic statements of account activity including the receipt, credit and balance of the seasonal fuel benefit. At the end of the fuel season, all certified dealers are required to submit a "Consumption and Refund Report" documenting the use of each customer's seasonal fuel assistance benefit. Annually, the F&U Office audits a selected number of dealers to confirm that billing and pricing practices are in accordance with certification requirements. The seasonal fuel benefit pays only a portion of a household's winter home heating bill. Clients are directed (in their notice referenced in 9.2 above) to contact the Economic Services Division (ESD) with questions or concerns regarding their benefit. Questions and concerns regarding account activity or pricing by the fuel supplier are referred to the F&U Office for resolution. For crisis fuel assistance: dealer and utilities submit bills for payment to the CAPs. The CAPs financial staff apply accepted accounts receivable review and payment practices. The certified dealers, the CAPs and the F&U Office cooperate fully on required adjustments (positive and negative) when payment or billing errors are identified in seasonal and/or crisis fuel assistance. |
| 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? The terms and conditions of the fuel supplier certification agreement referenced in 9.3 above contains discrimination and confidentiality clauses. End of |

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season audits of selected "Consumption and Refund Report" included a price comparison between the price charged to recipient households on specific dates with the supplier's "pricing

sheet" for non-recipient customers. In addition the Fuel and Utility Office accepts and investigates any complaint regarding discrimination in prices or services and the maintenance of confidentiality by a certified fuel supplier.

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

• Yes O No

If so, describe the measures unregulated vendors may take.

The certification agreement that permits payments to all certified fuel suppliers, regulated and unregulated, require annual Consumption Reports referenced in 9.3

above. That information is shared with the Weatherization Offices. Wx services prioritize their services to LIHEAP recipients, with the highest energy consumption, and

with 'vulnerable' household members.

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

| | | ALTH AND HUMAN SERVICES LDREN AND FAMILIES | August 1987, revise | d 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020 | | |
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| | LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | | | |
| | Sectio | on 10: Program, Fiscal Mo | nitoring, and Audit, 260 | 95(b)(10) | | |
| 10.1. How do | o you ensure good fisc | al accounting and tracking of LIHEAP | funds? | | | |
| LIHEAP fund on a daily bas processed thr are balanced | ds. This process provid sis and are rough the state-wide VI against the monthly sta dit expenditures of amo | (SD) of the Vermont Department for Child les checks and balances on the management (SION fiscal managment system. Monthly atement from VISION. If there are any dis punts received under this title as an integra | nt of program funds. All expenditures, , all Fuel Program accounts crepancies, they are accounted for. Th | check returns and refunds are recorded as state has contracted with the firm of | | |
| Audit Proces | · LIHEAP program a | udited annually under the Single Audit | Act and OMB Circular A - 133? | | | |
| | , inspector general rev | rising to the level of material weakness over the second | - | , | | |
| Finding | Туре | Brief Summary | Resolved? | Action Taken | | |
| 1 | monitoring | The auditing agency noted that the Department did not have a documented procedure for risk-based subrecipient monitoring. | In Progress | procedure/policy changes | | |
| 2 | financial | The auditing agency noted that a more robust procedure was necessary to implement proper controls in ensuring that a cash benefit distributed for the purchase of firewood or pellets was used for the intended purchase. | In Progress | procedure/policy changes | | |
| 3 | monitoring | The auditing agency noted that, due to staff turnover, an audit of payments made to LIHEAP vendors was not performed in FFY 2016. | In Progress | procedure/policy changes | | |
| 4 | reporting | The auditing agency noted that a more robust procedure is necessary to ensure that extracted system data is properly documented and reported. | In Progress | procedure/policy changes | | |
| | | ng Agencies rements do you have in place for local a | dminstering agencies/district offices | ? | | |
| | | ffices are required to have an annual au | udit in compliance with Single Audit | Act and OMB Circular A-133 | | |
| Lo | 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. | | | | | | |
| Grantee conducts fiscal and program monitoring of local agencies/district offices | | | | | | |
| | | | | | | |

