DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance Grantee Name: West Virginia Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 2 Report Period: 10/01/2022 to 09/30/2023 Report Status: Saved (Revision #2)

Report Sections

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- 2. Section 1 Program Components
- 3. Section 2 HEATING ASSISTANCE
- 4. Section 3 COOLING ASSISTANCE
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- 6. Section 5 WEATHERIZATION ASSISTANCE
- 7. Section 6 Outreach, 2605(b)(3) Assurance 3, 2605(c)(3)(A)
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- 10. Section 9 Energy Suppliers, 2605(b)(7) Assurance 7
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- 20. Section 19: Certification Regarding Drug-Free Workplace Requirements
- 21. Section 20: Certification Regarding Lobbying
- 22. Assurances
- 23. Plan Attachments

Mandatory Gra	ant Applic	ation SF-424
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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								
* 1.a. Type of Submission: Plan		* 1.b. Frequency: Annual		Plan/Fu Explan	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:		 Initial Resubmission Revision Update 		
							Received:		State Use Only:
							icant Identifie		5 Data Dessived Dy States
							eral Entity Ide		5. Date Received By State: 6. State Application Identifier:
7. APPLICAN	T INFO	ORMATION				<u> </u>			
		/ Department of	f Health	and Human Re	sources				
0		yer Identificat				* c. Org	ganizational D	OUNS: 92	8403682
* d. Address:						<u></u>			
* Street 1:		ONE DAVIS	SQUA	RE, SUITE 100	E	Stre	et 2:		
* City:		CHARLEST	ON			Cou	nty:		
* State:		WV				Prov	ince:		
* Country:	:	United States				* Zip / Postal Code: 25301 -			
e. Organizatio		t:				W			
Department M WV Departm		lealth and Huma	an Reso	urces			n Name: on of Family A	ssistance	
	r	nformation of	person	to be contacted	07		his application		
Prefix:	Terri	Name:			Middle Name R				Last Name: /ickers
Suffix:		h and Human R LIEAP Coordii		Specialist	Organization West Virgini		tion: nent of Health	and Humar	n Resources
* Telephone Number: (304)352- 4431	Fax Ni 304-5	umber 58-2059			* Email: terri.r.vicker	s@wv.go	v		
* 8a. TYPE O A: State Gover		LICANT:			ų.				
b. Addition	al Desci	ription:							
* 9. Name of I	Federal	Agency:							
					f Federal Dome tance Number:	Federal Domestic (CFDA Title:	
10. CFDA Num	bers and	l Titles		93.568			Low-Income	Home Energ	gy Assistance Program
11. Descriptiv	e Title o	of Applicant's l	Project						
	12. Areas Affected by Funding: Weatherization and LIHEAP								
13. CONGRE	SSION	AL DISTRICT	S OF:			10			
* a. Applicant 2	t					b. Prog Statew	ram/Project: ide		
Attach an additional list of Program/Project Congressional Districts if needed.									

14. FUNDING PERIOD:		15. ESTIMATED FU	UNDING:						
	b. End Date: 09/30/2023		* a. Federal (\$): \$0	b. Match (\$): \$0					
* 16. IS SUBMISSION SUBJECT TO	* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?								
a. This submission was made avai	lable to the State under the Executiv	ve Order 12372							
Process for Review on :									
b. Program is subject to E.O. 1237	72 but has not been selected by State	for review.							
c. Program is not covered by E.O.	. 12372.								
* 17. Is The Applicant Delinquent On O YES O NO									
Explanation:									
complete and accurate to the best of accept an award. I am aware that an	18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)								
** The list of certifications and assur specific instructions.	** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.								
18a. Typed or Printed Name and Tit	le of Authorized Certifying Official	18c. Tel	ephone (area code, num	ber and extension)					
	18d. Email Address								
18b. Signature of Authorized Certifying Official 18e. Date Report Submitted (Month, Day, Year)									
Attach supporting documents as specified in agency instructions.									

	S. DEPARTMENT OF HEALTH AND HUMAN SERVICES August 1987, I		e No.: 0970-0075				
	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)						
	MODEL PLAN SF - 424 - MANDATORY						
Adr Offi	artment of Health and Human Services ninistration for Children and Families ce of Community Services shington, DC 20201						
OM	ust 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 B Approval No. 0970-0075 iration Date: 12/31/2023						
requ file time cone	E PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)Use of this model plan is optional tired in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in yes an abbreviated plan. Public reporting burden for this collection of information is estimated to av- e for reviewing instructions, gathering and maintaining the data needed, and reviewing the collect duct or sponsor, and a person is not required to respond to, a collection of information unless it d aber.	ars in which the grante erage 1 hour per respo tion of information. An	e is not permitted to nse, including the agency may not				
	Section 1 Program Components						
Pro	gram Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)						
(No	Check which components you will operate under the LIHEAP program. te: You must provide information for each component designated here as requested elsewhere in plan.)		Operation				
		Start Date	End Date				
Y	Heating assistance	10/01/2022	03/31/2023				
Y	Cooling assistance	10/01/2022	09/30/2023				
Y	Crisis assistance	10/01/2022	09/30/2023				
Y	Weatherization assistance	10/01/2022	09/30/2023				
Pro	vide further explanation for the dates of operation, if necessary						
	If funding permits, crisis assistance, which includes the Emergency Repair and Replacemen The Agency will primarily use funds for heating assistance and crisis assistance; if there are funds r offered.						
Provide cooling services in parallel with heating throughout the period of performance for the fiscal program year to improve efficient of services to the client while the contractor or agency is there to do a repair or replacement. If the cooling system is not working then it can be resolved at that time without a gap in services. The heat index throughout the state during peak months warrants this due to impact on peoples wellbeing. The level of funding for the program would also cover any demand and should not prohibit it.							
Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16							
	.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages Percentage (%) nust add up to 100%.						
	Heating assistance 58.0						
Cooling assistance							
С	risis assistance		5.00%				
W	/eatherization assistance		15.00%				
C	arryover to the following federal fiscal year		7.00%				
A	dministrative and planning costs		7.00%				
S	ervices to reduce home energy needs including needs assessment (Assurance 16)	Services to reduce home energy needs including needs assessment (Assurance 16)					

Use	ed to develop ar	nd implement leveraging activities								0.00%
тота	L									100.00%
Alter	nate Use of C	risis Assistance Funds, 2605(c)(1	l)(C)							
1.3 T	he funds reser	rved for winter crisis assistance	that ha	ive not been expe	ended	by March 15 will	be r	eprogrammed to:		
>	11	eating assistance	1	 Image: A start of the start of	11	ling assistance				
~	w	eatherization assistance		 Image: A start of the start of	Oth	er (specify:) Emer	rgenc	y Repair and Repla	acem	ent
								-	_	
Categ	gorical Eligibi	ility, 2605(b)(2)(A) - Assurance 2	2, 2605	(c)(1)(A), 2605(b)(8A)	- Assurance 8			_	
1.4 D colun	o you consider nn below? 💽	r households categorically eligib Yes ONo	le if on	e household mer	mber	receives one of the	e foll	owing categories o	of be	nefits in the left
If you	ı answered "Y	Yes'' to question 1.4, you must co	omplet	e the table below	r and a	answer questions	1.5 a	nd 1.6.		
				Heating		Cooling		Crisis		Weatherization
TANF	,		\odot	Yes ONo	\odot	Yes ONo	\odot	Yes ONo		Yes ONo
SSI			\odot	Yes ONo	\odot	Yes ONo	\odot	Yes ONo	О	Yes ONo
SNAP	,		\odot	Yes ONo	$\overline{\mathbf{O}}$	Yes ONo	\odot	Yes 🔘 No	С	Yes ONO
Means	s-tested Veterar	ns Programs	C	Yes ONo	С	Yes 💿 No	\circ	Yes 🖸 No	С	Yes ONo
		Program Name		Heating		Cooling		Crisis		Weatherization
Other	(Specify) 1			O Yes O No)	O Yes O No		O _{Yes} O _{No}		O Yes O No
15 D	o vou automa	tically enroll households withou	t a dire	ect annual applic	ration					
	s, explain:	Intellity childh industrials interest		Ct annuar spp		· · · · · · · · · · · · · · · · · · ·				
	P Nominal Pay									
		te LIHEAP funds toward a nom								
		Yes" to question 1.7a, you must prime Againtee and the second second	provide	e a response to qu	uestio	ns 1.7b, 1.7c, and	1.7d			
		ominal Assistance: \$0.00								
1./01	Frequency of A Once Per Yes									
	Oncerterite	ar								
	Once every fi	ive years								
	Other - Desc	ribe:								
1.7d 1	How do you ce	onfirm that the household receiv	ving a r	iominal paymen	t has a	an energy cost or 1	need	?		
Deter	rmination of F	Eligibility - Countable Income								
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?										
Gross Income										
	Net Income									
1.9. S	elect all the a	pplicable forms of countable inc	ome us	ed to determine	a hou	sehold's income e	ligib	ility for LIHEAP	_	
<	Wages						_		_	
K	Self - Employ	yment Income								
Contract Income										

