DETAILED MODEL PLAN (LIHEAP)

Mandatory Grant Application SF-424

| 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 Su Plan | * 1.a. Type of Submission: * 1.b. Frequency: * 1.c. Consolidated * 1.d. Version: Plan Annual Application/Plan/Funding Request? Initial | | | | | | | | |
| | | | | | | Explanation: | | | |
| | | | | | | 2. Date Receiv | red: | | State Use Only: |
| | | | | | | 3. Applicant I | dentifier: | | |
| | | | | | | 4a. Federal Ei | ntity Identi | fier: | 5. Date Received By State: |
| | | | | | | 4b. Federal A | ward Ident | ifier: | 6. State Application Identifier: |
| 7. APPLICANT | INFOR | MATION | | | | . <u> </u> | | | |
| * a. Legal Name | : State of | of Hawaii | | | | | | | |
| * b. Employer/1 | axpayer | · Identification N | umber (| EIN/TIN): I-99 | 960001081-A6 | * c. Organizat | ional DUN | S: 8246711 | 76 |
| * d. Address: | | | | | | | | | |
| * Street 1: | | P.O. BOX 339 | | | | Street 2: | | | |
| * City: | | HONOLULU | | | | County: | | | |
| * State: | | HI | | | | Province: | | | |
| * Country: | | United States | | | | * Zip / Pos | Zip / Postal Code: 96813 | | |
| e. Organizationa Department Nar Human Service | me: | | | | | Division Name Benefit Empl | | Support Serv | vices Dvision |
| f. Name and con | tact info | ormation of perso | on to be | contacted on ma | tters involving th | nis application: | | | |
| Prefix: rs | * First I Teri A | | | | Middle Name: * Last Name: Escudero | | | | |
| Suffix: | Title: LIHEA | AP Coordinator | | | Organizational Affiliation: | | | | |
| | | | | * Email: tescudero@dhs.hawaii.gov | | | | | |
| * 8a. TYPE OF A: State Governm | | CANT: | | | | | | | |
| b. Additional | Descrip | tion: | | | | | | | |
| * 9. Name of Federal Agency: | | | | | | | | | |
| | | | | og of Federal Dom ssistance Number: | | | | CFDA Title: | |
| 10. CFDA Numbers and Titles 93568 | | | | | Low-Income Home Energy Assistance | | | | |
| 11. Descriptive LIHEAP Coord | | Applicant's Proje | ect | | | | | | |
| 12. Areas Affected by Funding: State of Hawaii | | | | | | | | | |
| 13. CONGRESS | IONAL | DISTRICTS OF | 7: | | | | | | |
| * a. Applicant HI | | | | | | b. Program/P Statewide | roject: | | |
| Attach an additional list of Program/Project Congressional Districts if needed. | | | | | | | | | |

| 14. FUNDING PERIOD: | | 15. ESTIMATED FUNDING: | | | | | | | | |
|--|---|------------------------|------------------------------|---|--|--|--|--|--|--|
| a. Start Date: 10/01/2014 | b. End Date: 09/30/2015 | | * a. Federal (\$): \$0 | b. Match (\$): \$0 | | | | | | |
| * 16. IS SUBMISSION SUBJECT TO R | * 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS? | | | | | | | | | |
| a. This submission was made availab | le to the State under the Executive Order | 12372 | | | | | | | | |
| Process for Review on : | | | | | | | | | | |
| b. Program is subject to E.O. 12372 b | out has not been selected by State for revie | ew. | | | | | | | | |
| c. Program is not covered by E.O. 12 | 372. | | | | | | | | | |
| * 17. Is The Applicant Delinquent On A NO | ny Federal Debt? | | | | | | | | | |
| Explanation: | | | | | | | | | | |
| accurate to the best of my knowledge. I a | (1) to the statements contained in the list of also provide the required assurances** an eents or claims may subject me to crimina | nd agree to con | nply with any resulting term | s if I accept an award. I am aware that | | | | | | |
| ** The list of certifications and assurance | ** 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 Title o | f Authorized Certifying Official | | 18c. Telephone (area code, | number and extension) | | | | | | |
| 18d. Email Address | | | | | | | | | | |
| 18b. Signature of Authorized Certifying Official 18e. Date Report Submitted (Month, Day, Year) | | | | | | | | | | |
| Attach supporting documents as specified in agency instructions. | | | | | | | | | | |