La

| 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: |
| When applicable, the Fuel and Utility Office will conduct sample reviews for Seasonal Fuel Assistance to review program eligibility and benefit determination in compliance with policies and procedures. Typically these reviews are for recent or complex changes made to any component of eligibility or benefit issuance, or when a pattern of questionable practice has been identified. |
| 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: |
| |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. |
| See attached Department Subrecipient Monitoring Plan. |
| 10.7. Describe how you select local agencies for monitoring reviews. |
| Site Visits: Site visits are conducted for subrecipients that are determined to be "moderate" to "high risk." |
| Desk Reviews: Desk reviews are completed annual for all "low risk subrecipients." |
| 10.8. How often is each local agency monitored ? No less than every other year. |
| 10.9. What is the combined error rate for eligibility determinations? OPTIONAL |
| 10.10. What is the combined error rate for benefit determinations? OPTIONAL |
| 10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? None |
| 10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 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 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)

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| | NERGY ASSISTANCE PR | | | | |
| | MODEL PLAN | | | | |
| SF | - 424 - MANDATORY | | | | |
| | | | | | |
| | | | | | |
| Section 11: Timely and Meaning | ngful Public Participation, | 2605(b)(12), 2605(C)(2) | | | |
| 11.1 How did you obtain input from the public in the deve Select all that apply. | lopment of your LIHEAP plan? | | | | |
| Tribal Council meeting(s) | | | | | |
| Public Hearing(s) | | | | | |
| Draft Plan posted to website and available for co | mment | | | | |
| Hard copy of plan is available for public view an | d comment | | | | |
| Comments from applicants are recorded | | | | | |
| Request for comments on draft Plan is advertise | d | | | | |
| Stakeholder consultation meeting(s) | | | | | |
| Comments are solicited during outreach activities | | | | | |
| Other - Describe: | | | | | |
| 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 Commonwealth of Puerto Rico Only | | | | | |
| 11.3 List the date and location(s) that you held public hear | ring(s) on the proposed use and distribut | ion of your LIHEAP funds? | | | |
| | Date | Event Description | | | |
| | 07/18/2017 | Public Hearing | | | |
| 11.4. How many parties commented on your plan at the hearing(s)? 0 | | | | | |
| | | | | | |
| 11.5 Summarize the comments you received at the hearing(s). | | | | | |
| No comments were received at the Public Hearing. | | | | | |
| | | | | | |
| 11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)? | | | | | |
| N/A | | | | | |
| | | | | | |
| If any of the above questions require furth fields provided, attach a document with sa | | that could not be made in the | | | |

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| LOW INCOME HOME ENERGY ASSISTA MODEL PLAN SF - 424 - MANDAT | l í |
| 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? 8 | 8 |
| 12.2 How many of those fair hearings resulted in the initial decision being reversed? | 1 |
| 12.3 Describe any policy and/or procedural changes made in the last Federal fiscal ye | ear as a result of fair hearings? |
| None. | |
| 12.4 Describe your fair hearing procedures for households whose applications are de | enied. |
| Clients may ask for a fair hearing if their claim for assistance, benefits, or services is denied | ed, or in not acted upon with reasonable promptness. |
| 12.5 When and how are applicants informed of these rights? | |
| Applicants are informed of their rights to a fair hearing first on their applications for bene decision regarding their application. | fits/assistance and every time they are notified of an action or |
| 12.6 Describe your fair hearing procedures for households whose applications are not a | acted on in a timely manner. |

Clients may ask for a fair hearing if their claim for assistance, benefits, or services is denied, or in not acted upon with reasonable promptness.

12.7 When and how are applicants informed of these rights?

Applicants are informed of their rights to a fair hearing first on their applications for benefits/assistance and every time they are notified of an action or decision regarding

their application.

