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

Program Name: Low Income Home Energy Assistance Grantee Name: WISCONSIN Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 1 Report Period: 10/01/2016 to 09/30/2017 Report Status: Submission Accepted by CO (Revision #1)

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<b>Mandatory Gra</b>	int Applicati	on SF-424
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES					ES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017				
		LOW IN	NCOM		ENERGY A Modei F - 424 - M	L PLAN		OGRAM(	LIHEAP)	
* 1.a. Type of Submission: Plan  * 1.b. Fi  Ann			. Frequency: Annual		* 1.c. Consolidated Application/Plan/Funding Request? Explanation:		ng Request?	* 1.d. Version: Initial Resubmission Revision Update		
						2. Date Receiv	ved:		State Use Only:	
						3. Applicant I	dentifier:			
						4a. Federal E			5. Date Received By State:	
						4b. Federal A	ward Iden	tifier:	6. State Application Identifier:	
7. APPLICAN	Γ INFOR	MATION	<u></u>						<u></u>	
* a. Legal Nam	e: State l	Department of Ac	dministrati	ion						
* b. Employer/	Taxpaye	r Identification N	Number (l	EIN/TIN): 39-	-6028867	* c. Organizat	tional DUI	NS: 03825373	33	
* d. Address:		0						0		
* Street 1:		P.O. BOX 894	4			Street 2:		101 E. Wilso	n St	
* City:		MADISON				County:		Dane		
* State:		WI				Province:				
* Country:		United States				* Zip / Pos	tal Code:	53707 - 8944		
e. Organization										
Department Na State Departme		ministration				<b>Division Nam</b> Division of E		using & Commu	unity Resources	
f. Name and co	ntact info	ormation of pers	on to be c	contacted on ma	tters involving tl	nis application:				
Prefix: Ms.	* First Jane	Name:			Middle Name:	ddle Name: * Last Name: Blank				
Suffix:	Title: WHEA	AP Section Chief			Organizational	Affiliation:				
* Telephone Number: (608) 264-9762	Fax Nu	mber			* Email: jane.blank@wi	ank@wisconsin.gov				
* 8a. TYPE OF A: State Govern		CANT:								
b. Additiona	l Descrip	tion:								
* 9. Name of F	* 9. Name of Federal Agency:									
					og of Federal Dom ssistance Number:				CFDA Title:	
10. CFDA Numb	ers and Ti	itles		93568			Low-Inco	me Home Ener	gy Assistance	
		Applicant's Proj sistance Program								
12. Areas Affee State of WI - S	ted by Fistatewide	unding:								
13. CONGRES	SIONAL	DISTRICTS O	F:							
* a. Applicant										

Attach an additional list of Program/Pro	oject Congressional Districts if neede	ed.					
14. FUNDING PERIOD:		15. ESTIMA	15. ESTIMATED FUNDING:				
<b>a. Start Date:</b> 10/01/2016	<b>b. End Date:</b> 09/30/2017		* a. Federal (\$): \$0	<b>b. Match (\$):</b> \$0			
* 16. IS SUBMISSION SUBJECT TO R	EVIEW BY STATE UNDER EXEC	UTIVE ORDER 12	2372 PROCESS?				
a. This submission was made availab	le to the State under the Executive O	order 12372					
Process for Review on :							
b. Program is subject to E.O. 12372 b	out has not been selected by State for	review.					
c. Program is not covered by E.O. 12	372.						
* 17. Is The Applicant Delinquent On A O YES O NO	ny Federal Debt?						
Explanation:							
18. By signing this application, I certify accurate to the best of my knowledge. I any false, fictitious, or fraudulent statem <b>**I Agree</b>	also provide the required assurances	** and agree to con	nply with any resulting terms if I accep	t an award. I am aware that			
** The list of certifications and assurance	ees, or an internet site where you may	y obtain this list, is	contained in the announcement or ager	ncy specific instructions.			
18a. Typed or Printed Name and Title o Barbara K. Sieja	f Authorized Certifying Official		<b>18c. Telephone (area code, number an</b> (608) 267-0227	nd extension)			
			18d. Email Address barbara.klug@wisconsin.gov				
18b. Signature of Authorized Certifying	Official		18e. Date Report Submitted (Month, 1 09/27/2016	Day, Year)			
Attach supporting docun	nents as specified in age	ency instruc	tions.				

	NT OF HEALTH AND HUMAN SERVICES N FOR CHILDREN AND FAMILIES	OMB Cl	ugust 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017					
	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY							
Administration for C Office of Community Washington, DC 2044 August 1987, revised OMB Approval No. 0 Expiration Date: 02/2 THE PAPERWORK	Department of Health and Human Services Administration for Children and Families Office of Community Services Washington, DC 20447 August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Approval No. 0970-0075 Expiration Date: 02/28/2005 FHE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)Use of this model plan is optional. However, the information requested is required in order to							
reporting burden for maintaining the data	Home Energy Assistance Program (LIHEAP) grant in years in which the grant this collection of information is estimated to average 1 hour per response, include needed, and reviewing the collection of information. An agency may not conduc- tion unless it displays a currently valid OMB control number.	ling the time for reviewing instruc	tions, gathering and					
	Section 1 Program Compone	nts						
Program Components,	2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)							
	ponents you will operate under the LIHEAP program. ide information for each component designated here as requested elsewhere in t		of Operation					
		Start Date	End Date					
Heating assistan	ce	10/01/2016	05/15/2017					
Cooling assistan	ce							
Crisis assistance		10/01/2016	09/30/2017					
Weatherization	assistance	07/01/2017	06/30/2018					
Provide further expla	nation for the dates of operation, if necessary	J	P					
Estimated Funding A	llocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16							
1.2 Estimate what amou	nt of available LIHEAP funds will be used for each component that you will operate: The	e total of all percentages must add up	to Percentage (%)					
100%. Heating assistance	100%.							
Cooling assistance			66.00%					
Crisis assistance			9.00%					
Weatherization assist	ance		15.00%					
Carryover to the follo	wing federal fiscal year		0.00%					
Administrative and p	lanning costs		10.00%					
Services to reduce ho	me energy needs including needs assessment (Assurance 16)		0.00%					
Used to develop and i	mplement leveraging activities		0.00%					
TOTAL			100.00%					

Section 1 - Program Components

Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)