>	Payments from mortgage or Sales Contracts
>	Unemployment insurance
 	Strike Pay
	Social Security Administration (SSA) benefits
	Including MediCare deduction Excluding MediCare deduction
	Supplemental Security Income (SSI)
>	Retirement / pension benefits
	General Assistance benefits
	Temporary Assistance for Needy Families (TANF) benefits
	Supplemental Nutrition Assistance Program (SNAP) benefits
	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
	Loans that need to be repaid
	Cash gifts
>	Savings account balance
>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
 	Jury duty compensation
 	Rental income
	Income from employment through Workforce Investment Act (WIA)
	Income from work study programs
 	Alimony
>	Child support
>	Interest, dividends, or royalties
>	Commissions
>	Legal settlements
>	Insurance payments made directly to the insured
	Insurance payments made specifically for the repayment of a bill, debt, or estimate
	Veterans Administration (VA) benefits
	Earned income of a child under the age of 18
	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
	Income tax refunds

	Stipends from senior companion programs, such as VISTA					
Y	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					
	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

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

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

Section 2 - Heating Assistance

Eligibility, 2605(b)(2) - Assurance 2									
2.1 Designate the	2.1 Designate the income eligibility threshold used for the heating component:								
Add	Household size		Eligibility Guideline	Eligibility Threshold					
1	All Household Sizes		State Median Income	60.00%					
2.2 Do you have HEATING ASS	additional eligibility requirements for ITANCE?	• Yes	C No						
2.3 Check the ap	ppropriate boxes below and describe the	policies for	each.						
Do you require a	an Assets test ?	C Yes	€ No						
Do you have add	litional/differing eligibility policies for:								
Renters?			€ No						
Renters Living in subsidized housing ?			⊙ No						
Renters wi	ith utilities included in the rent ?	• Yes	O _{No}						
Do you give prio	ority in eligibility to:								
Elderly?		• Yes	O _{No}						
Disabled?			• Yes O _{No}						
Young children?			⊙ _{Yes} O _{No}						
Households with high energy burdens ?			• Yes O No						
Other?		C Yes	C _{No}						

Explanations of policies for each "yes" checked above:

Assistance groups that have utilities included in the rent, but are not billed separately for heating costs must be evaluated for LIHEAP eligibility. If a client applies for LIHEAP and indicates that their utility are included in their rent, the worker will request verification of those said utilities. This can be done via phone call, rent receipt, lease or contract. We also want to give priority to households that have someone in the household that is elderly, disabled, or there is a young child in the home that is age five or younger as these are the most vulnerable to the cooler temperature in the winter and the hotter temperature in the summer. We also want to give priority to those that have higher energy burdens as they may not have the extra money to pay for the higher heating bills.

High Energy Burden is defined by the total amount spent on the primary heating source is greater than 20% of the households income.

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.

Those that received LIHEAP last year that have someone that is aged, disable or a child in the home age five or under will be sent an application at an earlier time than those that did not receive LIHEAP benefit last year, thus giving these individuals/household a longer time to turn these application in.

2.5 Check the variables you use to determine your benefit levels. (Check all that apply):	
Income	
Family (household) size	
W Home energy cost or need:	
Fuel type	
Climate/region	
Individual bill	

	Dwelling type							
>	Energy burden (% of income spent on home energy)							
>	Energy need							
	Other - Describe:							
	High Energy Burden is defined as the total amount spent on the primary heating source is greater than 20% of the households income.							
Benefit Le	Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)							
2.6 Descril	pe estimated benefit levels for t	he fiscal year for which this pla	n applies					
	Minimum Benefit \$430 Maximum Benefit \$709							
2.7 Do you	provide in-kind (e.g., blankets	, space heaters) and/or other fo	rms of benefits? O Yes O No					
If yes, describe.								
	If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.							

U.S. DEPARTMENT OF HEALTH AND HUMAN S	SERVICE		5/92,02/95,03/96,12/98,11/01				
ADMINISTRATION FOR CHILDREN AND FAMILIES OMB Clearance No.: 0970- Expiration Date: 12/31/							
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY							
Sectio	on 3 - (Cooling Assistance					
Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2							
3.1 Designate The income eligibility threshold used for the	e Cooling o	component:					
Add Household size		Eligibility Guideline	Eligibility Threshold				
1 All Household Sizes		State Median Income	60.00%				
3.2 Do you have additional eligibility requirements for COOLING ASSITANCE?	O Yes	⊙ No					
3.3 Check the appropriate boxes below and describe the p	olicies for	each.					
Do you require an Assets test ?	C Yes	• No					
Do you have additional/differing eligibility policies for:							
Renters?	O Yes	• No					
Renters Living in subsidized housing ?	C Yes	⊙ No					
Renters with utilities included in the rent ?	🖸 Yes	O No					
Do you give priority in eligibility to:							
Elderly?	• Yes	ONo					
Disabled?	• Yes	ONO					
Young children?	• Yes	ONo					
Households with high energy burdens ?	• Yes						
Other?	O Yes						
	105						
Explanations of policies for each "yes" checked above: Those clients that have someone that is aged, disabled or a child age five or younger in the household will be given priority to apply before the application period is open to individuals/households without these needs. If a client reports that the utility used for cooling is included in the rent costs, the applicant must provide verification that he/she is responsible for paying this additional cost and also meets other eligibility criteria.							
3.4 Describe how you prioritize the provision of cooling as	ssistance to	ovulnerable populations,e.g., benefit amounts	s, early application periods, etc.				
There will be an early application period to the age five or younger.	ose househ	olds that have someone in the household that is	aged, disabled or a child that is				
Determination of Benefits 2605(b)(5) - Assurance 5, 2605(
3.5 Check the variables you use to determine your benefit	i levels. (Cl	heck all that apply):					
Income							
Family (household) size							
Home energy cost or need:							
Fuel type							
Climate/region							
Individual bill							
Dwelling type							
Energy burden (% of income spent on home energy)							

Section 3 - COOLING ASSISTANCE

Energy need					
Other - Describe:					
Benefit Levels, 2605(b)(5) - Assurance 5, 2605	5(c)(1)(B)				
3.6 Describe estimated benefit levels for the fi	scal year for which this plan a	applies			
Minimum Benefit	\$430	Maximum Benefit	\$709		
3.7 Do you provide in-kind (e.g., fans, air con	ditioners) and/or other forms	of benefits? O Yes O No			
If yes, describe.					
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.					