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

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

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

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

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

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

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

13.5 How many households applied for these services?

13.6 How many households received these services?

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|---|--|--|--|--|--|--|
| | LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | | | |
| | S | ection 14:Leveragin | ng Incentive Program, 2607(A) | | | |
| 14.1 Do you p | | cation for the leveraging incen | tive program? | | | |
| 14.2 Describe records. | e instructions to any thi | rd parties and/or local agenci | es for submitting LIHEAP leveraging resource information and retaining | | | |
| information al | bout | | ctivity takes place, sub-recipients or grantees or sub-grantees are required to provide ther pertinent data to substantiate a submission for the Leveraging Incentive | | | |
| 14.3 For each describe the f | | or benefit to be leveraged in th | e upcoming year that will meet the requirements of 45 C.F.R. \hat{A} § 96.87(d)(2)(iii), | | | |
| Resource | What is the type of resource or benefit ? | What is the source(s) of the resource ? | How will the resource be integrated and coordinated with LIHEAP? | | | |
| 1 | MARGIN OVER RACK (MOR) and DISCOUNT OFF RETAIL (DOR) | Certified oil, propane and kerosene dealers | Through the Department's fuel supplier certification agreement, dealers of heating oil, propane and kerosene must enter into a pricing agreement to participate in the seasonal (winter) fuel assistance program. Dealers voluntarily participate in the fuel program and choose with MOR or DOR price agreements. The Margin Over Rack (MOR) agreement daily establishes a market wholesale (a.k.a., rack) price plus a margin amount. Added together the rack price plus margins et a daily maximum price per gallon for oil, propane, and kerosene purchased with fuel assistance funds. The Discount Off Retail (DOR) agreement allows fuel dealers to set their own daily prices for all customers (in receipt of fuel assistance or not). DOR then requires that oil, propane and kerosene prices include a 15 cent per gallon discount, in addition to the dealer's regular cash or prompt payment discount, if any. Both the MOR and DOR lower the per gallon price of fuel purchased with a client's seasonal (winter) assistance benefit and/or with a client's crisis fuel assistance grant and increase the amount of fuel provided. | | | |
| 2 | CONTRIBUTION of STATE GENERAL FUND DOLLARS (CONTINGENT ON AN APPROPRIATION) | State of Vermont general fund | Contingent on an appropriation, the State budgets a contribution of general fund dollars to the fuel assistance program. The funds are administered by the Fuel Office to increase seasonal (winter) fuel assistance benefits either directly or by off-setting funds that otherwise would have been used for program administration. | | | |
| 3 | STATE FUNDED WEATHERIZATION ASSISTANCE | State of Vermont gross receipts tax on utilities and fuel | The state generates additional annual revenue that expands the assistance of the Weatherization Program. These program-dedicated funds are raised through a l/2 of 1 percent fuel gross sales receipts tax on utilities and fuel vendors. This enables the five state WAPs to serve more households annually. Clients in receipt of fuel assistance, LIHEAP, are given the highest priority for Weatherization services. All clients who receive a winter crisis fuel benefit are directly referred to Weatherization for services. | | | |
| 4 | GREEN MOUNTAIN POWER ENERGY ASSISTANCE PROGRAM (EAP) DISCOUNT and ARREARS FORGIVENESS | Rate-payers of Green Mountain Power Corporation as approved by the Vermont Public Service Board | Begun on December 15, 2012, eligible customers of Green Mountain Power (GMP) Corporation receive a 25% discount off their monthly charge for the first 600 kilowatt hours of energy used. To be eligible customers must be residential customers and have a total gross household income at or below 150% of the federal poverty level. In addition, eligible customers with an outstanding balance over 30 days and who apply for the program for the first time between December 15, 2012 and March 15, 2013 or between October 1, 2014 and December 31, 2014 will have the full arrears forgiven. The discount and arrears forgiveness help to lower a clientÅs energy burden. Under an agreement with GMP the Fuel and Utility Assistance Office are responsible for eligibility determination. The 150% income limit matches the stateÅs eligibility limit for receipt of a seasonal (winter) fuel assistance benefit. The Fuel and Utility Assistance Office performs direct outreach | | | |