| | Section | 1 - | Program | Component |
|--|---------|-----|---------|-----------|
|--|---------|-----|---------|-----------|

| | Section 1 - Program Components | | | | | | | |
|--|---|-------------|---|--|--|--|--|--|
| | J.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES August 19 DMINISTRATION FOR CHILDREN AND FAMILIES | | 95,03/96,12/98,11/01 ance No.: 0970-0075 ion Date: 06/30/2017 | | | | | |
| | LOW INCOME HOME ENERGY ASSISTANCE PROGF MODEL PLAN SF - 424 - MANDATORY | RAM(LIHEAP) | | | | | | |
| Ad Off Wa Au ON Exj TH rec rep ma | Department of Health and Human Services Administration for Children and Families Office of Community Services Washington, DC 20447 August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Approval No. 0970-0075 Expiration Date: 02/28/2005 THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. | | | | | | | |
| Pro | Section 1 Program Components Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C) | | | | | | | |
| | Check which components you will operate under the LIHEAP program. ote: You must provide information for each component designated here as requested elsewhere in this plan.) | Dates of (| Operation | | | | | |
| | | Start Date | End Date | | | | | |

| | Check which components you will operate under the LIHEAP program. e: You must provide information for each component designated here as requested elsewhere in this plan.) | Dates of | Operation |
|-------------|---|---------------------------|----------------|
| | | Start Date | End Date |
| | Heating assistance | | |
| / | Cooling assistance | 04/01/2015 | 06/30/2015 |
| / | Crisis assistance | 10/01/2014 | 09/30/2015 |
| | Weatherization assistance | | |
| Prov | vide further explanation for the dates of operation, if necessary | | |
| | anding the application period for Energy Credits from one month to three months, to be able reach a larger population mated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16 | n of eligible households. | |
| .2 E 00% | stimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all p 6. | ercentages must add up to | Percentage (%) |
| Н | eating assistance | | 0.00% |
| Co | poling assistance | | 65.00% |
| С | risis assistance | | 15.00% |
| w | 0.00% | | |
| Ca | 10.00% | | |
| A | 10.00% | | |
| Se | 0.00% | | |
| Us | sed to develop and implement leveraging activities | | 0.00% |
| от | AL | | 100.00% |
| lter | rnate Use of Crisis Assistance Funds, 2605(c)(1)(C) | | |