	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES				
	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY				
	Section 4: CRI	SIS ASSISTANCE			
Eligibility - 26	04(c), 2605(c)(1)(A)				
4.1 Designate t	the income eligibility threshold used for the crisis comp	onent			
Add	Household size	Eligibility Guideline	Eligibility Threshold		
1		State Median Income	60.00%		
	ur LIHEAP program's definition for determining a cris		the resources to resolve the crisis		
there is be waiv Replace wood st well.	without financial assistance. If the crisis threatens the loss of a utility, a past due bill or termination notice is required to be submitted with the application. if the home heating crisis is the result of a natural disaster, state and/or national public health emergency, payments may be issued to previously approved households. Under these circumstances, a past due bill, termination notice, or face-to-face interview may not be required. If there is an intake period in which an application is required, a past due bill or termination notice may be requested, but face-to-face contact may be waived. If the heating unit is no longer functioning or is considered unsafe heat, the client can be evaluated for the Emergency Repair and Replacement Program. If a client can no longer use the heating source due to a medical condition, i.e., a client is now disabled and cannot load a wood stove, then the heat source is considered unavailable. Households with unavailable heating sources are categorized as being in crisis, as well. High Energy Burden is defined as the total amount spent on the primary heating source is greater than 20% of the household income.				
4.3 What cons	titutes a <u>life-threatening crisis?</u>				
A life-threatening crisis is being without home heat or being in danger of not having home heat and having an illness or condition that will cause one's wellbeing to be detrimentally affected by not having heat or cooling in the home. A client also must have no way to resolve the crisis, i.e., having no money to pay the bill or having to pay for repair/replacement of a malfunctioning heating/cooling unit. A disconnect notice or past due notice is required to verify that the utility is in danger of being terminated. If the heating unit is not functioning, the client can be evaluated for the Emergency Repair or Replacement Program. Life-threatening crisis must be documented in all cases.					
the Eme	rgency Repair or Replacement Program. Life-threatening				
Crisis Require	ement, 2604(c)				
Crisis Require 4.4 Within hov	ement, 2604(c) w many hours do you provide an intervention that will i				
Crisis Require 4.4 Within hov	ement, 2604(c) v many hours do you provide an intervention that will i v many hours do you provide an intervention that will i				
Crisis Require 4.4 Within hov 4.5 Within hov situations? 18	ement, 2604(c) v many hours do you provide an intervention that will i v many hours do you provide an intervention that will i				
Crisis Require 4.4 Within hov 4.5 Within hov situations? 18 Crisis Eligibili	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) we additional eligibility requirements for CRISIS				
Crisis Require 4.4 Within hov 4.5 Within hov situations? 18 Crisis Eligibili 4.6 Do you hav ASSISTANCE	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) we additional eligibility requirements for CRISIS	resolve the energy crisis for eligible househol			
Crisis Require 4.4 Within hov 4.5 Within hov situations? 18 Crisis Eligibili 4.6 Do you hav ASSISTANCE 4.7 Check the	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) we additional eligibility requirements for CRISIS 22	resolve the energy crisis for eligible househol			
Crisis Require 4.4 Within hov 4.5 Within hov situations? 18 Crisis Eligibili 4.6 Do you hav ASSISTANCE 4.7 Check the Do you require	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) we additional eligibility requirements for CRISIS appropriate boxes below and describe the policies for e	resolve the energy crisis for eligible househol			
Crisis Require 4.4 Within hov 4.5 Within hov situations? 18 Crisis Eligibili 4.6 Do you hav ASSISTANCE 4.7 Check the Do you require	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) we additional eligibility requirements for CRISIS appropriate boxes below and describe the policies for e e an Assets test ? riority in eligibility to :	resolve the energy crisis for eligible househol			
Crisis Require 4.4 Within hov 4.5 Within hov situations? 18 Crisis Eligibili 4.6 Do you hav ASSISTANCE 4.7 Check the Do you require Do you give pr	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) we additional eligibility requirements for CRISIS ?? appropriate boxes below and describe the policies for e e an Assets test ? fority in eligibility to :	resolve the energy crisis for eligible househol			
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Crisis Require 4.4 Within hov 4.5 Within hov situations? 18 Crisis Eligibili 4.6 Do you hav ASSISTANCE 4.7 Check the Do you require Do you give pr Elderly? Disabled Young C	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) we additional eligibility requirements for CRISIS appropriate boxes below and describe the policies for e e an Assets test ? riority in eligibility to :	eresolve the energy crisis for eligible househol Yes No ach Yes No Yes No Yes No Yes No			
Crisis Require 4.4 Within hov 4.5 Within hov situations? 18 Crisis Eligibili 4.6 Do you hav ASSISTANCE 4.7 Check the Do you require Do you give pr Elderly? Disabled Young C	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) re additional eligibility requirements for CRISIS ?? appropriate boxes below and describe the policies for e e an Assets test ? fority in eligibility to : ?? Children?	Image: Second state sta			
Crisis Require 4.4 Within hov 4.5 Within hov situations? 18 Crisis Eligibili 4.6 Do you hav ASSISTANCE 4.7 Check the Do you require Do you give pr Elderly? Disabled Young C Househo Other?	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) re additional eligibility requirements for CRISIS ?? appropriate boxes below and describe the policies for e e an Assets test ? fority in eligibility to : ?? Children?	Image: Second system Image: Second system Image: Second			
Crisis Require 4.4 Within hov 4.5 Within hov situations? 18 Crisis Eligibili 4.6 Do you hav ASSISTANCE 4.7 Check the Do you require Do you give pr Elderly? Disabled Young C Househo Other? In Order to re	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) re additional eligibility requirements for CRISIS ?? appropriate boxes below and describe the policies for e e an Assets test ? tiority in eligibility to : ?? Children? bds with high energy burdens?	Image: Second state sta			
Crisis Require 4.4 Within hov situations? 18 Crisis Eligibili 4.6 Do you hav ASSISTANCE 4.7 Check the Do you require Do you give pr Elderly? Disabled Young C Househo Other? In Order to re empty tank?	ement, 2604(c) w many hours do you provide an intervention that will i w many hours do you provide an intervention that will i Hours ty, 2605(c)(1)(A) we additional eligibility requirements for CRISIS appropriate boxes below and describe the policies for e e an Assets test ? fority in eligibility to :	Image: Second state sta			

Section 4 - CRISIS ASSISTANCE

• Yes O No
• Yes O No
C Yes 💿 No
• Yes O No
• Yes O No
• Yes O No
O Yes 💿 No

The client must have a past-due bill or termination notice to be eligible for crisis assistance. The client must verify the lack of resources to eliminate the crisis. Lack of resources can be verified by the client to validate their income, which would show that he/she does not have sufficient income to eliminate the termination. If the client reports no income then the client must fill out a zero income form. For the Emergency Repair or Replacement portion of the crisis assistance, the client would have to meet the income guidelines and also have a non-working or unsafe heating source or have no heating source at all, to be eligible. For the repair or replacement of the air conditioner units, the client would have to be income eligible, have a non-working or improperly functioning unit and have someone in the household that is age 60 or over, or someone that is disabled, or a child in the home that is age five or under. The Agency can accept a doctor's statement to verify the medical condition for the cooling repair or replacement assistance, if the client is not considered disabled by the Social Security Administration.

Subsidized households (public housing) that is participating in the Department of Housing and Urban Development is not eligible for the repair or replacement program.