Section 14 - Leveraging Incentive Program ,2607A

| | | | to clients with GMP heat and to fuel assistance client in the GMP service territories. The GMP discount is integrated directly through the Crisis Fuel Assistance component. |
|---|---|--|---|
| 5 | VERMONT GAS SYSTEMS DISCOUNT | Rate-payers of Vermont Gas Systems Incorporated as approved by the Vermont Public Service Board | Begun on July 1, 2013, eligible customers of Vermont Gas Systems (VGS) receive a 20% discount off their monthly natural gas bill (regardless of what the product is used for). To be eligible customers must have a residential account and a total gross household income no greater than 185% of the federal poverty level. The discount helps to lower a client's energy burden. Under an agreement with VGS, the Fuel and Utility Assistance Office are responsible for eligibility determination. The 185% income limit matches the State's eligibility limit for receipt of a seasonal (winter) fuel assistance benefit. The Fuel and Utility Assistance Office performs direct outreach to clients with VGS heat and to fuel assistance client in the VGS service territories. The VGS discount is integrated directly through the Crisis Fuel Assistance component. |
| 6 | POWER PARTNERS PROGRAM ARREARS FORGIVENESS | Rate-payers of Green Mountain Power Corporation as approved by the Vermont Public Service Board | Green Mountain Power (GMP) provides electric service to an estimated 70% of Vermont's homes. GMP's Power Partners Program assists low-income customers (households with incomes from 151% to 200% of FPL based on household size) by forgiving a portion of their arrears balance. This program assists customers who are not income eligible for the GMP EAP identified in (4) above. The arrears forgiveness and a repayment plan for the unforgiven portion help to lower a client's energy burden and improve the management of their utility bill. Power Partners is integrated with the Crisis Fuel Component. |
| 7 | WARMTH Program | Donations by rate-payers and their utilities throughout Vermont | Community Action Agencies administer a full spectrum of services to households with an energy crisis including LIHEAP-funded crisis fuel assistance, advocacy, negotiations with fuel providers, budget counseling and energy use reduction. WARMTH financial assistance is funded through customer donations to participating utilities. The utilities transfer the funds to the Community Action Agencies who distribute the benefits to income eligible households. The cost of program administration is off-set by the Department with an annual grant of \$25,000 from LIHEAP funds. Assistance is available to households with a combined gross income of not more than 200% FPL. A WARMTH grant often is the last safety net available when crisis fuel assistance funds have been exhausted on when the crisis assistance season is closed. WARMTH is integrated through the Crisis Fuel Component. |
| 8 | HEATING SYSTEM REPLACEMENTS | State of Vermont gross receipts tax on utilities and fuel | Through a Department agreement with the State Office of Economic Opportunity (OEO), payments for emergency heating system replacements for LIHEAP income eligible households is paid by state funds administered through the Weatherization Fund of OEO. These funds are raised through a 1/2 percent fuel gross sales receipts tax on utilities and fuel vendors. The Department refers clients directly to the local Weatherization operator during business hours and contacts SOEO approved contractors at all other times. Heating System Replacements are integrated with the Crisis Fuel Component. |
| 9 | SETTLEMENT of LEGAL ACTION(s) | Private corporations | Occasionally, the settlement of a legal action, compliance violation, or lawsuit will result in funds being donated to Vermont's fuel and utility assistance programs. These funds are administered by the Fuel & Utility Assistance Office to increase seasonal (winter) fuel assistance benefits either directly or by replacing funds that otherwise would have been used for program administration. |

| Section | 15 - | Training |
|---------|------|----------|
|---------|------|----------|

| 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 15: Tra | ining | | | | |
| 15.1 Describe the training you provide for each of the following groups: | | | | | |
| a. Grantee Staff: | | | | | |
| Formal training on grantee policies and procedures | | | | | |
| How often? | | | | | |
| Annually | | | | | |
| Biannually | | | | | |
| As needed | | | | | |
| Other - Describe: | | | | | |
| Employees are provided with policy manual | | | | | |
| Other-Describe: | | | | | |
| b. Local Agencies: | | | | | |
| Formal training conference | | | | | |
| How often? | | | | | |
| Annually | | | | | |
| Biannually | | | | | |
| As needed | | | | | |
| Other - Describe: | | | | | |
| On-site training | | | | | |
| How often? | | | | | |
| Annually | | | | | |
| Biannually | | | | | |
| As needed | | | | | |
| Other - Describe: as requested | | | | | |
| Employees are provided with policy manual | | | | | |
| Other - Describe The Fuel and Utility Office conducts trainings and program updates with community b This provides program staff with the opportunity to keep partners, advocates and inter discount programs. | | | | | |
| c. Vendors | | | | | |
| Formal training conference | | | | | |
| How often? | | | | | |
| Annually | | | | | |
| Biannually | | | | | |
| As needed | | | | | |

| | Other - Describe: | | | |
|---|--|--|--|--|
| Po | licies communicated through vendor agreements | | | |
| Ро | olicies are outlined in a vendor manual | | | |
| Other - Describe: Annually, at predictable points in the fuel assistance season, vendors are advised/reminded of their benefit management responsibilities as third party payees under the terms of Fuel Program Certification Agreement. This includes reporting questions or concerns to the Fuel & Utility Office of fraud, abuse and/or eligibility. Vendors are the most frequent reporters of client eligibility that might lead to a finding or fraud or abuse. | | | | |
| 15.2 Does ye | our training program address fraud reporting and prevention? | | | |

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.

Vermont was able to submit LIHEAP Performace Measures data for FFY2016 for households that are served by the top ten vendors for each delivered fuel type, as well as for households that are served by utility companies that provide services to over 90% of our LIHEAP caseload.