1.5 The ful	nas reservea	for winter crisis assistance that have		man dad ha M	la male	15 mill be nonnegue		14		
	Heating ass	istance		Cooling assi			mmee	1 10:		
	<u> </u>	tion assistance		Other (spec	Other (specify:) Continue to use for Crisis Assistance					
		2605(b)(2)(A) - Assurance 2, 2605(c) iseholds categorically eligible if one					atego	ries of benefits in t	ne left	column below? O
Yes 🙆 N	No	senous categoricany engine ii one	nousenoiu i	inember receiv	ves on	le of the following ta	atego	les of benefits in ti		
f you ansv	wered "Yes"	to question 1.4, you must complete t	he table bel	low and answe	er que	estions 1.5 and 1.6.				
				eating	_	Cooling	_	Crisis		Weatherization
ANF			O Yes			Yes O No		Yes ONo		Yes ONo
SI			O Yes			Yes O <sub>No</sub>		Yes ONo		Yes ONo
SNAP			O Yes			Yes O No		Yes ONo		Yes O <sub>No</sub>
Aeans-teste	ed Veterans Pro		O Yes (		10	Yes 🔘 No		Yes 🔘 No	103	Yes ONo
Other(Speci	ify) 1	Program Name Households entirely composed of per receiving SUpplemental Security Inc (SSI), TANF, or Food Stamps in each preceding 3 months from the date of application will be demmed a categorically eligibe household	ome	Heating Yes CNo		Cooling		Crisis Yes C No		Weatherization
.5 Do you	ı automaticall	y enroll households without a direct	annual app	plication? 🔿	Yes	No				
f Yes, exp										
a D0 y0	ui allocato I II	HEAP funds toward a nominal power	nent for SN	AP household	1s? C	Yes 💽 No				
1.7b Amou 1.7c Frequ Onc	wered "Yes" f unt of Nomina tency of Assist ce Per Year ce every five y	ears								
1.7b Amou 1.7c Frequ Onc Onc	wered "Yes" f unt of Nomina iency of Assisi ce Per Year ce every five y ner - Describe	to question 1.7a, you must provide a al Assistance: \$0.00 tance	response to	o questions 1.'	7b, 1.7	7c, and 1.7d.				
1.7b Amou 1.7c Frequ Onc Onc Oth 1.7d How o Determinat	wered "Yes" t unt of Nomina tency of Assist ce Per Year ce every five y her - Describe do you confirt tion of Eligibil	to question 1.7a, you must provide a al Assistance: \$0.00 tance rears	response to	o questions 1.'	7b, 1.7	7c, and 1.7d.				
	wered "Yes" f unt of Nomina iency of Assisi ce Per Year ce every five y her - Describe do you confirm tion of Eligibil ermining a ho	to question 1.7a, you must provide a al Assistance: \$0.00 tance rears : m that the household receiving a nor ity - Countable Income	response to	o questions 1.'	7b, 1.7	7c, and 1.7d.				
.7b Amou .7c Frequ Onc Onc Oth .7d How o Determinat .8. In dete	wered "Yes" f unt of Nomina iency of Assisi ce Per Year ce every five y her - Describe do you confirm tion of Eligibil ermining a ho poss Income	to question 1.7a, you must provide a al Assistance: \$0.00 tance rears : m that the household receiving a nor ity - Countable Income	minal paym	o questions 1.'	ergy c	7c, and 1.7d.				
1.7b Amou 1.7c Frequ Onc Onc Onc Onc Onc Oth 1.7d How o Determinat 1.8. In dete Second Se	wered "Yes" i unt of Nomina iency of Assisi ce Per Year ce every five y ner - Describe do you confirm tion of Eligibil ermining a ho oss Income : Income all the applic:	to question 1.7a, you must provide a al Assistance: \$0.00 tance rears : m that the household receiving a nor ity - Countable Income usehold's income eligibility for LIH	minal paym	o questions 1.'	ergy c	7c, and 1.7d.		CAP		
1.7b Amou         1.7c Frequ         I.7c Frequ         Onc         Oth         I.7d How of         Determinat         I.8. In dete         In Original	wered "Yes" i unt of Nomina iency of Assisi ce Per Year ce every five y ner - Describe do you confirm tion of Eligibil ermining a ho oss Income : Income all the applic:	to question 1.7a, you must provide a al Assistance: \$0.00 tance rears : m that the household receiving a nor ity - Countable Income usehold's income eligibility for LIH able forms of countable income used	minal paym	o questions 1.'	ergy c	7c, and 1.7d.				
I.7b Amou I.7c Frequ Onc Onc Onc Oth I.7d How o Determinat I.8. In dete Gro Net I.9. Select	wered "Yes" t unt of Nomina nency of Assist ce Per Year ce every five y ner - Describe do you confir tion of Eligibil ermining a ho oss Income all the applic ages	to question 1.7a, you must provide a al Assistance: \$0.00 tance rears : m that the household receiving a nor ity - Countable Income usehold's income eligibility for LIH able forms of countable income used nt Income	minal paym	o questions 1.'	ergy c	7c, and 1.7d.				

<b>&gt;</b>	Unemployment insurance
<b>&gt;</b>	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
<b>&gt;</b>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
	Jury duty compensation
<b>&gt;</b>	Rental income
<b>&gt;</b>	Income from employment through Workforce Investment Act (WIA)
<b>&gt;</b>	Income from work study programs
<b>&gt;</b>	Alimony
<b>&gt;</b>	Child support
<b>&gt;</b>	Interest, dividends, or royalties
<b>&gt;</b>	Commissions
	Legal settlements
	Insurance payments made directly to the insured
	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<b>&gt;</b>	Veterans Administration (VA) benefits
	Earned income of a child under the age of 18
	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.

Income tax refunds
Stipends from senior companion programs, such as VISTA
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
by of the above questions require further explanation or clarification that could not be made in the fields provided, where a document with said explanation here.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017

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

## Section 2 - Heating Assistance

Eligibility, 2605(b)(2) - Assurance 2

2.1 Designate the income eligibility threshold used for the heating componenet:

Add	Household size		Eligibility Guideline	Eligibility Threshold					
1	All Household Sizes		State Median Income	60.00%					
<b>2.2 Do you have additional eligibility requirements for</b> HEATING ASSITANCE?			No						
2.3 Check the app	ropriate boxes below and describe the polici	ies for each.							
Do you require an	Assets test ?	O Yes	No						
Do you have addit	tional/differing eligibility policies for:								
Renters?		O Yes							
Renters Liv	ing in subsidized housing ?	O Yes	C Yes  No						
Renters with	h utilities included in the rent ?	• Yes (	⊙ Yes ONo						
Do you give prior	ity in eligibility to:								
Elderly?		• Yes (	• Yes ONo						
Disabled?		⊙ <sub>Yes</sub> (	⊙ <sub>Yes</sub> O <sub>No</sub>						
Young children?		• Yes	• Yes ONo						
Households	with high energy burdens ?	O <sub>Yes</sub> (	O Yes O No						
Other?		O <sub>Yes</sub> (							

Explanations of policies for each "yes" checked above:

For all of the items requiring policy references, please access the Wisconsin Home Energy Assistance Program (WHEAP) Operations Manual at: http://homeenergyplus.wi.gov/category.asp?linkcatid=256&linkid=122&locid=25 and access the following sections:

1. Renters with Utilities Included in the Rent, please see section 3.4.18

2. Priority in eligibility to elderly, disabled and households with young children, please see sections: 4.2.4, 8.2.3

The benefit formula for the State of Wisconsin provides a 4:1 ratio for household with high energy burdens. Households with the highest energy burden and the lowest income receive the highest benefit. The State of Wisconsin rounds downs the median income guidelines for determining income eligibility. The benefit matrix is attached to this plan for further information.

Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)

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

There is no differentiation in the formula for calculating benefits however, funds are allocated specifically to allow for outreach to vulnerable households including those with elderly, disabled or young children as residents. These households are encouraged and assisted to apply for LIHEAP benefits.

In addition, there is an early application period targeted to households with fixed income (Social Security Benefits, Pensions, dividends/interest income and/or Veteran's Benefits) which allows them to apply in the summer months for the following Federal Fiscal Year.

#### 2.5 Check the variables you use to determine your benefit levels. (Check all that apply):

Income

Family (household) size

✓ Home energy cost or need:							
Fuel type							
Climate/region							
Individual bill							
Dwelling type							
Energy burden (% of income spent on home e	energy)						
Energy need							
Other - Describe:							
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)							
2.6 Describe estimated benefit levels for FY 2017:							
Minimum Benefit	\$30	Maximum Benefit	\$1,643				
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? • Yes							
If yes, describe.							
Wisconsin Home Energy Assistance Program (WHEAP) agencies (sub-grantees) can provide additional services such as blankets, space heaters, weatherization stripping, light bulbs, etc.							
If any of the above questions require furth attach a document with said explanation he		n or clarification that could not be made in the	he fields provided,				