Renters will be evaluated by a "case-by-case" heating crisis situation from the LIEAP Coordinator for the repair and replacement program. LIHEAP Coordinator will evaluate renters by the landlords having the means to replace an non working heating/cooling unit and will also refer clients to Legal Aid for assistance.

Determination of Benefits

4.8 How do y	ou handle crisis situations?			
Image: A start of the start	Separate component			
~	Fast Track			
V	Other - Describe: If a client comes in during the regular heating season, but has a past due bill or termination notice they would need to see a worker so their application can be fast-tracked to eliminate the emergency within the proper timelines. If the client is found eligible a pledge can be made to the vendor or utility company to avoid a termination.			
4.9 If you ha	ve a separate component, how do you determine crisis assistance benefits?			
¥	Amount to resolve the crisis.			
	For the Emergency Repair and Replacement program we can pay up to \$8,000 for the repair or replacement of heating and or cooling units. The LIHEAP coordinator has the ability to approve an amount higher than \$8,000 if there are special circumstances. This is done on a case-by-case basis.			
Cuisia Doqui				
-	rements, 2604(c) accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?			
4.10 Do you :	rements, 2604(c)			
4.10 Do you a	rements, 2604(c) accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?			
4.10 Do you a	rements, 2604(c) accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? No Explain. Clients who require crisis assistance must be interviewed in a local DHHR office. There are fifty-four county offices to accommodate thi If a client is not physically able to come into the local office the client can appoint someone to apply on his/her behalf or arrangements can			
4.10 Do you : Yes (need. be ma 4.11 Do you	rements, 2604(c) accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? No Explain. Clients who require crisis assistance must be interviewed in a local DHHR office. There are fifty-four county offices to accommodate thi If a client is not physically able to come into the local office the client can appoint someone to apply on his/her behalf or arrangements can de for a worker to go out in the field to accommodate the client if necessary.			
4.10 Do you a Yes (need. be ma 4.11 Do you a	rements, 2604(c) accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? No Explain. Clients who require crisis assistance must be interviewed in a local DHHR office. There are fifty-four county offices to accommodate thi If a client is not physically able to come into the local office the client can appoint someone to apply on his/her behalf or arrangements can de for a worker to go out in the field to accommodate the client if necessary. provide individuals who are physically disabled the means to:			
4.10 Do you : • Yes (need. be ma 4.11 Do you : Submit ap • Yes (rements, 2604(c) accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? No Explain. Clients who require crisis assistance must be interviewed in a local DHHR office. There are fifty-four county offices to accommodate thi If a client is not physically able to come into the local office the client can appoint someone to apply on his/her behalf or arrangements can de for a worker to go out in the field to accommodate the client if necessary. provide individuals who are physically disabled the means to: plications for crisis benefits without leaving their homes?			
4.10 Do you a Yes (need. be ma 4.11 Do you a Submit ap Yes (Travel to to	rements, 2604(c) accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? No Explain. Clients who require crisis assistance must be interviewed in a local DHHR office. There are fifty-four county offices to accommodate thi If a client is not physically able to come into the local office the client can appoint someone to apply on his/her behalf or arrangements can de for a worker to go out in the field to accommodate the client if necessary. provide individuals who are physically disabled the means to: plications for crisis benefits without leaving their homes? No If No, explain.			

disabled?	
-----------	--

If needed, the Agency can provide intake service through home visits or by telephone for those that are physically unable to come into the county DHHR offices and cannot designate someone to apply on his/her behalf.

Benefit Levels, 2605(c)(1)(B)				
4.12 Indicate the maxim	num benefit for each type of crisis assistance offered.			
Winter Crisis	\$2,000.00 maximum benefit			
Summer Crisis	\$2,000.00 maximum benefit			
Year-round Crisis	\$2,000.00 maximum benefit			
1125				

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

• Yes O No If yes, Describe

The maximum payment for heating and or cooling assistance ,including crisis benefits, is \$2,000.00 for the program year per household. In an emergency situation space heaters, or portable window AC units may be offered by our Community Action Agencies when a client is eligible for the Emergency Repair or Replacement Program and the client has no heat or cooling source and parts and or equipment needs to be ordered to eliminate the emergency.

4.14 Do you provide for equipment repair or replacement using crisis funds?

• Yes O No

If you answered "Yes" to question 4.14, you must complete question 4.15.

4.15 Check appropriate boxes below to indicate type(s) of assistance provided.

	Winter Crisis	Summer Crisis	Year-round Crisis	
Heating system repair	>			
Heating system replacement	✓			
Cooling system repair		>		
Cooling system replacement		✓		
Wood stove purchase				
Pellet stove purchase	✓			
Solar panel(s)				
Utility poles / gas line hook-ups				
Other (Specify): Heating system repair services assistance is in demand during the winter crisis time frame, usually December - March, dependent upon weather patterns. If adequate funding is available, the Agency will extend heating system repair assistance on a 12-month basis. The agency provides cooling system repair or replacement assistance during the summer crisis months, usually May - July. If a client has a non-working heating and or/cooling system, the agency will replace it at any time during the fiscal year, if funds are available. If a client has only a non-working air conditioning unit, an application for repair or replacement services assistance can be submitted only after May 1, when the cooling assistance period begins. Clients needing assistance to replace or repair both heating and cooling systems can file an application on a 12-months basis. The Agency will provide funds for electrical upgrades to install replacement units for clients, if needed. Propane gas tank replacement services assistance is also available.				
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? ○ Yes ⊙ No				
Ves Voo				
4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.				

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				
	Sectio	on 5: WEATHE	ERIZATION ASSISTANCE	
Eligibility, 2605	(c)(1)(A), 2605(b)(2) - Assu	rance 2		
5.1 Designate the	e income eligibility thresho	ld used for the Weather	ization component	
Add	Househ	old Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes		HHS Poverty Guidelines	200.00%
5.2 Do you enter No	· into an interagency agree	ment to have another go	vernment agency administer a WEATHERIZ	ATION component? • Yes
5.3 If yes, name	the agency. West Virginia	Development Office		
5.4 Is there a sep	parate monitoring protocol	for weatherization? 💽	Yes O _{No}	
WEATHERIZA	TION - Types of Rules			
5.5 Under what	rules do you administer LI	HEAP weatherization?	(Check only one.)	
Entirely u	nder LIHEAP (not DOE) 1	rules		
Entirely u	nder DOE WAP (not LIHI	EAP) rules		
Mostly un	der LIHEAP rules with the	e following DOE WAP r	ule(s) where LIHEAP and WAP rules differ (Check all that apply).
		clonowing DOL With 1		ences an that appry).
	me Threshold			
	therization of entire multi- will become eligible within		e is permitted if at least 66% of units (50% in	2- & 4-unit buildings) are
Wea care facilities).	therize shelters temporari	ly housing primarily low	r income persons (excluding nursing homes, p	risons, and similar institutional
🗹 Oth	er - Describe:			
Tł	ne LIHEAP rules will be use	d for the electrical upgrad	es, home repair, and Emergency Crisis Intervent	ion (ECIP).
Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)				
Inco	me Threshold			
🗹 Wea	therization not subject to l	DOE WAP maximum sta	atewide average cost per dwelling unit.	
🗹 Wea	therization measures are n	ot subject to DOE Savir	ngs to Investment Ration (SIR) standards.	
🗹 Othe	er - Describe:			
Tł	ne LIHEAP rules will be use	d for the electrical upgrad	es, home repair and Emergency Crisis Interventi	on Program (ECIP).
Avg. Cost per Dwelling for LIHEAP funds should be \$12,000 per dwelling.				
Avg. Cost per Dwennig for EmEAT funds should be \$12,000 per dwennig.				
Eligibility, 2605(b)(5) - Assurance 5				
5.6 Do you requ	ire an assets test?	O Yes 💿 No		
5.7 Do you have additional/differing eligibility policies for :				
Renters O _{Yes} O _{No}				
Renters liv housing?	ving in subsidized	C Yes © No		
5.8 Do you give priority in eligibility to:				
Elderly?		• Yes O No		
Disabled?		• Yes O No		