In addition, Vermont has amended its LIHEAP application to allow for the collection of each household's electricity account information and is working on changes to the Management Information System (MIS) to allow for the collection and storage of the electric account information. With this system change in place, Vermont anticipates being able to capture all requisite performance measures data for the entire LIHEAP caseload.

| U.S. DEPARTMENT OF HEAL ADMINISTRATION FOR CHIL | LTH AND HUMAN SERVICES LDREN 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 17: Program | Integrity, 2605(b)(10) | | | | | | |
| 17.1 Fraud Reporting Mechanisms | | | | | | | | |
| a. Describe all mechanisms availab | le to the public for reporting cases of | suspected waste, fraud, and abuse. Se | elect all that apply. | | | | | |
| Online Fraud Reporting | g | | | | | | | |
| Dedicated Fraud Repor | ting Hotline | | | | | | | |
| Report directly to local agency/district office or Grantee office | | | | | | | | |
| Report to State Inspecto | Report to State Inspector General or Attorney General | | | | | | | |
| | in place for local agencies/district offi | ces and vendors to report fraud, wast | e, and abuse | | | | | |
| Other - Describe: | | | | | | | | |
| investigates all reports of fraud or abu | use of benefits. When a viable finding is raud Unit or the Assistant Attorney Gen | are referred to the Fuel and Utility Offices s made, the case and supporting docume eral's Office. Typically, 'client' fraud is | entation is forwarded to either the | | | | | |
| b. Describe strategies in place for a | dvertising the above-referenced reso | rces. Select all that apply | | | | | | |
| Printed outreach mater | ials | | | | | | | |
| Addressed on LIHEAP | application | | | | | | | |
| Website | | | | | | | | |
| concerns regarding client eligibility the | hat might be fraud. Through formal ema rns of fraud, duplicate benefits, househo | participate in the LIHEAP program are iil notices several times a year from the ld compostion or housing data that is at | Fuel and Utility Office, certified fuel | | | | | |
| 17.2. Identification Documentation | Requirements | | | | | | | |
| a. Indicate which of the following for members. | orms of identification are required or | requested to be collected from LIHE | AP applicants or their household | | | | | |
| | | Collected from Whom? | | | | | | |
| Type of Identification Collected | Collected from Whom? | | | | | | | |
| | Applicant Only | All Adults in Household | All Household Members | | | | | |
| Social Security Card is photocopied and retained | Required | Required | Required | | | | | |
| | Requested | Requested | Requested | | | | | |
| Social Security Number (Without actual Card) | Required | Required | Required | | | | | |

| | Requested | | Requested | | Requested | | |
|--|-----------------------------|-----------------------------|--|---|--------------------------------------|---------------------------------------|--|
| Government-issued identification card | Required | | Required | | Required | Required | |
| (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | Requested | | Requested | | Requested | Requested | |
| Other | Applicant Only Required | Applicant Only Requested | All Adults in Household Required | All Adults in Household Requested | All Household Members Required | All Household Members Requested | |
| 1 | | | | | | | |
| b. Describe any exceptions to the al Newborn children are provided a "pla household do not have to provide doc | lace holder" number in the | e social security dat | ta-entry field. Othe | r individuals who | are excluded from the | ne fuel assistance | |
| 17.3 Identification Verification | | | | | | | |
| Describe what methods are used to apply | o verify the authenticity | of identification of | locuments provid | ed by clients or h | ousehold members | . Select all that | |
| Verify SSNs with Social Sec | curity Administration | | | | | | |
| Match SSNs with death rec | • | ity Administration | 1 or state agency | | | | |
| Match SSNs with state eligi | jibility/case managemen | it system (e.g., SNA | AP, TANF) | | | | |
| Match with state Departme | ent of Labor system | | | | | | |
| Match with state and/or fee | deral corrections system | n | | | | | |
| Match with state child supp | port system | | | | | | |
| Verification using private s | software (e.g., The Wor | k Number) | | | | | |
| In-person certification by s | staff (for tribal grantees | s only) | | | | | |
| Match SSN/Tribal ID num | ber with tribal databas | e or enrollment re | cords (for tribal g | rantees only) | | | |
| Other - Describe: | | | | | | | |
| 17.4. Citizenship/Legal Residency | Verification | | | | | | |
| What are your procedures for ensual that apply. | uring that household m | embers are U.S. ci | itizens or aliens w | ho are qualified t | o receive LIHEAP | benefits? Select | |
| Clients sign an attestation | ı of citizenship or legal r | residency | | | | | |
| Client's submission of Soc | cial Security cards is acc | cepted as proof of | legal residency | | | | |
| Noncitizens must provide | documentation of immi | igration status | | | | | |
| Citizens must provide a co | opy of their birth certifi | icate, naturalizatio | on papers, or pass | port | | | |
| Noncitizens are verified th | hrough the SAVE syster | m | | | | | |
| Tribal members are verifi | ied through Tribal enro | ollment records/Tr | ibal ID card | | | | |
| Other - Describe: | | | | | | | |
| 17.5. Income Verification | | | - 11 41- 4 | | | | |
| What methods does your agency u | · | | an that apply. | | | | |
| | income for all adult hou | usenoid members | | | | | |
| | and letters | | | | | | |
| Social Security awar | | | | | | | |
| | | | | | | | |
| Max Statements | | | | | | | |
| Zero-income statem | lants | | | | | | |