	IENT OF HEALTH AND HUMAN SER ION FOR CHILDREN AND FAMILIES			August 1987, r	evised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017
	LOW INCOME HOM	MO	Y ASSISTA DEL PLAN - MANDAT		
	S	ection 3 - (	Cooling Ass	istance	
Eligibility, 2605(c)(	(1)(A), 2605 (b)(2) - Assurance 2				
	income eligibility threshold used for the C	ooling compone	net:		
Add	Household size		E	igibility Guideline	Eligibility Threshold
1					0.00%
3.2 Do you have ad COOLING ASSIT	lditional eligibility requirements for ANCE?	O Yes	No		
3.3 Check the appr	ropriate boxes below and describe the poli	cies for each.			
Do you require an	Assets test ?	O Yes C	No		
Do you have additi	ional/differing eligibility policies for:	-11:			
Renters?		O <sub>Yes</sub> (	⊃ <sub>No</sub>		
Renters Livi	ng in subsidized housing ?	O Yes C	No		
Renters with	utilities included in the rent ?	O Yes C	No		
Do you give priorit	ty in eligibility to:	41			
Elderly?		C Yes C			
Disabled?		O <sub>Yes</sub> (			
Young child	ren?	O Yes (			
Households	with high energy burdens ?	O <sub>Yes</sub> (			
Other?		O Yes (	O No		
Explanations of po	licies for each "yes" checked above:				
2.4.D				1	
3.4 Describe now y	you prioritize the provision of cooling assis	tance tovuinera	bie populations,e.	g., benefit amounts, early a	application periods, etc.
Determination of Bo	enefits 2605(b)(5) - Assurance 5, 2605(c)(1)(	(B)			
3.5 Check the varia	ables you use to determine your benefit lev	vels. (Check all t	that apply):		
Income	· ·				
Family (hous	ehold) size				
	v cost or need:				
Fuel ty					
	te/region				
	dual bill				
	ing type				
	y burden (% of income spent on home ene	ergy)			
	y need				
Other	- Describe:				

ł

# Section 3 - COOLING ASSISTANCE

Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)							
3.6 Describe estimated benefit levels for FY 2017:							
Minimum Benefit	\$0	Maximum Benefit	\$0				
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or or	ther forms of bei	nefits? O Yes O No					
If yes, describe.							
If any of the above questions require further exattach a document with said explanation here.	xplanation of	r clarification that could not be made in the fields	s provided,				

Section 4 -	CRISIS	ASSISTA	NCE
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	IENT OF HEALTH AND HUMAN SERVICES ON FOR CHILDREN AND FAMILIES		05/92,02/95,03/96,12/98,11/01 MB Clearance No.: 0970-0075 Expiration Date: 06/30/2017		
	MO	Y ASSISTANCE PROGRAM(LIHE DEL PLAN - MANDATORY	EAP)		
	Section 4: CR	RISIS ASSISTANCE			
Eligibility - 2604(c)	,.,.,				
	ncome eligibility threshold used for the crisis component				
Add	Household size	Eligibility Guideline	Eligibility Threshold		
1	All Household Sizes IHEAP program's definition for determining a crisis.	State Median Income	60.00%		
Determination of eli household has contr <b>4.3 What constituto</b> Household must hav expected low tempe handicapped, childre	A household may receive more than one crisis assistance payment. Determination of eligibility for regular heating assistance benefits will determine a household eligible for crisis assistance for the remainder of the program period if the household has contributed \$25 or more towards their heating costs in the three months prior to application for crisis assistance. 4.3 What constitutes a life-threatening crisis? Household must have existing/imminent lack of adequate heating in dwelling. Determination of a threat to health or safety of an eligible household is based on four factors: expected low temperature, condition of the dwelling unit (habitable, operable furnace, etc.), presence of vulnerable persons (persons with medical need for heat elderly, handicapped, children under six, etc.), and alternatives available to the household (place for temporary relocation, etc.). Medical need for heat and/or cooling may be considered in determining the presence of an emergency for vulnerable persons, including households with young children, handicapped and/or elderly persons. The				
	t, 2604(c) ny hours do you provide an intervention that will resolve ny hours do you provide an intervention that will resolve	3. 0			
Crisis Eligibility, 26	i05(c)(1)(A)				
4.6 Do you have ad	ditional eligibility requirements for CRISIS ASSISTANC	CE? O Yes O No			
	opriate boxes below and describe the policies for each				
Do you require an	Assets test ?	O Yes O No			
Do you give priorit	y in eligibility to :	ů.			
Elderly?		• Yes O No			
Disabled?		• Yes O No			
Young Child	ren?	• Yes O No			
Households v	vith high energy burdens?	• Yes O No			
Other?		O Yes O No			
In Order to receive	e crisis assistance:	1			
Must the hou tank?	schold have received a shut-off notice or have a near emp	oty O Yes O No			
Must the hou	sehold have been shut off or have an empty tank?	C Yes 💿 No			
Must the hou	sehold have exhausted their regular heating benefit?	O Yes 💿 No			

Must renters with heating costs included in their rent have received an eviction notice ?	C Yes 💿 No
Must heating/cooling be medically necessary?	
Must the household have non-working heating or cooling equipment?	C Yes 💿 No
Other?	
Do you have additional / differing eligibility policies for:	-
Renters?	C Yes 💿 No
Renters living in subsidized housing?	O Yes O No
Renters with utilities included in the rent?	⊙ Yes O No
Explanations of policies for each "yes" checked above:	
For all of the items requiring policy references, please access the Wisconsin Home E http://homeenergyplus.wi.gov/docview.asp?docid=25851&locid= 25 and access the 1. Priority in eligibility to elderly, disabled, young children, and households 2. Renters with Utilities Included in the Rent, please see section 3.4.18	following sections:
Determination of Benefits	
4.8 How do you handle crisis situations?	
Separate component	
Fast Track	
Other - Describe:	
4.9 If you have a separate component, how do you determine crisis assistance be	enefits?
Amount to resolve the crisis.	
<ul> <li>\$1,200, but may be increased for special targeted populations on a case by case levels. Crisis heating emergency services may include emergency fuel delivery, counseling. Crisis cooling emergency services may include room air conditione counseling. No household will be eligible for crisis cooling assistance without a authorization is given by the Department of Administration. Determination of a temperature, condition of the dwelling unit (habitable, operable furnace, etc.), p children under six, etc.), and alternatives available to the household (place for t determining the presence of an emergency for vulnerable persons, including ho vulnerable persons may affect the amount and type of benefit provided to the hemergencies. Examples of proactive crisis heating and cooling assistance servic situation a first month's rent or security deposit and energy conservation counse of assistance to resolve home heating energy mergency situations within 48 hc households. This is not to be construed as requiring the issuance of a benefit pa</li> <li>The Dept of Amdinistration (Wisconsin Energy Assistance) has annually been i with the Heat for Heroes. Once the fuel fund has raised match funds, LIHEAP subgrantees for eligible low income customers.</li> <li>A homeless applicant, who has proof of a permanent address to move into, may *verification of a move to a permanent address</li> <li>*the applicant must have established energy accounts</li> </ul>	a declaration by a local or state public health agency of a heat emergency and a threat to health or safety of an eligible household is based on four factors: expected low presence of vulnerable persons (persons with medical need for heat elderly, disabled, temporary relocation, etc.). Medical need for heat and/or cooling may be considered in ouseholds with young children, disabled and/or elderly persons. The presence of ousehold. Proactive services and payments will be provided to prevent the occurrence of ces provided to clients are budget counseling, copayment plans, due to an energy crisis eling. Counties and tribes and their subcontractors will be required to provide some form ours of application and within 18 hours in a life threatening situation in eligible syment within the above specified time period. in contract with the Keep Wisconsin Warm Fuel Fund for many years and more recently matched funds are awarded. These funds are another resource made available to local be eligible for an energy assistance benefit if the following conditions are met:
Crisis Requirements, 2604(c)	

4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?