| 1.3 T | 1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to: | | | | | | | | | |
|--|--|--|---|--|--------------------------|--|---------------------------|--|-------------------|---|
| | Heat | Heating assistance | | | | | Cooling assistance | | | |
| | Weat | Weatherization assistance | | | | | | er (specify:) | | |
| | | | | | | | | | | |
| | , <u> </u> | 2605(b)(2)(A) - Assurance 2, 2605(c)(| | | | | | | . 1.64 | |
| | • | useholds categorically eligible if one h | | | | 5 | ategoi | ries of benefits in th | e left | column below? Yes |
| II you | If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6. | | | | | | | | | |
| TANF | 1 | | Heat | ing | Yes | Cooling | Yes | Crisis | <u> </u> | Weatherization |
| SSI Yes Yes | | | | | | | | | | |
| SNAP | | | | | Yes | | Yes | | | |
| Means | -tested Veterans Pr | ograms | | | No | | No | | ĺ | |
| | | Program Name | | Heating | | Cooling | | Crisis | | Weatherization |
| Other | (Specify) 1 | | | | | | | | | |
| 1.5 D | o you automatical | ly enroll households without a direct | annual appli | cation?No | | | | | | |
| If Yes | s, explain: | | | | | | | | | |
| detern There allevia public | mining eligibility a is no differentiation ation amount as ver c/subsidized housin | there is no difference in the treatmen and benefit amounts? In between income eligible and a categorified by the utility company to restore g with the lowest poverty levels of inco- egorical households; the State assigns the | orical househo service, with to me receive th | old in the sett the same may ne highest pa | ting of ximur ymen | payment amounts. I n payment for both g s without considerat | n cris roups ion of | is assistance, paymer . For cooling assistar categorical status. T | nt is i nce, h | ssued according to the ouseholds not in |
| SNAF | P Nominal Payment | ts | | | | | | | | |
| 1.7a I | Do you allocate LI | HEAP funds toward a nominal paym | ent for SNAI | P household | ls?No | | | | | |
| If you | answered "Yes" | to question 1.7a, you must provide a | response to q | questions 1.7 | 7b, 1.7 | 7c, and 1.7d. | | | | |
| 1.7b / | Amount of Nomin | al Assistance: \$0 | | | | | | | | |
| 1.7c F | Frequency of Assis | stance | | | | | | | | |
| | Once Per Year | | | | | | | | | |
| | Once every five | years | | | | | | | | |
| | Other - Describe | : | | | | | | | | |
| 1.7d I | How do you confir | m that the household receiving a non | ninal paymen | at has an en | ergy o | ost or need? | | | | |
| Deter | mination of Eligibi | lity - Countable Income | | | | | | | | |
| 18 h | n determining a h | ousehold's income eligibility for LIHI | EAP do you i | use gross in | come | or net income ? | | | | |
| Image: A state Image: A state<td>Gross Income</td><td></td><td><u></u></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> | Gross Income | | <u></u> | | | | | | | |
| | Net Income | | | | | | | | | |
| 1.9. S | 1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP | | | | | | | | | |
| ~ | ✓ Wages | | | | | | | | | |
| ~ | Self - Employme | nt Income | | | | | | | | |
| ~ | Contract Income | 2 | | | | | | | | |
| ~ | Payments from 1 | nortgage or Sales Contracts | | | | | | | | |
| ~ | Unemployment i | insurance | | | | | | | | |
| | Strike Pay | | | | | | | | | |

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

| > | Funds received by household for the care of a foster child | | | | | | |
|---|---|--|--|--|--|--|--|
| ~ | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid | | | | | | |
| | Reimbursements (for mileage, gas, lodging, meals, etc.) | | | | | | |
| | Other | | | | | | |
| | 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: 06/30/2017

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

| | Section 2 - Heating Assistance | | | | | | | | |
|---|---|-----------------|--|-----------------------|--|--|--|--|--|
| Eligibility, 2605(b)(| 2) - Assurance 2 | | | | | | | | |
| | ncome eligibility threshold used for the heating | g componenet | : | | | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | | | | |
| 1 | | | | 0.00% | | | | | |
| | 2.2 Do you have additional eligibility requirements for HEATING ASSITANCE? | | | | | | | | |
| 2.3 Check the appr | opriate boxes below and describe the policies | for each. | | | | | | | |
| Do you require an | Assets test ? | | | | | | | | |
| Do you have additi | onal/differing eligibility policies for: | 4 | | | | | | | |
| Renters? | | | | | | | | | |
| Renters Livi | ng in subsidized housing ? | <u> </u> | | | | | | | |
| Renters with | utilities included in the rent ? | | | | | | | | |
| Do you give priorit | y in eligibility to: | | | | | | | | |
| Elderly? | | | | | | | | | |
| Disabled? | | | | | | | | | |
| Young childr | ren? | | | | | | | | |
| Households v | with high energy burdens ? | | | | | | | | |
| Other? | | | | | | | | | |
| Explanations of po | licies for each "yes" checked above: | | | | | | | | |
| Determination of Be | enefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | | |
| 2.4 Describe how y | ou prioritize the provision of heating assistant | e tovulnerabl | e populations,e.g., benefit amounts, early application | ation periods, etc. | | | | | |
| 2.5 Check the varia | ables you use to determine your benefit levels. | (Check all that | at apply): | | | | | | |
| Income | | | | | | | | | |
| Family (house | ehold) size | | | | | | | | |
| Home energy | cost or need: | | | | | | | | |
| Fuel ty | vpe | | | | | | | | |
| Clima | te/region | | | | | | | | |
| Individual bill | | | | | | | | | |
| Dwelling type | | | | | | | | | |
| Energy burden (% of income spent on home energy) | | | | | | | | | |
| Energy need | | | | | | | | | |
| Other - Describe: | | | | | | | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | | | |
| Denent Levels, 200. | (0)(0) - 1 issurance 0, 2000(0)(1)(D) | | | | | | | | |
| 2.6 Describe estima | ated benefit levels for FY 2015: | | 1 | (| | | | | |
| | | | | | | | | | |