Section 5 - WEATHERIZATION ASSISTANCE

House helds with high and	• Yes C No			
House holds with high energy burdens?	• Yes C No			
Other?	C Yes O No			
If you selected "Yes" for any of the opti below.	is in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field			
	P and indicates that the utilities are included in with rent, the worker must request verification of those said call, rent receipt, lease agreement or written statement from the landlord.			
grants with Community Action Ag applications. The CAAs then mail	ritized by heating terminations, age, disability, and documented health issues. The Agency have smaller icies (CAAs). These CAAs go out into more rural areas and help vulnerable individuals complete the r deliver the applications to the West Virginia Development Office. The Weatherization Program nia Development Office has a points system that gives higher weight to those who are aged and/or disabled ive or under.			
work:	int system to rank clients in the data management system that tracks all clients, dwellings, and weatherization to be been aligned for aligned for aligned and the system of the system			
disabilities5 points for households	of points, priority will be given to applicants who have been on the waitlist the longest. These factors alor			
The agency also gives priority to households designated as High Energy Users.				
Benefit Levels				
5.9 Do you have a maximum LIHEAP w	atherization benefit/expenditure per household? S Yes O No			
5.9 Do you have a maximum LIHEAP w				
5.9 Do you have a maximum LIHEAP w 5.10 If yes, what is the maximum? \$12,0	0			
5.9 Do you have a maximum LIHEAP w 5.10 If yes, what is the maximum? \$12,0 Types of Assistance, 2605(c)(1), (B) & (I	0			
5.9 Do you have a maximum LIHEAP w 5.10 If yes, what is the maximum? \$12,0 Fypes of Assistance, 2605(c)(1), (B) & (I	0 ures do you provide ? (Check all categories that apply.)			
5.9 Do you have a maximum LIHEAP w 5.10 If yes, what is the maximum? \$12,0 Types of Assistance, 2605(c)(1), (B) & (I 5.11 What LIHEAP weatherization mea	0 ures do you provide ? (Check all categories that apply.)			
5.9 Do you have a maximum LIHEAP w 5.10 If yes, what is the maximum? \$12, Types of Assistance, 2605(c)(1), (B) & (I 5.11 What LIHEAP weatherization mea	0 Ires do you provide ? (Check all categories that apply.) /audits Energy related roof repair			
5.9 Do you have a maximum LIHEAP w 5.10 If yes, what is the maximum? \$12,0 Types of Assistance, 2605(c)(1), (B) & (I 5.11 What LIHEAP weatherization mea Weatherization needs assessmen Caulking and insulation	0 ures do you provide ? (Check all categories that apply.) /audits Energy related roof repair Major appliance Repairs Major appliance replacement			
5.9 Do you have a maximum LIHEAP w 5.10 If yes, what is the maximum? \$12,0 Types of Assistance, 2605(c)(1), (B) & (I 5.11 What LIHEAP weatherization mea ✓ Weatherization needs assessmen ✓ Caulking and insulation Storm windows	0 arres do you provide ? (Check all categories that apply.) /audits Energy related roof repair Major appliance Repairs Major appliance replacement			
5.9 Do you have a maximum LIHEAP w 5.10 If yes, what is the maximum? \$12,0 Types of Assistance, 2605(c)(1), (B) & (I 5.11 What LIHEAP weatherization mea Weatherization needs assessmen Caulking and insulation Storm windows Furnace/heating system modifica	0 Irres do you provide ? (Check all categories that apply.) /audits Energy related roof repair Major appliance Repairs Major appliance replacement ons/ repairs Windows/sliding glass doors Doors			
5.9 Do you have a maximum LIHEAP w 5.10 If yes, what is the maximum? \$12,0 Types of Assistance, 2605(c)(1), (B) & (I 5.11 What LIHEAP weatherization mea ✓ Weatherization needs assessmen ✓ Caulking and insulation ✓ Storm windows ✓ Furnace/heating system modifica ✓ Furnace replacement	0 Irres do you provide ? (Check all categories that apply.) /audits Energy related roof repair Major appliance Repairs Major appliance replacement ons/ repairs Windows/sliding glass doors Doors			

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY
Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)
6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:
Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
Publish articles in local newspapers or broadcast media announcements.
Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
Mass mailing(s) to prior-year LIHEAP recipients.
Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
Execute interagency agreements with other low-income program offices to perform outreach to target groups.
Other (specify): In order to reach vulnerable populations in West Virginia, the Agency plans to work closely with Senior Centers to coordinate outreach and to assist with completing LIHEAP applications. The Agency will also seek permission from the public schools in all counties to send informational flyers home with students so that parents and/or guardians can receive information about LIHEAP application time periods and about the Emergency Repair or Replacement Program.
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.

	DEPARTMENT OF HEALTH AND HUMAN SERVICES INISTRATION FOR CHILDREN AND FAMILIES August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023				
	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY				
	Section 7: Coordination, 2605(b)(4) - Assurance 4				
	cribe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, AP, etc.).				
>	Joint application for multiple programs				
>	Intake referrals to/from other programs				
	One - stop intake centers				
>	Other - Describe:				
	The Agency will have information about Weatherization services posted at all county DHHR offices. When a client asks a social services worker about Weatherization assistance, the worker can refer the client to the local Weatherization Community Action Agency. The Agency also intends to seek permission to advertise the Weatherization progam in Senior Centers throughout the State. Also, the Agency will seek permission from public schools in all counties to have an informational flyer about the Weatherization program be sent home with students to inform parents and/or guardians about the program.				
	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 ADMINISTRATION FOR CHILDREN AND FAMILIES						
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY						
Section 8: Agency Designation, the	, 2605(b)(6) - As Commonwealtl		-	e grantees and		
8.1 How would you categorize the primary respons	sibility of your State age	ncy?				
Administration Agency						
Commerce Agency						
Community Services Agency						
Energy / Environment Agency						
Housing Agency						
Welfare Agency						
Other - Describe:						
Alternate Outreach and Intake, 2605(b)(15) - Assu	rance 15					
If you selected "Welfare Agency" in question 8.1,	you must complete quest	tions 8.2, 8.3, and 8.4, as	applicable.			
8.2 How do you provide alternate outreach and int	ake for HEATING ASS	ISTANCE?				
LIHEAP has a separate intake process, which is completed mostly by mail. Outreach is accomplished by mailing an application packet. The application form may be mailed to the local DHHR office or taken to a Community Action or Area Agency on Aging (Senior Citizen Centers) office or Center for Assistance. Community Action and Area Agency on Aging volunteers make home visits to reach those clients who are disabled and/or homebound.						
8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?						
West Virginia will implement Cooling Assistance with any remaining funds. If Cooling Assistance is provided/funded, it will have the same outreach as Heating Assistance, i.e., mailing application packets to clients. The application form may be mailed to the local DHHR office or taken to a Community Action or Area Agency on Aging office or Center for Assistance. Community Action and Area Agency on Aging volunteers make home visits to reach those clients who are disabled and/or homebound.						
8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?						
Public Service Commission regulated energy providers use billing notice inserts to inform customers about when LIHEAP crisis funds are available and to refer them to DHHR. Community Action and Area Agency on Aging personnel make referrals to DHHR when clients request assistance with heating bills and/or Weatherization services.						
8.5 LIHEAP Component Administration. Heating Cooling Crisis Weatherization						
3.5a Who determines client eligibility? State Welfare Agency State Welfare Agency Other Other						
B.Sb Who processes benefit payments to gas and electric vendors? State Welfare Agency State Welfare Agency						