## • Yes O No Explain.

For all of the items requiring policy references, please access the Wisconsin Home Energy Assistance Program (WHEAP) Operations Manual at: http://homeenergyplus.wi.gov/docview.asp?docid=25851&clocid= 25 and access the following sections:							
The State of Wisconsin allows for crisis applications to be taken via the phone, in office, or at alternate outreach locations. Outreach locations are both categorically and geographically diverse. For more information please see section 8.2.3 of the WHEAP Operations Manual.							
4.11 Do you provide individuals who are physically disabled the means to:							
Submit applications for crisis benefits without leaving their homes?							
• Yes O No If No, explain.							
Travel to the sites at which applications for crisis assis	tance are acc	epted?					
• Yes O No If No, explain.							
If you answered "No" to both options in question 4.11, p	lease explain	alternative m	eans of intake to those who are homebound or physically disable	ed?			
Benefit Levels, 2605(c)(1)(B)							
4.12 Indicate the maximum benefit for each type of crisis	s assistance of	ffered.					
Winter Crisis         \$0.00 maximum benefit							
Summer Crisis \$0.00 maximum benefit							
Year-round Crisis \$1,200.00 maximum benefit							
4.13 Do you provide in-kind (e.g. blankets, space heaters,	, fans) and/or	other forms	f benefits?				
• Yes O No If yes, Describe							
WHEAP agencies in-kind provisions include blankets, space	e heaters, and	temporary lod	ing.				
4.14 Do you provide for equipment repair or replacemen	t using crisis	funds?					
• Yes C No							
If you answered "Yes" to question 4.14, you must comple	ete question 4	.15.					
4.15 Check appropriate boxes below to indicate type(s) o	f assistance p	4.15 Check appropriate boxes below to indicate type(s) of assistance provided.           Winter         Summer         Year-round Crisis					
4.15 Check appropriate boxes below to indicate type(s) o	Winter	Summer	Year-round Crisis				
		1					
Heating system repair	Winter	Summer					
Heating system repair Heating system replacement	Winter	Summer					
Heating system repair Heating system replacement Cooling system repair	Winter	Summer					
Heating system repair Heating system replacement Cooling system repair Cooling system replacement	Winter	Summer					
Heating system repair Heating system replacement Cooling system repair Cooling system replacement Wood stove purchase	Winter	Summer					
Heating system repair Heating system replacement Cooling system repair Cooling system replacement Wood stove purchase Pellet stove purchase	Winter	Summer					
Heating system repair         Heating system replacement         Cooling system replacement         Wood stove purchase         Pellet stove purchase         Solar panel(s)	Winter	Summer					
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	Winter	Summer					
Heating system repair         Heating system replacement         Cooling system replacement         Wood stove purchase         Pellet stove purchase         Solar panel(s)	Winter	Summer					
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):	Winter Crisis       Image: Crisis       Image: Crisis	Summer Crisis					
Heating system repair         Heating system replacement         Cooling system replacement         Wood stove purchase         Pellet stove purchase         Solar panel(s)         Utility poles / gas line hook-ups         Other (Specify):         Temporary Lodging	Winter Crisis       Image: Crisis       Image: Crisis	Summer Crisis					
Heating system repair         Heating system replacement         Cooling system replacement         Wood stove purchase         Pellet stove purchase         Solar panel(s)         Utility poles / gas line hook-ups         Other (Specify): Temporary Lodging         4.16 Do any of the utility vendors you work with enforce	Winter Crisis	Summer Crisis					
Heating system repair Heating system replacement Cooling system replacement Wood stove purchase Pellet stove purchase Solar panel(s) Utility poles / gas line hook-ups Other (Specify): Temporary Lodging 4.16 Do any of the utility vendors you work with enforce © Yes © No	Winter Crisis	Summer Crisis					
Heating system repair Heating system replacement Cooling system replacement Cooling system replacement Wood stove purchase Pellet stove purchase Solar panel(s) Utility poles / gas line hook-ups Other (Specify): Temporary Lodging 4.16 Do any of the utility vendors you work with enforce © Yes ONO If you responded "Yes" to question 4.16, you must respo	Winter Crisis	Summer Crisis	Image: Second secon				

U.S. DEPARTMENT OF HEALTH AND H ADMINISTRATION FOR CHILDREN AND		August 1987, revise	ed 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017
LOW INCOM	MC	GY ASSISTANCE PROGRAM(LIF D <b>DEL PLAN</b> <b>1 - MANDATORY</b>	IEAP)
S	ection 5: WEATH	ERIZATION ASSISTANCE	
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance	e 2		
5.1 Designate the income eligibility threshold us	sed for the Weatherization o	component	
Add House	nold Size	Eligibility Guideline	Eligibility Threshold
1 All Household Sizes		State Median Income	60.00%
5.2 Do you enter into an interagency agreement	t to have another government	nt agency administer a WEATHERIZATION com	ponent? 🔿 Yes 💿 No
5.3 If yes, name the agency.			
5.4 Is there a separate monitoring protocol for	weatherization? 💽 Yes 📿	No	
WEATHEDIZATION. Turner of Duler			
WEATHERIZATION - Types of Rules 5.5 Under what rules do you administer LIHEA	AP weatherization? (Check )	only one )	
		omy one.)	
Entirely under LIHEAP (not DOE) rules			
Entirely under DOE WAP (not LIHEAP)			
	owing DOE WAP rule(s) wl	here LIHEAP and WAP rules differ (Check all tha	t apply):
Income Threshold			
Weatherization of entire multi-fam become eligible within 180 days	ily housing structure is pern	nitted if at least 66% of units (50% in 2- & 4-unit l	ouildings) are eligible units or will
Weatherize shelters temporarily ho	using primarily low income	e persons (excluding nursing homes, prisons, and si	milar institutional care facilities).
Other - Describe:			
Mostly under DOE WAP rules, with the	following LIHEAP rule(s) w	where LIHEAP and WAP rules differ (Check all the	at apply.)
Income Threshold			
Weatherization not subject to DOE	WAP maximum statewide	average cost per dwelling unit.	
Weatherization measures are not su	ubject to DOE Savings to In	vestment Ration (SIR ) standards.	
Other - Describe:			
50% Eligibility qualification for multi-unit building	ıgs		
Eligibility, 2605(b)(5) - Assurance 5			
5.6 Do you require an assets test?	O Yes O No		
5.7 Do you have additional/differing eligibility			
Renters	• Yes O No		
Renters living in subsidized housing?	• Yes O No		
5.8 Do you give priority in eligibility to:			
Elderly?	• Yes O No		
Disabled?	• Yes O No		
Young Children?	• Yes O No		

# Section 5 - WEATHERIZATION ASSISTANCE

House holds with high energy burdens?	• Yes O No			
Other? Tribal Referals	⊙ <sub>Yes</sub> O <sub>No</sub>			
If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.				
Tribal Referrals are given priority by Weatherizatio	on grantees			
Benefit Levels				
5.9 Do you have a maximum LIHEAP weatheriz	ation benefit/expenditure per hou	sehold? O Yes 💿 No		
5.10 If yes, what is the maximum? \$0				
Types of Assitance, 2605(c)(1), (B) & (D)				
5.11 What LIHEAP weatherization measures do	you provide ? (Check all categori	es that apply.)		
Weatherization needs assessments/audits		Energy related roof repair		
Caulking and insulation		Major appliance Repairs		
Storm windows		Major appliance replacement		
Furnace/heating system modifications/ re	pairs	Windows/sliding glass doors		
<b>Furnace replacement</b>		Doors		
Cooling system modifications/ repairs		Water Heater		
Water conservation measures		Cooling system replacement		
Compact florescent light bulbs		Other - Describe:		
If any of the above questions requirattach a document with said explan		clarification that could not be made in the fields provided,		

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LOW INCOME HOME ENERGY ASSISTANCE	E PROGRAM(LIHEAP)
MODEL PLAN	
SF - 424 - MANDATORY	
Section 6: Outreach, 2605(b)(3) - Assurance	ee 3, 2605(c)(3)(A)
6.1 Select all outreach activities that you conduct that are designed to assure that eligible households	s are made aware of all LIHEAP assistance available:
Place posters/flyers in local and county social service offices, offices of aging, Social Security of	ffices, 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	ELIHEAP assistance.
Mass mailing(s) to prior-year LIHEAP recipients.	
Inform low income applicants of the availability of all types of LIHEAP assistance at applicati	on intake for other low-income programs.
Execute interagency agreements with other low-income program offices to perform outreach t	to target groups.
Other (specify):	
Allocate funds specifically for the purpose of outreach to households with elderly, disabled, rural poor, and	d/or young children.
An early application period will be utilized prior to the heating season. This process includes accepting ap Year from targeted households.	pplications during the summer for the following Federal Fiscal
Accept applications for energy assistance at sites geographically accessible to all households in the area to targeted households (contacting targeted persons or their representatives to ascertain convenient times and application sites, providing information on alternate sites to organizations/programs likely to reach targeted appointments, transportation, etc.).	places, contacting community leaders to locate and serve
Provide information directly or by selective mailing to targeted applicants, e.g., assistance to understand the for deaf, reading for blind.	ne application form, translation of material, interpretation services
Assist targeted applicants to gather needed documentation e.g., sorting documents, explaining what is need	ded.
Facilitate access to state weatherization programs targeted to LIHEAP eligible households and other energ intervention.	y-related services e.g., utility early identification and emergency
Counties and tribal agencies are required to provide outreach services to maximize participation of eligible is the responsibility of each county/tribe to provide application sites accessible to the eligible population in for targeted households. Outreach client benefits include: taking applications, certifying application inform	the county/tribe, with particular attention to overcoming barriers

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.