Maximum Benefit

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

If yes, describe.

| Section | 3 - | COOLIN | GAS | SIST | ANCE |
|---------|-----|--------|------------|------|------|
| | | | | | |

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

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

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

Section 3 - Cooling Assistance

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

| 3.1 Designate The income eligibility threshold used for the Cooling componenet: | | | | | | | | |
|---|---|-----------|--|---------|--|--|--|--|
| Add | Household size | | Eligibility Guideline Eligibility Thre | | | | | |
| 1 | All Household Sizes | | HHS Poverty Guidelines | 150.00% | | | | |
| 3.2 Do you have ad COOLING ASSITA | ditional eligibility requirements for NCE? | Yes | | | | | | |
| 3.3 Check the appr | opriate boxes below and describe the policies | for each. | | | | | | |
| Do you require an | Assets test ? | No | | | | | | |
| Do you have additi | onal/differing eligibility policies for: | | | | | | | |
| Renters? | | No | | | | | | |
| Renters Living in subsidized housing ? | | | No | | | | | |
| Renters with | utilities included in the rent ? | No | | | | | | |
| Do you give priorit | y in eligibility to: | | | | | | | |
| Elderly? | | No | | | | | | |
| Disabled? | | No | | | | | | |
| Young children? | | | No | | | | | |
| Households with high energy burdens ? | | | No | | | | | |
| Other? addit | ional requirements listed below | Yes | | | | | | |
| Explanations of po | licies for each "yes" checked above: | | | | | | | |

Additional eligibility requirements for cooling assistance:

1. Households must provide verification of a current utility expense from a P.U.C. regulated company and proof of residence. Applications must be submitted by the person whose name appears on the utility bill or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for paying the cost of energy for the household.

2. When payment for energy undesignated in the form of rent, the household shall submit a current utility bill and bonafide rental or lease agreement or Hawaii Housing Authority statement for the address listed on the utility bill.

3. Identification of all adults in the household is required. If the utility bills are not in the applicant's name, identification of the individual on the utility bill will be required; unless the provider is Hawaii Housing Authority or any other known private vendor; i.e. Hale Mahaolu.

4. All household members must be a U.S. Citizen or "qualified alien" as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Action of 1996 (PRWORA).

5. Applicant and household members older than one year must provide and verify their social security numbers.

6. All adult household members must sign the application.

7. Household's must declare and provide verification of annual income in a reasonable amount greater than their exependitures for the same period. The contracted provider shall assist the household to develop the verification.

8. Households must keep their utility account active at the time utility company for which they are requesting assistance until the day the utility company posts the credit to their account. If for any reason the utility company cannot locate or identify an active account for the household in its computer files, assistance shall not be issued and the household shall be ineligible for assistance.

9. All applicantions must be submitted by the last day of the application period.

10. Households shall not be entitled to receive more than on LIHEAP payment (crisis or energy credit) per federal fiscal year.

11. Applicant and other adult household members may be sanctioned for misrepresenting their household's circumstances that resulted in a household's inelgibility for one federal fiscal year. Household circumstances include but are not limited to household size, income or assets.

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

Households not in public/subsidized housing; are assigned an additional vulnerability point when the household consists of a child five or younger, and adult 60 years or older or a disabled individual.