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8.5c w vendor	ho processes benefit payments to bulk fuel rs?	State Welfare Agency	State Welfare Agency	State Welfare Agency		
8.5d W measu	/ho performs installation of weatherization res?				Other	
	y of your LIHEAP component plete questions 8.6, 8.7, 8.8, and			by a state agend	ey, you must	
8.6 WI	nat is your process for selecting local administ There are 55 counties in the State of W offices that administer the LIHEAP program.		/irginia Department of He	alth and Human Resourc	es has 54 local county	
8.7 Ho	w many local administering agencies do you	use? 54				
8.8 Ha O Ye O No		ncies in the last year?				
8.9 If s	o, why?					
	Agency was in noncompliance with grantee	requirements for LIHE	CAP -			
	Agency is under criminal investigation					
	Added agency					
	Agency closed					
	Other - describe					
	y of the above questions requi e fields provided, attach a doc				not be made	

LC	DW INCOME HOME ENERGY ASSISTANCE PROGRAM(MODEL PLAN SF - 424 - MANDATORY	(LIHEAP)
	Section 9: Energy Suppliers, 2605(b)(7) - Assurance	e 7
1 Do you make payn	nents directly to home energy suppliers?	
Heating	• Yes O No	
Cooling	• Yes O No	_
Crisis	• Yes O No	_
Are there exceptions	? • Yes O No	
vendors. If the v	the home energy suppliers are vendors in the Agency's eligibility system. These are Public Ser vendor is set up in the Agency's eligibility system the Agency can pay them directly instead of is not PSC regulated, the Agency will pay the client directly. These are typically wood, coal, p	sending a payment to the client. If
If a clien approved for and	the client of the amount of assistance paid? at is found eligible for energy assistance he/she will receive an approval letter that tells the client d the method of disbursement. For the heating payment the client should receive notice no later blication. If this is a crisis payment, the application is processed the day that the client comes in cation process.	r than 30 days after the Agency has
ctual cost of the home The vend	e that the home energy supplier will charge the eligible household, in the normal billing pr e energy and the amount of the payment? dor agreement contains the following statement: Households that receive LIHEAP in the norma ifference between the cost of the home energy used and the payment that is provided by the DH	al billing process will be charged no
4 How do you assure sistance?	e that no household receiving assistance under this title will be treated adversely because o	of their receipt of LIHEAP
The vent for receiving LII Auditor's Office how to handle at	dors accept the LIHEAP payments as they would any other payment. The clients are not coded HEAP. Our eligibility system creates a payment file, and if refunds are necessary vendors reture. Vendors have a direct line of communication with the Auditor's Office to resolve any issues. ny funds that need to be returned. The vendor agreement also states no household that is receives the household receives assistance from the DHHR.	rn LIHEAP funds back to the State The vendors have been trained
5. Do you make payn ouseholds? Yes O No	ments contingent on unregulated vendors taking appropriate measures to alleviate the end	ergy burdens of eligible
If so, describe the m	neasures unregulated vendors may take.	

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

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

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

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

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

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

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

10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?

Federal funds awarded to West Virginia are committed and identified in WV (Our Advanced Solution with Integrated Systems) OASIS. LIHEAP customer payments are also entered into OASIS and daily payments are tracked and monitored to determine that expenditures do not exceed the amounts that are awarded. The state's Recipient Automated Payment and Information Data System (RAPIDS) is the benefits issuance processing program that workers access to determine customer eligibility for LIHEAP. The system provides individual approvals and daily batch alpovals which allow for dual controls. Benefits are approved in RAPIDS and can be sent to OASIS for payments to utility companies, bulk fuel vendors and to clients.

Weatherization funds are not transferred to other state agencies. The West Virginia Development Office (WVDO) runs the Weatherization program for West Virginia. The WVDO is allotted 15% of the total grant funds.

The DHHR Finance department tracks all funding spent for this grant. This includes refunds, weatherizations, administration, heating assistance, crisis and carryover.

Audit Process

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

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

No Findings

Finding	Туре	Brief Summary	Resolved?	Action Taken
1	reporting	For the FY2021 Statewide Single Audit there were findings for the LIHEAP program. The management of DHHR was unable to provide supporting documentation that agreed certain amounts presented on the Annual Report on Households Assisted by LIHEAP Form (OMB No. 0970-0060) to the auditors. Specifically, for the amounts reported in Section 2 Part III- Number of Assisted Households by Vulnerable populations for lines #1- Heating, #7d- Crisis-Winter, and #11- Any Type of LIHEAP Assistance for Category D (Elderly, disabled, or young children) were not provided. Further, the amounts reported in Section V. Part B, were calculated based upon a household report that did not agree to the unduplicated number of households reported in Section V. Part A. Recommendation: We recommend that DHHR ensure that all documentation supporting reports or compliance requirements subject to audit be reviewed and reconciled to the underlying supporting documentation and associated reports to ensure the amounts reported are accurate prior to submission.	In Progress	procedure/policy changes
2	reporting	A lack of oversight and timely review of the information utilized for the amounts presented in Module	In Progress	procedure/policy changes

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	2 of the LIHEAP Performance Data Form (OMB No. 0970-0449).		
	Recommendation: Ensure all documentation supporting reports or		
	compliance requirements be reviewed and reconciled to the		
	underlying supporting		
	documentation and associated reports to ensure the amounts		
	reported are accurate prior to submission		
10.4. Audits o	of Local Administering Agencies		
What types of Select all that	f annual audit requirements do you have in place for local ac t apply.	dministering agencies/district offices	?
🗹 Loc	al agencies/district offices are required to have an annual au	dit in compliance with Single Audit	Act and OMB Circular A-133
Loc	al agencies/district offices are required to have an annual au	dit (other than A-133)	
Loc	al agencies/district offices' A-133 or other independent audit	ts are reviewed by Grantee as part of	compliance process.
🗹 Gra	nntee conducts fiscal and program monitoring of local agenci	es/district offices	
Compliance N	Monitoring		
10.5. Describe that apply	e the Grantee's strategies for monitoring compliance with th	e Grantee's and Federal LIHEAP po	licies and procedures: Select all
Grantee emp	loyees:		
Inte	ernal program review		
🗹 Dep	partmental oversight		
Seco	ondary review of invoices and payments		
🗹 Oth	er program review mechanisms are in place. Describe:		
preven	West Virginia has a program called Rushmore that caseworkers information, and all other needed information and the superviso at errors and helps determine caseworkers issues when processin e, utility bills, vendor/voucher, bulk fuel, timeliness, incorrect ap	r has to review the case before case wo g these applications. LIEAP review ele	rker can approve the case. This helps ments are applications, forms,
Local Admini	istering Agencies / District Offices:		
On -	- site evaluation		
🗹 Ann	nual program review		
Moi	nitoring through central database		
Desl	k reviews		
Clie	ent File Testing / Sampling		
Oth	er program review mechanisms are in place. Describe:		
	There is a Statewide Single Audit that is completed each year.	There is a sampling of LIHEAP cases	that are reviewed each year.
	West Virginia has a data monitoring system that helps determines scal year 2023 LIHEAP has been added to the system. Supervise port all information into the data base. With this information we	ne what is most common errors in cases ors review LIHEAP applications that ar	s. This system is called Rushmore. e being processed by caseworkers
10.6 Explain,	or attach a copy of your local agency monitoring schedule a	nd protocol.	
	Below are our proposed fieldwork start dates. Once we are able	to undate our requests in Conuss and	add due dates
	Below are our proposed fieldwork start dates. Once we are able	* *	
program	e the Wednesday before fieldwork begins. 7/5 – narratives and re ms), TANF, Agency Wide 7/18 – Epidemiology, WIC, SNAP R items), Opioids, Foster Care 9/19 – Medicaid (tested by EY, n	eports for all programs and Agency Wie 7/25 – CHIP, Adoption 8/1 – LIHEAP 8	de 7/11 – pick samples (all 8/8 – Child Care 8/15 – PEBT
	e how you select local agencies for monitoring reviews.		
Site Visits	5.		