	EPARTMENT OF HEALTH AND HUMAN SERVICES VISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017
	LOW INCOME HOME ENERGY ASSISTANCE MODEL PLAN SF - 424 - MANDATORY	· · · ·
	Section 7: Coordination, 2605(b)(4) -	Assurance 4
7.1 Desc	ribe how you will ensure that the LIHEAP program is coordinated with other programs avail	ilable to low-income households (TANF, SSI, WAP, etc.).
>	Joint application for multiple programs	
<	Intake referrals to/from other programs	
K	One - stop intake centers	
K	Other - Describe:	
Housing with the	n administers LIHEAP, DOE, and Public Benefit weatherization programs through the same state and Community Resources (DEHCR). LIHEAP is coordinated at the state level with income main Department of Children and Families (DCF) and Department of Health Services (DHS). DCF ope the jobs and welfare to work program as well as other assistance programs. DHS operates Medica	ttenance programs through agreements and data collection/sharing prates the Temporary Assistance to Needy Families (TANF), W-2,
	g in FY2001, State of Wisconsin Public Benefits funds were used to make non-heating payments on sin Home Energy Assistance Program, WHEAP.	to eligible recipients. Public Benefit funds are fully integrated into
	tion between the state and local level is achieved by including representation from a variety of pri- for low-income persons on the Low Income Energy Advisory Committee (LIEAC).	vate and government agencies interested in energy services and/or
operated	vice providers are encouraged to coordinate their programs with each other, with utility-operated j within their service area. Local service providers are required to develop a local coordination plan eation agencies, fuel providers (utility and bulk fuels), and other local groups.	

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

U.S. DEPARTMENT OF HEALTH AND HUMAN S ADMINISTRATION FOR CHILDREN AND FAMILI		A		02/95,03/96,12/98,11/01 learance No.: 0970-0075 biration Date: 06/30/2017
	DME ENERGY AS Model SF - 424 - Ma	_ PLAN	ROGRAM(LIHEAP)	
Section 8: Agency Designation	n, 2605(b)(6) - A Commonwealth	•	· ·	tees and the
8.1 How would you categorize the primary responsibility	of your State agency?			
Administration Agency				
Commerce Agency				
Community Services Agency				
Energy / Environment Agency				
Housing Agency				
Welfare Agency				
Other - Describe:				
<sup>k</sup>				
Alternate Outreach and Intake, 2605(b)(15) - Assurance				
If you selected "Welfare Agency" in question 8.1, you mu		· · · ·	cable.	
8.2 How do you provide alternate outreach and intake for	" HEATING ASSISTANC	,Ε?		
Sub-grantees are required to provide alternate outreach and i	ntake sites other than the lo	ocal county/tribe office		
8.3 How do you provide alternate outreach and intake for	r COOLING ASSISTANC	CE?		
N/A				
8.4 How do you provide alternate outreach and intake for	r CRISIS ASSISTANCE?			
Sub-grantees are required to provide alternate outreach and i	ntake sites other than the lo	ocal county/tribe office.		
8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Local County Government	Non-Applicable	Local County Government	Local County Government
8.5b Who processes benefit payments to gas and electric vendors?	State Administration Agency	Non-Applicable	State Administration Agency	
8.5c who processes benefit payments to bulk fuel vendors?	State Administration Agency	Non-Applicable	State Administration Agency	
8.5d Who performs installation of weatherization measures?				Non-profits
If any of your LIHEAP components ar questions 8.6, 8.7, 8.8, and, if applicable	· · · · · · · · · · · · · · · · · · ·	Iministered by a	a state agency, you m	iust complete

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#### 8.6 What is your process for selecting local administering agencies?

State of Wisconsin Statute requires the contracts for administering the program be with Wisconsin counties. State of Wisconsin contracts with seven tribes: Bad River Tribe, Lac Courte Oreilles Band, Lac Du Flambeau Tribe, Mole Lake/Sokaogan Tribe, Oneida Tribe, Red Cliff Tribe and Stockbridge-Munsee Tribe. Counties and tribes may elect to subcontract any or all program functions.

Wisconsin follows Dept of Energy regulation 440.15 for selectingi weatherization subgrantees.

8.7 How many local administering agencies do you use? 79

8.8 Have you changed any local administering agencies in the last year? Ves No

8.9 If so	why?
	Agency was in noncompliance with grantee requirements for LIHEAP -
	Agency is under criminal investigation
	Added agency
	Agency closed
	Other - describe
	of the above questions require further explanation or clarification that could not be made in the fields provided, a document with said explanation here.

	T OF HEALTH AND HUMAN SERVICES I FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 04/30/2014
	LOW INCOME HOME ENERGY AS MODEL	
	Section 9: Energy Suppliers,	2605(b)(7) - Assurance 7
9.1 Do you make paym	ents directly to home energy suppliers?	
Heating	• Yes C No	
Cooling	C Yes 💿 No	
Crisis	⊙ Yes ONo	
Are there exceptions	? • Yes O No	
http://homeenergyplus.v 1. Heating, pleas 2. Crisis, please	iring policy references, please access the Wisconsin Home Energ <u>wi.gov/docview.asp?docid=25851&amp;locid</u> = 25 and access the follo se see sections 1.3.1, 7.1, 7.2, and 7.8.1 see sections 1.1.2, 4.2.1, 7.2, and 8.3.5.5 lease see sections 7.1, 7.3, and 7.4	
At the time the LIHEAF whom the payment was benefit summary docum processes all completed other payments are issue mails customer notificat	made. when applications are completed interactively, customer a tent that also provides the amount of benefits that will be paid to t applications. For those customers' whose payments are issued to ed the following Monday (3 business days later). In addition to the	ed and sent to the client, indicating the amount of the payment and the vendor to are informed at the conclusion of the interview and are immediately provided with a their energy provider. Additionally, each Wednesday, the Wisconsin system a Class A Utility, the payments are issues on Friday (2 business days later). All he payments being processed 2-3 business days later, the Wisconsin system also agreement of work to be performed.
	that the home energy supplier will charge the eligible househ mount of the payment?	old, in the normal billing process, the difference between the actual cost of the
fuel suppliers agree that normal billing process,	clients will be: treated equally with non-LIHEAP households, no the price charged will be the price normally charged non- LIHEA o discrimination will occur against eligible households with respec	ating assistance program and complete and sign a Vendor Agreement. To register, of be adversely affected, e.g., the eligible household will be charged in the supplier's P eligible households, invoices will clearly indicate the amount and cost of home ct to terms, deferred payment plans, credit, conditions of sales or discounts offered
In addition, a Vendor D	esktop Monitoring process is in place to conduct a review of LIH	EAP payments and fuel provided, in comparison to non-LIHEAP customers.
		addition to signing assurances guaranteeing that LIHEAP clients will be treated lors are required to provide information on costs and procedures for emergency fuel
Energy related home rep applicable material stand		on providers follow appropriate state or federal procurement guidelines and
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?
fuel suppliers agree that normal billing process,	clients will be: treated equally with non-LIHEAP households, no the price charged will be the price normally charged non- LIHEA o discrimination will occur against eligible households with respec	ating assistance program and to sign a completed Vendor Agreement. To register, to be adversely affected, e.g., the eligible household will be charged in the supplier's P eligible households, invoices will clearly indicate the amount and cost of home ct to terms, deferred payment plans, credit, conditions of sales or discounts offered
In addition, a Vendor D	esktop Monitoring process is in place to conduct a review of LIH	EAP payments and fuel provided, in comparison to non-LIHEAP customers.
		addition to signing assurances guaranteeing that LIHEAP clients will be treated lors are required to provide information on costs and procedures for emergency fuel

delivery.