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

attach a document with said explanation here.

| 3.5 | 3.5 Check the variables you use to determine your benefit levels. (Check all that apply): | | | | |
|-----|---|--|--|--|--|
| > | Income | | | | |
| > | Family (household) size | | | | |
| > | Home energy cost or need: | | | | |
| | Fuel type | | | | |
| | ✓ Climate/region | | | | |
| | Individual bill | | | | |
| | V Dwelling type | | | | |
| | Energy burden (% of income spent on home energy) | | | | |
| | ✓ Energy need | | | | |
| | ✓ Other - Describe: | | | | |
| | | | | | |

Benefit level for households in [public/subsidized housing will be based on their household size as follows: Household size 1-2: \$350; Household size 3-5: \$400; Household size 6+: \$450 *Benefits are submject to change in the event federal appropriations are increased or decreased.

Benefits levels fro household not in public/subsidized housing are varied accordig to point assigned to household based on three incomelevels of income; three levels of household size, Two levels or region; energy burden; and vulnerability of household members. Income Limits: 1 point for Income up to 150% of FPL; 2 points for Income up to 100% of FPL; 3 points for Income up to 50% of FPL. Household size: 1 point: 1-2 persons, 2 points: 3-5 persons, 3 points: 6 or more people. Regions: 1 point: Oahu, 2 points: Kauai, Maui (Molokai and Lani), Hawaii Island.

| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | |
|--|--|--|---------------------|--|--|--|
| 3.6 Describe estimated benefit levels for FY 2015: | 3.6 Describe estimated benefit levels for FY 2015: | | | | | |
| Minimum Benefit | \$150 | Maximum Benefit | \$1,350 | | | |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? No | | | | | | |
| If yes, describe. | | | | | | |
| If any of the above questions require furt | her explanation | or clarification that could not be made in the | ne fields provided, | | | |

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

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

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

Section 4: CRISIS ASSISTANCE

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| Eligibility - 2604(c), 2605(c)(1)(A) | | | | | |
|--|---|--|-------------------------------------|--|--|
| 4.1 Designate the | 4.1 Designate the income eligibility threshold used for the crisis component | | | | |
| Add | Household size | Eligibility Guideline | Eligibility Threshold | | |
| 1 | All Household Sizes | HHS Poverty Guidelines | 150.00% | | |
| 4.2 Provide your | LIHEAP program's definition for determining a crisis. | | | | |
| Utility power at th because of nonpay | e household's current residence has been terminated within 30 d ment of bill. | ays from the date of application or will be terminated | l within seven days of application | | |
| 4.3 What constitu | tes a <u>life-threatening crisis?</u> | | | | |
| Utility power at th leading to the enda | e household's current residence will be terminated within seven ingerment of life. | days of date of application and the termination of po | wer will result in a medical crisis | | |
| Crisis Requireme | ent, 2604(c) | | | | |
| 4.4 Within how m | nany hours do you provide an intervention that will resolve t | he energy crisis for eligible households? 48Hours | | | |
| 4.5 Within how m | nany hours do you provide an intervention that will resolve t | he energy crisis for eligible households in life-three | atening situations? 18Hours | | |
| Crisis Eligibility, 2 | 2605(c)(1)(A) | | | | |
| | additional eligibility requirements for CRISIS ASSISTANCI | 2? Yes | | | |
| -1.0 D0 you nuve u | | | | | |
| 4.7 Check the app | propriate boxes below and describe the policies for each | | | | |
| Do you require a | Do you require an Assets test ? No | | | | |
| Do you give prior | ity in eligibility to : | | | | |
| Elderly? | | No | | | |
| Disabled? | | No | | | |
| Young Chil | dren? | No | | | |
| Households | with high energy burdens? | No | | | |
| Other? | | No | | | |
| In Order to receiv | ve crisis assistance: | | | | |
| Must the ho tank? | ousehold have received a shut-off notice or have a near empt | y Yes | | | |
| Must the ho | ousehold have been shut off or have an empty tank? | Yes | | | |
| Must the ho | ousehold have exhausted their regular heating benefit? | No | | | |
| Must renter eviction notice ? | rs with heating costs included in their rent have received an | No | | | |
| Must heatir | ng/cooling be medically necessary? | No | | | |
| Must the ho | ousehold have non-working heating or cooling equipment? | No | | | |
| Other? | Other? No | | | | |
| Do you have addi | tional / differing eligibility policies for: | | | | |
| Renters? | | No | | | |
| Renters livi | ng in subsidized housing? | No | | | |
| | | | | | |

T

Renters with utilities included in the rent?