A sample of the LIHEAP applications are taken from all four regions to ensure that there is not a trend or an issue with the local DHHR offices in the application process. The monitoring reviews are done yearly based on the schedule of our auditors who complete the Statewide Single Audit.

Desk Reviews:

A large sample is pulled for the Statewide Single Audit to ensure that the LIHEAP applications are not all coming from the same local DHHR office and to ensure that all processes and procedures are consistent.

10.8. How often is each local agency monitored ?

The monitoring is done once each year. Each office is monitored every year. There are currently 54 local offices that are monitored each year.

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

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

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? none

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? none

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

U.S. DEPARTMENT OF HEALTH AND HUMAN S	SERVICES	August 1987, revi	sed 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075			
ADMINISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 12/31/2023						
LOW INCOME HOME EN	NERGY ASSISTA MODEL PLAN - 424 - MANDAT		AM(LIHEAP)			
Section 11: Timely and Meanin	ngful Public Part	icipation, 26(05(b)(12), 2605(C)(2)			
11.1 How did you obtain input from the public in the deve Select all that apply.	elopment of your LIHEAP	plan?				
Tribal Council meeting(s)						
Public Hearing(s)						
Draft Plan posted to website and available for c	omment					
Hard copy of plan is available for public view as	nd comment					
Comments from applicants are recorded						
Request for comments on draft Plan is advertise	ed					
Stakeholder consultation meeting(s)						
Comments are solicited during outreach activiti	ies					
Other - Describe:						
Public participation was completed by placin some of the major utility companies. The Plan was al 09/01/2022 to 09/16/2022. 11.2 What changes did you make to your LIHEAP plan a	so sent to Weatherization pa	rtner agencies and Sub				
No comments were received from 09/01/2022	2 to 09/16/2022.					
		_				
Public Hearings, 2605(a)(2) - For States and the Common	wealth of Puerto Rico Oni	y				
11.3 List the date and location(s) that you held public heat	ring(s) on the proposed us	e and distribution of	your LIHEAP funds?			
	Date		Event Description			
2	09/01/2022 08/24/2022		ablic Participation-DHHR Website			
11.4. How many parties commented on your plan at the h	.	<u>" </u>				
11.5 Summarize the comments you received at the hearin	g(s).					
DHHR and The West Virginia Development Office had several meetings about changes needed to improve the LIEAP, Weatherization, and Emergency Repair or Replacement Program. starting as early as mid July. The West Virginia Development Office met with all community action agencies and gathered a list of needed changes.						
suggested edits for the LIEAP Model Pla	On 08/03/2022 Community Development Manager and Economic Development Representative sent in suggested edits for the LIEAP Model Plan Fiscal Year 2023. See section 11.2 for the suggested changes. All suggestions and comments were reviewed and updated in the LIEAP Model Plan.					
During virtual hearing no other comments and suggestions were offered.						

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

Updated the name to West Virginia Development Office.

The LIHEAP Rules will be used for the electrical upgrades, home repair, and Emergency Crisis Intervention Program (ECIP).

Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

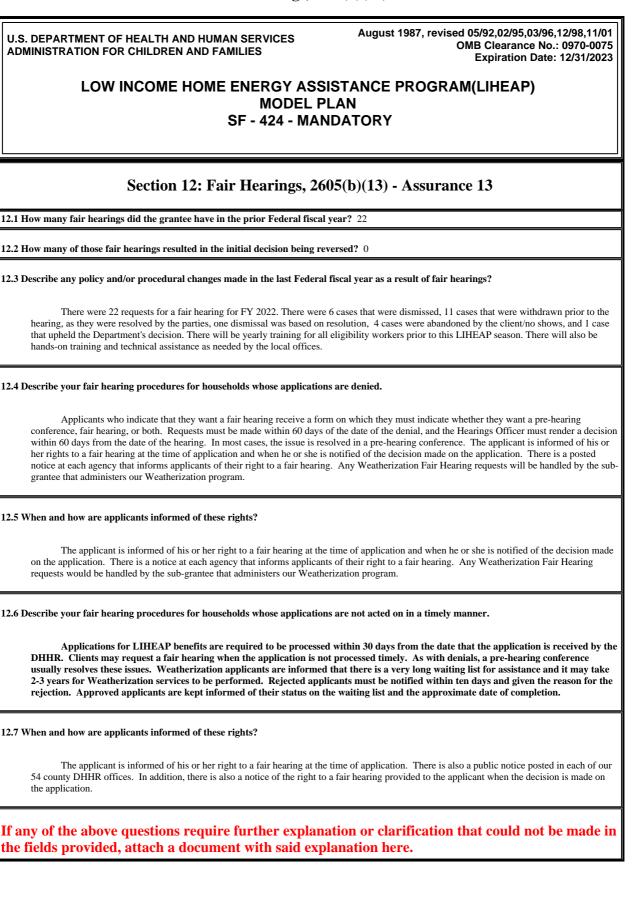
Weatherization measures are not subject to DOE Savings to INvestment Ration (SIR) standards.

Updated the steps used for renters and weatherization.

Explain in more detail the point system for vulnerable households.

Added more categories to what service that weatherization can provide.

Increase cost of furance replacement from \$7,000 to \$8,000.



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
SF - 424 - MANDATORY
Section 13: Reduction of home energy needs, 2605(b)(16) - Assurance 16
13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?
Our subrecipients conduct energy efficient education during post work inspection after installing heating units from the Emergency Repair or Replacement. Subrecipients also conduct the very same education during weatherization.
Will also develop LIHEAP information/pamphlets to send out to different organization for outreach.
13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?
n/a
13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.
n/a
13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.
n/a
13.5 How many households applied for these services? 0
13.6 How many households received these services? 0
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 14:Leveraging Incentive Program, 2607(A)							
	14.1 Do you plan to submit an application for the leveraging incentive program? Yes No							
14.2 Describe records.	instructions to any thi	rd parties and/or local agenci	ies for submitting LIHEAP leveraging resource information and retaining					
	N/A							
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.							

August 1987, revised 05/92,02/95,03/96,12/98,11/01 **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** OMB Clearance No.: 0970-0075 ADMINISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 12/31/2023 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN** SF - 424 - MANDATORY **Section 15: Training** 15.1 Describe the training you provide for each of the following groups: a. Grantee Staff: ~ Formal training on grantee policies and procedures How often? ~ Annually Biannually ~ As needed Other - Describe: Employees are provided with policy manual **Other-Describe: b. Local Agencies:** ~ Formal training conference How often? ~ Annually Biannually ~ As needed Other - Describe: 4 **On-site training** How often? ~ Annually Biannually ~ As needed Other - Describe: ~ Employees are provided with policy manual Other - Describe c. Vendors ~ Formal training conference How often? Annually Biannually 4 As needed Other - Describe: Policies communicated through vendor agreements Policies are outlined in a vendor manual

Section 15 - Training

15.2 Does your training program address fraud reporting and prevention? ⊙ Yes ⊙ No

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

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

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

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

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

West Virginia will collect and report on LIHEAP performance measures data to ensure that the Agency is targeting and serving and providing bill payment assistance to households with the highest energy burden. The Agency will concentrate on restoration and prevention of loss, energy source, energy burden, income and imminent risk of running out of fuel. West Virginia has defined "Imminent Risk" as being without, disconnected, or within three days of being without heat. The Agency's eligibility system currently collects annual household income, annual LIHEAP benefit, main fuel type and whether or not the client has to pay for electricity or electric services. The Agency is also working with the major PSC-regulated utility vendors to capture annual energy usage (if applicable), prevention of loss and restoration of service.