Energy related home repair and weatherization purchases made by LIHEAP weatherization providers follow appropriate state or federal procurement guidelines and applicable material standards.

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.

Unregulated vendors are subject to the same program operation policies as regulated vendors. All vendors must register with the Wisconsin Home Energy Assistance Program (WHEAP) by submitting a complete and signed vendor agreement before any payments will be made to the vendor. The vendor access to the Home Energy Plus system is limited and does not allow vendors to enter information into the system. Vendor payments are Home Energy Plus system generated and based on approved applications. All WHEAP vendors must sign the standard vendor agreement after which they are placed on a registered vendor list.

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.

	TMENT OF HEALTH ATION FOR CHILDRE	AND HUMAN SERVICES EN AND FAMILIES	August 1987, revi	sed 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017			
	LOW IN		ASSISTANCE PROGRAM(L	IHEAP)			
	MODEL PLAN SF - 424 - MANDATORY						
		SF - 424 - N	IANDATORY				
	Sect	ion 10: Program, Fiscal Mo	onitoring, and Audit, 2605(b)	)(10)			
10.1. How do yo	ou ensure good fiscal acco	ounting and tracking of LIHEAP funds?					
		counting system with security functions suc rack expenses by budget area and roll up for	th as multiple approval levels, separation of d	uty and controlling budgets. LIHEAP			
	could accounting coulds that it	ack expenses by budget area and for up to	r over-an grant review.				
Audit Process							
10.2. Is your LI	HEAP program audited	annually under the Single Audit Act and	I OMB Circular A - 133?				
			rtable condition cited in the A-133 audits, (				
inspector gener	al reviews, or other gove	rnment agency reviews of the LIHEAP a	gency from the most recently audited fisca	l year.			
No Findings 🔽	]						
Finding	Туре	Brief Summary	Resolved?	Action Taken			
1							
	Local Administering Age						
What types of a Select all that a		ts do you have in place for local adminste	ering agencies/district offices?				
🗹 Local	agencies/district offices a	are required to have an annual audit in c	ompliance with Single Audit Act and OME	Circular A-133			
Local	agencies/district offices a	<ul> <li>Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133</li> <li>Local agencies/district offices are required to have an annual audit (other than A-133)</li> </ul>					
🗹 Local							
Grantee conducts fiscal and program monitoring of local agencies/district offices							
Grant		A-133 or other independent audits are re	eviewed by Grantee as part of compliance	process.			
	ee conducts fiscal and pr	A-133 or other independent audits are re	eviewed by Grantee as part of compliance	process.			
Compliance Mo	ee conducts fiscal and pr onitoring	A-133 or other independent audits are ro rogram monitoring of local agencies/distr	eviewed by Grantee as part of compliance				
Compliance Mo	ee conducts fiscal and pr mitoring he Grantee's strategies fo	A-133 or other independent audits are ro rogram monitoring of local agencies/distr	eviewed by Grantee as part of compliance j				
Compliance Mo 10.5. Describe t Grantee employ	ee conducts fiscal and pr mitoring he Grantee's strategies fo	A-133 or other independent audits are ro rogram monitoring of local agencies/distr	eviewed by Grantee as part of compliance j				
Compliance Mo 10.5. Describe t Grantee employ	ee conducts fiscal and pr onitoring he Grantee's strategies fo /ees:	A-133 or other independent audits are ro rogram monitoring of local agencies/distr	eviewed by Grantee as part of compliance j				
Compliance Mo 10.5. Describe t Grantee employ Interr Depar	ee conducts fiscal and pr onitoring he Grantee's strategies fo vees: al program review	A-133 or other independent audits are ro rogram monitoring of local agencies/distr or monitoring compliance with the Grant	eviewed by Grantee as part of compliance j				
Compliance Mo 10.5. Describe t Grantee employ Interr Depar	ee conducts fiscal and pr onitoring he Grantee's strategies fo rees: hal program review rtmental oversight dary review of invoices a	A-133 or other independent audits are ro rogram monitoring of local agencies/distr or monitoring compliance with the Grant	eviewed by Grantee as part of compliance j				
Compliance Mo 10.5. Describe t Grantee employ Interr Depar Secon Other The St grante The D	ee conducts fiscal and pronitoring he Grantee's strategies for rees: hal program review truental oversight dary review of invoices a program review mechan ate of Wisconsin, Departn es via onsite Administrative Rev	A-133 or other independent audits are re- rogram monitoring of local agencies/distr for monitoring compliance with the Grant and payments nisms are in place. Describe: nent of Administration, Division of Energy, ve Reviews as well as Desktop Monitoring.	eviewed by Grantee as part of compliance prict offices tee's and Federal LIHEAP policies and pro , Housing & Community Resources (DEHCE et compliance, program operations, program i	ecedures: Select all that apply			
Compliance Mo 10.5. Describe t Grantee employ Interr Depar Secon Other The St grante The D applica	ee conducts fiscal and pronitoring he Grantee's strategies for rees: hal program review truental oversight dary review of invoices a program review mechan ate of Wisconsin, Departn es via onsite Administrative Rev	A-133 or other independent audits are re- rogram monitoring of local agencies/distr for monitoring compliance with the Grant or monitoring compliance with the Grant and payments nisms are in place. Describe: nent of Administration, Division of Energy, ve Reviews as well as Desktop Monitoring. view process covers areas related to contrac able information, quality assurance, reportin	eviewed by Grantee as part of compliance prict offices tee's and Federal LIHEAP policies and pro , Housing & Community Resources (DEHCE et compliance, program operations, program i	ecedures: Select all that apply			

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

On - site evaluation

Annual program review

Monitoring through central database

Desk reviews

Client File Testing / Sampling

#### Other program review mechanisms are in place. Describe:

• DEHCR Contracts with 72 local county and seven tribal agencies to administer WHEAP. The seven tribal agencies are: Bad River Tribe, Lac Courte Oreilles Band, Lac Du Flambeau Tribe, Mole Lake/Sokaogan Tribe, Oneida Tribe, Red Cliff Tribe and Stockbridge-Munsee Tribe. Agencies are on a 3-4 year on-site review schedule.

- Agencies not scheduled for an on-site review will be reviewed via Desktop Monitoring.
- Ongoing Desktop Monitoring includes, but is not limited to, the following areas: production activity, outreach activity, accuracy of eligibility determination, client
  complaint trends, current system access and user security, and overall worker documentation. When discrepancies are discovered, the local agencies are contacted
  to review and, when warranted, correct the problems. Many of these inquiries are conducted before benefits are issued to applicants, and questioned cases are set
  aside from payment until the problem is corrected.
- As of FFY 2016 local county and tribal agencies are required to conduct internal quality assurance reviews to ensure that agencies are correctly interpreting and applying WHEAP program requirements, policies and eligibility determination.

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

Agencies receive an on-site review every 3-4 years. Prior to each program year, DEHCR will develop a provisional list of agencies identified for an on-site review. Desk compliance monitoring results along with other agency performance indicators are considered when developing the list. Agencies not identified for an on-site review will receive a Desk Top Monitoring. This results in each agency's annual participation in either a full or abbreviated compliance review.

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

Site Visits:

Site Visits: Prior to each program year, DEHCR will develop a provisional list of agencies identified for an On-Site Review. When developing this list, DEHCR will consider Desktop Review results along with other agency performance indicators. While DEHCR maintains a cyclical schedule for all agencies, the factors described above may affect the frequency of agency reviews. Agencies are put on a 3-4 year review schedule unless the results of a Desktop Monitoring review or other associated factors warrant an earlier onsite review.

Desk Reviews: All agencies not scheduled for an on-site review are scheduled for a Desktop Monitoring review.