Explanations of policies for each "yes" checked above:

Additional Requirements:

1. Households shall provide a current shut-off notice from P.U.C. regulated companies as well as documented verification that as of the date of appliation the household resides at the service address on the shut-off notice.

2. Applicationsmust be submitted by the person whose name appears on the utility bill or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for paying the cost of energy for the household.

3. Identification of all adults in the household is required. If the utility bills are not in the applicant's name, identification of the individual on the utility bill will be required; unless the provider is Hawaii Housing Authority or anyu other known private vendor; i.e. Hale Mahaolu.

4. Applicants and all household members older than one year must provide and verify their social security numbers.

5. All adults members must sign the application.

6. Applicant and all household members must be a U.S. Citizen or "qualified alien" as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Action of 1996 (PRWORA).

7. Household's must declare and provide veification of annual income in a reasonable amount greater than their expenditures for the same time period. The Community Action provider can assist the household to develop the verification.

8. The household must have an approved payment plan with the Utility Company for any outstanding balance in excess of LIHEAP's maximum payment of \$350.

9. The Utility Company agrees that utility power would be restored at the current residence of the household if crisis assistance is issued.

10. Household shall not be entitled to receive more than one (crisis or energy credit) LIHEAP payment per federal fiscal year.

11. Applicant and other adult household members have not been sanctioned for misrepresenting their household's circumstances that resulted in a household's inelgibility for one federal fiscal year. Household circumstances include but are not limited to household size and income

Determination of Benefits

4.8 How do you handle crisis situations?

Separate component

Fast Track

✓ Other - Describe:

Determine crisis situations are determined by the amound needed to resolve the crisis, up to a maximum.

4.9 If you have a separate component, how do you determine crisis assistance benefits?

Amount to resolve the crisis.

✓ Other - Describe:

Payments are based upon the past due amount and any current outstanding charge, not to exceed the maxmum of \$350*. This payment shall not include payment of utility deposit, surcharge, service charge, or rental fees.

*This payment is subject to change according to increases or reduction of federal appropriations.

Payments shall be issued to the Utility Company.

Crisis Requirements, 2604(c)

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

Yes Explain.

All contactors have sites available for applications to be submitted. If not available, applications are done electronically or via telephone.

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

Submit applications for crisis benefits without leaving their homes?

Yes If No, explain.

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

No If No, explain.

If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?

No

Applicants can submit an application via email or by USPS.

No travel services provided for applicants to come to the office, but the local office will go to the applicant if there is a need.

| Benefit Levels, 2605(c)(1)(B) | | | | | | |
|--|---|---------------|--------------|--|--|--|
| 4.12 Indicate the maximum benefit for each type of crisis | assistance of | fered. | | | | |
| Winter Crisis \$0 maximum benefit | | | | | | |
| Summer Crisis \$0 maximum benefit | | | | | | |
| Year-round Crisis \$350 maximum benefit | | | | | | |
| 4.13 Do you provide in-kind (e.g. blankets, space heaters, | fans) and/or | other forms o | of benefits? | | | |
| No If yes, Describe | | | | | | |
| | | | | | | |
| 4.14 Do you provide for equipment repair or replacement | t using crisis | funds? | | | | |
| No | | | | | | |
| If you answered "Yes" to question 4.14, you must comple | te question 4 | .15. | | | | |
| 4.15 Check appropriate boxes below to indicate type(s) of | assistance p | rovided. | | | | |
| | Winter Summer Year-round Crisis Crisis Crisis | | | | | |
| Heating system repair | | | | | | |
| Heating system replacement | | | | | | |
| Cooling system repair | Cooling system repair | | | | | |
| Cooling system replacement | | | | | | |
| Wood stove purchase | | | | | | |
| Pellet stove purchase | | | | | | |
| Solar panel(s) | | | | | | |
| Utility poles / gas line hook-ups | Jtility poles / gas line hook-ups | | | | | |
| Other (Specify): | | | | | | |
| 4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? | | | | | | |
| No | | | | | | |
| If you responded "Yes" to question 4.16, you must respond to question 4.17. | | | | | | |
| 4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period. | | | | | | |
| | | | | | | |