West Virginia will also work with the 54 local offices to ensure that workers are completing the LIHEAP screens out correctly in our eligibility system and that they are documenting this information correctly. From our past Statewide Single Audits it was noted that workers did not keep copies of the utility bills for all case files or a portion of the LIHEAP application was not properly stored in our online database. We are taking measures to improve this based on training and desk guides for our eligibility workers.

	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES 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 I	17.1 Fraud Reporting Mechanisms									
a. Des	scribe all mechanisms availat	ole to	the public for repo	orting cases of	f sus	pected waste, frau	ıd, and abuse. S	elec	t all that apply.	
>	Online Fraud Reportin	g								
>	Dedicated Fraud Report	rting	Hotline							
~	Report directly to local	age	ncy/district office o	r Grantee offi	ce					
~	Report to State Inspect	or G	eneral or Attorney	General						
 Image: A start of the start of	Forms and procedures	in pl	ace for local agenc	ies/district off	ices	and vendors to re	port fraud, was	te, a	nd abuse	
	Other - Describe:									
b. De	scribe strategies in place for a	adve	rtising the above-re	ferenced reso	urce	s. Select all that a	pply			
>	Printed outreach mater	rials								
>	Addressed on LIHEAP	app	lication							
>	Website									
	Other - Describe:									
17.2	Identification Documentatior	Rec	miramants							
			•							
a. Ind meml	licate which of the following for the following	form	s of identification a	re required o	r req	uested to be colle	cted from LIHF	EAP	applicants or the	eir household
						Collected from	Whom?			
Туре	of Identification Collected	_								
		_	Applicant O Required	nly		All Adults in H Required	lousehold		All Household Required	Members
	l Security Card is copied and retained		Kequireu			Kequireu			Kequireu	
photo	copicu and retained	_	Requested			Requested			Requested	
			Inquesteu			Inquestea		>	Inquision	
			Required	I		Required			Required	
Social Security Number (Without actual Card)									J	
	-		Requested			Requested			Requested	
L										
			Required			Required			Required	
Government-issued identification [card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)										
			Requested			Requested			Requested	
					>					
	Other		Applicant Only Beginned	Applicant On Boguested		All Adults in Household	All Adults in Household		All Household Members	All Household Members
			Required	Requested		Required	Requested		Required	Requested
1										

b. Describe any exceptions to the above policies.
17.3 Identification Verification
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
Verify SSNs with Social Security Administration
Match SSNs with death records from Social Security Administration or state agency
Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
Match with state Department of Labor system
Match with state and/or federal corrections system
Match with state child support system
Verification using private software (e.g., The Work Number)
In-person certification by staff (for tribal grantees only)
Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)
Other - Describe:
17.4. Citizenship/Legal Residency Verification
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.
Clients sign an attestation of citizenship or legal residency
Client's submission of Social Security cards is accepted as proof of legal residency
Noncitizens must provide documentation of immigration status
Citizens must provide a copy of their birth certificate, naturalization papers, or passport
Noncitizens are verified through the SAVE system
Tribal members are verified through Tribal enrollment records/Tribal ID card
Other - Describe:
17.5. Income Verification
What methods does your agency utilize to verify household income? Select all that apply.
Require documentation of income for all adult household members
V Pay stubs
Social Security award letters
Bank statements
Tax statements
Zero-income statements
Unemployment Insurance letters
Other - Describe:
Computer data matches:
Income information matched against state computer system (e.g., SNAP, TANF)
✓ Proof of unemployment benefits verified with state Department of Labor
Social Security income verified with SSA
✓ Utilize state directory of new hires
Other - Describe:
17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
Policy in place prohibiting release of information without written consent
Grantee LIHEAP database includes privacy/confidentiality safeguards

Employee training on confidentiality for:
Grantee employees
Local agencies/district offices
Employees must sign confidentiality agreement
Grantee employees
✓ Local agencies/district offices
Physical files are stored in a secure location
Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
All vendors must register with the State/Tribe.
All vendors must supply a valid SSN or TIN/W-9 form
Vendors are verified through energy bills provided by the household
Grantee and/or local agencies/district offices perform physical monitoring of vendors
Other - Describe and note any exceptions to policies above:
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
Applicants required to submit proof of physical residency
Applicants must submit current utility bill
Data exchange with utilities that verifies:
Account ownership
Consumption
Balances
Payment history
Account is properly credited with benefit
Other - Describe:
Centralized computer system/database tracks payments to all utilities
Centralized computer system automatically generates benefit level
Separation of duties between intake and payment approval
Payments coordinated among other energy assistance programs to avoid duplication of payments
Payments to utilities and invoices from utilities are reviewed for accuracy
Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
Direct payment to households are made in limited cases only
Procedures are in place to require prompt refunds from utilities in cases of account closure
Vendor agreements specify requirements selected above, and provide enforcement mechanism Other - Describe:
17.9. Benefits Policy - Bulk Fuel Vendors
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
Vendors are checked against an approved vendors list
Centralized computer system/database is used to track payments to all vendors
Centralized computer system/database is used to track payments to all vendors
Clients are relied on for reports of non-delivery or partial delivery

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
Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? permanently
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)

350 Capitol Street * Address Line 1			
Room B-18 Address Line 2			
Address Line 3			
Charleston <u>* City</u>	w∨ <u>* State</u>	25301 * Zip Code	
Check if there are workplaces on file that are not identified here. Alternate II. (Grantees Who Are Individuals)			
(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;			
(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.			
[55 FR 21690, 21702, May 25, 1990]			
By checking this box, the prospective primary participant is providing the certification set out above.			

Section 20: Certification Regarding Lobbying

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$10,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

Assurances
(1) use the funds available under this title to
(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);
(B) intervene in energy crisis situations;
(C) provide low-cost residential weatherization and other cost-effective energy- related home repair;and
(D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;
(2) make payments under this title only with respect to
(A) households in which one or more individuals are receiving
(i)assistance under the State program funded under part A of title IV of the Social Security Act;
(ii) supplemental security income payments under title XVI of the Social Security Act;
(iii) food stamps under the Food Stamp Act of 1977; or
(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or
(B) households with incomes which do not exceed the greater of -
(i) an amount equal to 150 percent of the poverty level for such State; or
(ii) an amount equal to 60 percent of the State median income;
(except that a State may not exclude a household from eligibility in a fiscal year solely on the basis of household income if such income is less than 110 percent of the poverty level for such State, but the State may give priority to those households with the highest home energy costs or needs in relation to household income.
(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;
(1) coordinate its activities under this title with similar and related programs

(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

(6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -

(A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

(B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;

(7) if the State chooses to pay home energy suppliers directly, establish procedures to --

(A) notify each participating household of the amount of assistance paid on its behalf;

(B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grantees and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and

(B) the State will treat owners and renters equitably under the program assisted under this title;

(9) provide that--

(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

(11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;

(12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);

(13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and

(14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.

(15) * beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.

* This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and

thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Plan Attachments

PLAN ATTACHMENTS

The following documents must be attached to this application

- Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.
- Heating component benefit matrix, if applicable
- Cooling component benefit matrix, if applicable
- Minutes, notes, or transcripts of public hearing(s).