#### **Desk Reviews:**

All agencies not scheduled for an on-site review are scheduled for a Desktop Monitoring review.

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

DEHCR contracts with 72 county and seven tribal agencies to administer WHEAP. The seven tribal agencies are: Bad River Tribe, Lac Courte Oreilles Band, Lac Du Flambeau Tribe, Mole Lake/Sokaogan Tribe, Oneida Tribe, Red Cliff Tribe and Stockbridge-Munsee Tribe. Agencies are scheduled on a 3-4 year cycle for Administrative Reviews and those not scheduled in a year are monitored via Desktop Monitoring.

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

All case files reviewed in the FFY 2016 Administrative Reviews and Desktop Monitorings identified a cumulative error rate of 2% where the error resulted in a household being wrongly determined as eligible or being wrongly determined as ineligible.

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

All case files reviewed in the FFY 2016 Administrative Reviews and Desktop Monitoring Reviews identified a cumulative error rate of 3%.

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)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVIC ADMINISTRATION FOR CHILDREN AND FAMILIES	J.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES		
LOW INCOME HOME E	ENERGY ASSISTANCE MODEL PLAN F - 424 - MANDATORY		
Section 11: Timely and Mean	ingful Public Participati	on, 2605(b)(12), 2605(C)(2)	
11.1 How did you obtain input from the public in the developmen Select all that apply.	nt of your LIHEAP plan?		
Tribal Council meeting(s)			
Public Hearing(s)			
Draft Plan posted to website and available for commen	t		
Hard copy of plan is available for public view and com	nent		
Comments from applicants are recorded			
Request for comments on draft Plan is advertised			
Stakeholder consultation meeting(s)			
Comments are solicited during outreach activities			
Other - Describe:			
11.2 What changes did you make to your LIHEAP plan as a resu	lt of this participation?		
Public Hearings, 2605(a)(2) - For States and the Commonwealth	of Puerto Rico Only		
11.3 List the date and location(s) that you held public hearing(s)	on the proposed use and distribution	n of your LIHEAP funds?	
	Date	Event Description	
1	8/9/2016	Public Hearing held at the Department of Administration 101 E Wilson Street, Madison, WI	
11.4. How many parties commented on your plan at the hearing(	s)? 0		
11.5 Summarize the comments you received at the hearing(s).			
N/A			
11.6 What changes did you make to your LIHEAP plan as a resu	lt of the comments received at the p	ublic hearing(s)?	
N/A			
If any of the above questions require further ex attach a document with said explanation here.	planation or clarification t	hat could not be made in the fields provided,	

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017	
LOW INCOME HOME ENERGY ASSISTANC MODEL PLAN	CE PROGRAM(LIHEAP)	
SF - 424 - MANDATOR	RY	
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? 84		
<b>12.2</b> How many of those fair hearings resulted in the initial decision being reversed? 2		
12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result	t of fair hearings?	
N/A		
12.4 Describe your fair hearing procedures for households whose applications are denied.		
When the Division of Hearings and Appeals (DHA) receives an appeal request, an email with a copy of form and a Request Withdrawal form is sent to the county/tribe agency contact. (This is sent to one sour appropriate subgrantee). The local county/tribe agency submits the electronically completed form to D	rce at the local agency who is responsible for forwarding this to the	
f the local county/tribe agency is able to resolve the issue with the petitioner, the agency will indicate that the issue was resolved and explain the action taken in the Explanation of Action section of the Summary form and advise the applicant to withdraw the appeal.		
f the matter has not been resolved between the agency and petitioner, DHA will use the information provided in the summary to schedule the hearing.		
DHA sends letter to the applicant notifying them of receipt of the appeal, a letter when the hearing date is sent, and a letter with outcome results.		
12.5 When and how are applicants informed of these rights?		
Applicants are provided these rights upon application through signing a Certification Page (http://homeenergyplus.wi.gov/category.asp?linkcatid=566&linkid=122&locid=25). They are also provi	ided the information on their Benefit Notice.	
12.6 Describe your fair hearing procedures for households whose applications are not acted on in a ti	mely manner.	
All appeal requests are handled in the same manner regardless of the reason.		
12.7 When and how are applicants informed of these rights?		
Applicants are provided these rights upon application through signing a Certification Page. They are also	o provided the information on their Benefit Notice.	
DHA sends letter to the applicant notifying them of receipt of the appeal, a letter when the hearing date	is sent, and a letter with outcome results.	
If any of the above questions require further explanation or clarification attach a document with said explanation here.	n that could not be made in the fields provided,	

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017
LOW INCOME HOME ENERGY ASSISTAN MODEL PLAN SF - 424 - MANDATO	
Section 13: Reduction of home energy needs, 2	2605(b)(16) - Assurance 16
13.1 Describe how you use LIHEAP funds to provide services that encourage and enable househo energy assistance?	olds to reduce their home energy needs and thereby the need for
The State of Wisconsin may, through contract with local LIHEAP providers and/or under contract with arrangements with other service providers, engage in the following activities:	n the Wisconsin Community Action Program and/or through
Budget counseling, energy conservation training, co-payment agreements, advocacy with fuel supplier	s, household energy assessments and referrals.
Support for services provided by leveraged funds. These services will include those provided under reg toward co-payments, etc.	gular crisis assistance, but only when non-federal funds are used
Intensive case management targeted to households selected from those as "high heating costs compared	d to household income" and "high heating costs for dwelling type".
Educational classes may be offered though third party contract agencies, utilities, state staff, or other q	ualified individuals.
13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activi	ities?
Wisconsin does not utilize funds under assurance 16. The State of Wisconsin conducts similar activities of the program.	es that are reported via the Outreach and Crisis Assistance components
13.3 Describe the impact of such activities on the number of households served in the previous Fo	ederal fiscal year.
N/A	
13.4 Describe the level of direct benefitsprovided to those households in the previous Federal fisca	al year.
N/A	
13.5 How many households applied for these services? N/A	
13.6 How many households received these services? N/A	
If any of the above questions require further explanation or clarification attach a document with said explanation here.	on that could not be made in the fields provided,

	DEPARTMENT OF HEALTH AND HUMAN SERVICES INISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 06/30/2			
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY				
Section 14:Leveraging Incentive Program, 2607(A)				
	14.1 Do you plan to submit an application for the leveraging incentive program?			
14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.				
14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96.87(d)(2)(iii), describe the following:				
Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?	
1				
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 14 - Leveraging Incentive Program ,2607A

Section	15 -	Training
Dection	10	

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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: 06/30/2017
LOW INCOME HOME ENERGY ASSISTANO MODEL PLAN SF - 424 - MANDATOR	CE PROGRAM(LIHEAP)
Section 15: Training	
15.1 Describe the training you provide for each of the following groups:	
a. Grantee Staff:	
Formal training on grantee policies and procedures	
How often?	
Annually	
Biannually	
As needed	
Other - Describe:	
Employees are provided with policy manual	
<b>Other-Describe:</b> New employees are provided with an orientation packet that includes policy and program related inform	nation.
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: Training is provided via help desk and desktop monitoring on a d Reviews which occur roughly every other year.	laily basis. Training is also provided via onsite Administrative
Employees are provided with policy manual	
Online training modules are available for viewing throughout the course of the program year.	
c. Vendors	
Formal training conference	
How often?	
Annually	
Biannually	
As needed	

1

	Other - Describe:
🔽 Poli	cies communicated through vendor agreements
Poli	cies are outlined in a vendor manual
	er - Describe: ovided via help desk activities and informational transmittals emailed to our vendors.
15.2 Does you Yes	ur training program address fraud reporting and prevention?
If any of	the above questions require further explanation or clarification that could not be made in the fields provided,

attach a document with said explanation here.

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

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

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

### 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.

The State of Wisconsin has implemented the required LIHEAP Performance Measures into our web based application intake system, as well as the paper application process. Every applicant will provide a response to the performance measures questions and that information will be retained and made available for reporting purposes. When the Performance Measurement data elements/form was finalized, Wisconsin was in the midst of a system rewrite. Wisconsin is well poised to report all required data elements and will be able to do so by the January 2017 deadline.