| Unemployment Insurance letters |
|---|
| Other - Describe: |
| Computer data matches: |
| Income information matched against state computer system (e.g., SNAP, TANF) |
| Proof of unemployment benefits verified with state Department of Labor |
| Social Security income verified with SSA |
| Utilize state directory of new hires |
| ✓ Other - Describe: |
| LIHEAP winter (Seasonal) fuel assistance eligibility is processed by Benefit Programs Specialists in the DCF Economic Services Division. Benefits for LIHEAP, SNAP (3SqsVT), TANF (Reach Up in Vermont) and health care programs all utilitize the same eligibility main-frame database. |
| 17.6. Protection of Privacy and Confidentiality |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| Policy in place prohibiting release of information without written consent |
| Grantee LIHEAP database includes privacy/confidentiality safeguards |
| Employee training on confidentiality for: |
| Grantee employees |
| Local agencies/district offices |
| Employees must sign confidentiality agreement |
| Grantee employees |
| Local agencies/district offices |
| Physical files are stored in a secure location |
| Other - Describe: |
| 17.7. Verifying the Authenticity |
| What policies are in place for verifying vendor authenticity? Select all that apply. |
| All vendors must register with the State/Tribe. |
| All vendors must supply a valid SSN or TIN/W-9 form |
| Vendors are verified through energy bills provided by the household |
| Grantee and/or local agencies/district offices perform physical monitoring of vendors |
| V Other - Describe and note any exceptions to policies above: |
| |
| Vendors of firewood and wood pellets are not required to be certified with the Fuel & Utility Office. Due to supply and variations in quality and quantity, firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. |
| |
| firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. |
| firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. 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 |
| firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. 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. |
| firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. 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 |
| firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. 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 |
| firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. 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: |
| firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. 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 |
| firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. 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 |
| firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. |
| firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. 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 |

| 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 | | | | |
| V Other - Describe: | | | | |
| Some items checked above may be performed on a sample basis at the end of the winter heating season. | | | | |
| 17.9. Benefits Policy - Bulk Fuel Vendors | | | | |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. | | | | |
| Vendors are checked against an approved vendors list | | | | |
| Centralized computer system/database is used to track payments to all vendors | | | | |
| Clients are relied on for reports of non-delivery or partial delivery | | | | |
| Two-party checks are issued naming client and vendor | | | | |
| Direct payment to households are made in limited cases only | | | | |
| Vendors are only paid once they provide a delivery receipt signed by the client | | | | |
| Conduct monitoring of bulk fuel vendors | | | | |
| Bulk fuel vendors are required to submit reports to the Grantee | | | | |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism | | | | |
| V Other - Describe: | | | | |
| Benefits are paid directly to clients that heat with firewood or wood pellets. Some items checked above may be performed on a sample basis. | | | | |
| 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 | | | | |
| The party in question is contacted by phone and/or in writing. They are advised of the issues and specific actions are outlined with a specific date for compliance. The party is advised that failure to respond or comply will escalate the case either to the ESD Fraud Unit or the Assistant Attorney General. Most cases are resolved at this basic communication level. | | | | |
| 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 fields provided, attach a document with said explanation here. | | | | |

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.BrBbr.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment,

Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. For grantees other than individuals, Alternate I applies.

4. For grantees who are individuals, Alternate II applies.

5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously

identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals) The grantee certifies that it will or will continue to provide a drug-free workplace by:,

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about -- (1)The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice,

including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f)Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

| 280 State Drive <u>* Address Line 1</u> | | | |
|---|----------------------|---------------------------------|--|
| HC1 South Address Line 2 | | | |
| Address Line 3 | | | |
| Waterbury <u>* City</u> | vT <u>*</u> State | 05671-1020 <u>*</u> Zip Code | |
| | | | |

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

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

Section 20: Certification Regarding Lobbying

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).