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES						
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 available to	to the public for reporting cases of suspecte	ed waste, fraud, and abuse. Select all that a	apply.			
Online Fraud Reporting						
Dedicated Fraud Reporting	g Hotline					
Report directly to local age	ency/district office or Grantee office					
Report to State Inspector G	General or Attorney General					
	place for local agencies/district offices and	vendors to report fraud, waste, and abuse				
Other - Describe:           WHEAP approved vendors provide referred	rrals for cases to review as well.					
b. Describe strategies in place for adver	ertising the above-referenced resources. Se	lect all that apply				
Printed outreach materials	S					
Addressed on LIHEAP app	plication					
Website						
Other - Describe:						
17.2 Houtification Decomposite tion Dec	ta					
17.2. Identification Documentation Rec	equirements					
a. Indicate which of the following form	ns of identification are required or request	ed to be collected from LIHEAP applican	ts or their household members.			
		Collected from Whom?				
Type of Identification Collected	Applicant Only	All Adults in Household	All Household Members			
Social Security Card is photocopied and retained	Required	Required	Required			
	Requested	Requested	Requested			
Social Security Number (Without actual Card)	Required	Required	Required			
	Requested	Requested	Requested			
Government-issued identification card	Required	Required	Required			
(i.e.: driver's license, state ID, Tribal ID, passport, etc.)	Requested	Requested	Requested			

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1							
	escribe any exceptions to the above poli following are Social Security Number exc Infants under 60 days old Religiously exempt from Social Sec	ceptions:	-	•	*	*	-
	<ul><li>Ineligible non-citizens</li><li>Household members over 60 days o</li></ul>	ld with Division appro	val				
17.3	Identification Verification						
	cribe what methods are used to verify t	he authenticity of ide	ntification documer	ts provided by clier	nts or household mem	bers. Select all that	apply
	verný borto with boenn becuritý ri	dministration					
~		m Social Security Ad	ministration or state	e agency			
<b>~</b>	Match SSNs with state eligibility/ca	se management system	m (e.g., SNAP, TAN	(F)			
	Match with state Department of La	bor system					
	Match with state and/or federal cor	rections system					
	Match with state child support syste	em					
	Verification using private software	(e.g., The Work Num	ber)				
	In-person certification by staff (for	tribal grantees only)					
	Match SSN/Tribal ID number with	tribal database or en	rollment records (fo	or tribal grantees on	dy)		
	Other - Describe:						
17.4	. Citizenship/Legal Residency Verificat	tion					
Wh	at are your procedures for ensuring tha	at household member	s are U.S. citizens o	r aliens who are qua	alified to receive LIHE	AP benefits? Select	all that apply.
	Clients sign an attestation of citize	nship or legal residen	cy				
	Client's submission of Social Secu	rity cards is accepted	as proof of legal res	idency			
-	Noncitizens must provide docume	ntation of immigratio	n status				
	Citizens must provide a copy of their birth certificate, naturalization papers, or passport						
	Noncitizens are verified through the	he SAVE system					
	Tribal members are verified throu	gh Tribal enrollment	records/Tribal ID	card			
	Other - Describe:						
	5. Income Verification						
	at methods does your agency utilize to	verify household inco	me? Select all that a	pply.			
		or all adult household	l members				
	Pay stubs						
	Social Security award letters	8					
	Bank statements						
	Tax statements						
	Zero-income statements						
	Unemployment Insurance le	tters					
Cour	• Other - Describe: ty agencies and tribes have access to ver	ify through Departmen	t of Health Services	eligibility/manageme	ent system (CARES).		

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
V Other - Describe:
County agencies and tribes have access to verify through other State Departments eligibility/management system, unemployment benefits, social security income, and utilize state directory of new hires.
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:
Grantees are required to agree to an online confidentiality agreement within the State's Home Energy Plus system. Grantees that don't have access to the State's Home Energy Plus database are required to fill out written confidentiality agreements and retain them in a secure location.
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
What policies are in place for verifying vendor authenticity? Select all that apply.         Image: All vendors must register with the State/Tribe.
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What policies are in place for verifying vendor authenticity? Select all that apply.         Image: All vendors must register with the State/Tribe.         Image: All vendors must supply a valid SSN or TIN/W-9 form         Image: Vendors are verified through energy bills provided by the household         Grantee and/or local agencies/district offices perform physical monitoring of vendors         Image: Vendors are verified through energy bills provided by the household         Grantee and/or local agencies/district offices perform physical monitoring of vendors         Image: Vendors are verified through energy bills provided by the household         Grantee and/or local agencies/district offices perform physical monitoring of vendors         Image: Vendors are verified through energy bills provided program vendors         Image: Vendors are verified through energy bills provide program vendors         Image: Vendors 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         Image: Vendors are verifies:         Image: Vendors are vendors         Image: Vendo
What policies are in place for verifying vendor authenticity? Select all that apply.         Image: All vendors must register with the State/Tribe.         Image: All vendors must supply a valid SSN or TIN/W-9 form         Image: Vendors are verified through energy bills provided by the household         Grantee and/or local agencies/district offices perform physical monitoring of vendors         Image: Vendors are verified through energy bills provided by the household         Grantee and/or local agencies/district offices perform physical monitoring of vendors         Image: Vendors are verified through energy bills provided by the household         Grantee and/or local agencies/district offices perform physical monitoring of vendors         Image: Vendors are verified through energy bills provided by the household         Grantee and/or local agencies/district offices perform physical monitoring of vendors         Image: Vendors are verified through energy bills provided by the household         Grantee and/or local agencies/district offices perform physical monitoring of vendors         Image: Vendors and Placetric 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 must submit current utility bill         Image: Vendors and electric utilities that verifies:         Image: Vendors and electric utilities that verifies:         Image: Vendors and electric utilities that verifies: </td
What policies are in place for verifying vendor authenticity? Select all that apply.         Image: All vendors must register with the State/Tribe.         Image: All vendors must supply a valid SSN or TIN/W-9 form         Image: Vendors are verified through energy bills provided by the household         Grantee and/or local agencies/district offices perform physical monitoring of vendors         Image: Vendors are verified through energy bills provided by the household         Grantee and/or local agencies/district offices perform physical monitoring of vendors         Image: Vendors and Electric Utilities         Image: Vendors 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         Image: Vendor account ownership         Image: Consumption         Image: Payment history         Account is properly credited with benefit         Image: Vendor Payment history         Account is properly credited with benefit         Image: Vendor Payment history

Centralized computer system automatically generates benefit level
Separation of duties between intake and payment approval
Payments coordinated among other energy assistance programs to avoid duplication of payments
Payments to utilities and invoices from utilities are reviewed for accuracy
Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
Direct payment to households are made in limited cases only
Procedures are in place to require prompt refunds from utilities in cases of account closure
Vendor agreements specify requirements selected above, and provide enforcement mechanism
✓ Other - Describe:
The State of Wisconsin is in the process of conducting program vendor monitoring in which a review of payments is conducted.
17.9. Benefits Policy - Bulk Fuel Vendors
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
Vendors are checked against an approved vendors list
Centralized computer system/database is used to track payments to all vendors
Clients are relied on for reports of non-delivery or partial delivery
Two-party checks are issued naming client and vendor
Direct payment to households are made in limited cases only
Vendors are only paid once they provide a delivery receipt signed by the client
Conduct monitoring of bulk fuel vendors
Bulk fuel vendors are required to submit reports to the Grantee
Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
17.10. Investigations and Prosecutions
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
Refer to state Inspector General
Refer to local prosecutor or state Attorney General
Refer to US DHHS Inspector General (including referral to OIG hotline)
Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
Grantee attempts collection of improper payments. If so, describe the recoupment process
The Home Energy Plus System (Intake System) contains mechanisms for recording and collecting, and issuing communication of improper payments.
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)

101 E Wilson Street. <u>* Address Line 1</u>			
Address Line 2			
Address Line 3			
Madison <u>* City</u>	wi <u>* State</u>	<sup>53703</sup> <u>* Zip Code</u>	
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

(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).