| ADMUNISTRATION FOR CHILDREN AND FAMILIES | | | | 1 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017 | | |
|---|---|-------------------------------|---|--|--|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | | | | |
| | | | | | | |
| | Se | ction 5: WEATHE | RIZATION ASSISTANCE | | | |
| Eligibility, 2605(c) | (1)(A), 2605(b)(2) - Assurance | 2 | | | | |
| 5.1 Designate the ir | ncome eligibility threshold use | ed for the Weatherization con | nponent | | | |
| Add | Househo | ld Size | Eligibility Guideline | Eligibility Threshold | | |
| 1 | | | | 0.00% | | |
| 5.2 Do you enter in | to an interagency agreement | to have another government a | agency administer a WEATHERIZATION comp | onent? | | |
| 5.3 If yes, name the | e agency. | | | | | |
| 5.4 Is there a separ | rate monitoring protocol for w | eatherization? | | | | |
| WEATHERIZATI | ON - Types of Rules | | | | | |
| | les do you administer LIHEA | P weatherization? (Check onl | ly one.) | | | |
| | er LIHEAP (not DOE) rules | | · · · | | | |
| | er DOE WAP (not LIHEAP) | rules | | | | |
| | | | no I HIE AD and WAD mulas diffon (Choole all that | onnly). | | |
| - | | wing DOE wAF rule(s) with | re LIHEAP and WAP rules differ (Check all that | appry): | | |
| | e Threshold | | | | | |
| | Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days | | | | | |
| Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities). | | | | | | |
| Other - | Other - Describe: | | | | | |
| Mostly under | Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.) | | | | | |
| Income | Income Threshold | | | | | |
| Weath | erization not subject to DOE | WAP maximum statewide av | erage cost per dwelling unit. | | | |
| Weath | erization measures are not sul | oject to DOE Savings to Inves | stment Ration (SIR) standards. | | | |
| Other - | - Describe: | | | | | |
| | | | | | | |
| Eligibility, 2605(b) | (5) - Assurance 5 | N | | | | |
| 5.6 Do you require | an assets test? | | | | | |
| - | lditional/differing eligibility po | olicies for : | | | | |
| Renters | | | | | | |
| | Renters living in subsidized housing? | | | | | |
| 5.8 Do you give pri Elderly? | ority in eligibility to: | | | | | |
| Disabled? | | | | | | |
| Young Child | ren? | | | | | |
| | with high energy burdens? | | | | | |
| Other? | | | | | | |
| If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below. | | | | | | |

| Benefit Levels | | | | |
|---|-----------------------------|--|--|--|
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per hou | sehold? | | | |
| 5.10 If yes, what is the maximum? \$0 | | | | |
| Types of Assitance, 2605(c)(1), (B) & (D) | | | | |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categori | es that apply.) | | | |
| Weatherization needs assessments/audits | Energy related roof repair | | | |
| Caulking and insulation | Major appliance Repairs | | | |
| Storm windows | Major appliance replacement | | | |
| Furnace/heating system modifications/ repairs | Windows/sliding glass doors | | | |
| Furnace replacement | Doors | | | |
| Cooling system modifications/ repairs | Water Heater | | | |
| Water conservation measures | Cooling system replacement | | | |
| Compact florescent light bulbs | Other - Describe: | | | |

| Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) | | | | |
|--|---|--|--|--|
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES | August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017 | | | |
| LOW INCOME HOME ENERGY ASSIS MODEL PLA SF - 424 - MANDA | N | | | |
| Section 6: Outreach, 2605(b)(3) - As | ssurance 3, 2605(c)(3)(A) | | | |
| 6.1 Select all outreach activities that you conduct that are designed to assure that eligible h | nouseholds are made aware of all LIHEAP assistance available: | | | |
| ✓ Place posters/flyers in local and county social service offices, offices of aging, Social s | 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 a | t application intake for other low-income programs. | | | |
| Execute interagency agreements with other low-income program offices to perform | outreach to target groups. | | | |
| ✓ Other (specify): | | | | |
| Send LIHEAP flyers to agencis that asist the elderly and disabled individuals to inform them of | the start of LIHEAP and program requirements. | | | |
| Request that utility companies encourage their customers to apply for LIHEAP | | | | |
| Provide pamphlet to all organizations or individuals who work with the needy populations who | request information. | | | |
| In remote areas, contracted community agencies will go door to door to educating people about | LIEHAP and encouraging them to apply for the program. | | | |
| If any of the above questions require further explanation or clarifi attach a document with said explanation here. | ication that could not be made in the fields provided, | | | |

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share data when not prohibited by law for LIHEAP.

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

| | Section 7: Coordination, 2605(b)(4) - Assurance 4 |
|--------|--|
| 7.1 De | scribe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.). |
| | Joint application for multiple programs |
| | Intake referrals to/from other programs |
| | One - stop intake centers |
| ~ | Other - Describe: |
| | e coordinates LIHEAP with the SNAP, TANF, SSI, and low-income weatherization programs. These programs are encouraged to inform, educate, and refer their ners to LIHEAP. Community action provider agencies refer and cordinate with other existing federal, state, and local low-income home energy related programs to |

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|--|--|--------------------------------------|----------------------------|--------------------|----------------|--|
| | LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | | | |
| | Section 8: Agency Designation | n, 2605(b)(6) - As Commonwealth c | · • | ired for state gra | ntees and the | |
| 8.1 How | would you categorize the primary responsibility | of your State agency? | | | | |
| > | Administration Agency | | | | | |
| | Commerce Agency | | | | | |
| | Community Services Agency | | | | | |
| | Energy / Environment Agency | | | | | |
| | Housing Agency | | | | | |
| | Welfare Agency | | | | | |
| > | Other - Describe: LIHEAP Coordinator is admin (BESSD) that is also responsible for the State's we applications and eligiblity is completed by commu | lfare program. LIHEAP's po | | | | |
| | e Outreach and Intake, 2605(b)(15) - Assurance elected ''Welfare Agency'' in question 8.1, you mu | | 8.3, and 8.4, as applicabl | le. | | |
| 8.2 How | do you provide alternate outreach and intake for | r HEATING ASSISTANCE | ? | | | |
| 8.3 How | do you provide alternate outreach and intake for | r COOLING ASSISTANCE | ?? | | | |
| copy all agencies | Contracted community agencies provide information about the energy assistance program including basic eligibility rules, assist applicants in completing the application, copy all required verifications and documentation, and make provisions for applicants who are homebound to recieved the same services utilizing home visits. Community agencies will make arrangements with senior centers and community centers to intake applications on site. Communitya agencies also go door to door in public housings to inform households of LIHEAP. | | | | | |
| 8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE? | | | | | | |
| Contracted community agencies provide information about the energy assistance program including basic eligibillity rules, assist applicants in completing the aplication, copy all required verifications and documentation, and make provisions for applicants who are homebound to receive the same services utilizing home visits. Community agencies will make arrangements with senior centers and communit enters to intake applications on site. Utility companies will also inform customers of LIHEAP and refer to community agencies for assistance. | | | | | | |
| 8.5 LIHEAP Component Administration. | | Heating | Cooling | Crisis | Weatherization | |
| | o determines client eligibility? | | Non-profits | Non-profits | | |
| 8.5b Wh vendors | o processes benefit payments to gas and electric ? | | Other | Other | | |
| | 8.5c who processes benefit payments to bulk fuel Other Other | | | | | |
| 8.5d Wh measure | o performs installation of weatherization s? | | | | | |
| | of your LIHEAP components ar ions 8.6, 8.7, 8.8, and, if applicable | | ninistered by a s | tate agency, you | must complete | |

8.6 What is your process for selecting local administering agencies?

LIHEAP has an exemption from the Hawaii procurement process as LIHEAP laws require as a condition for state grantees to receive LIHEAP funds, the Governor shall assure that special consideration be given only to local non-profit agencies which: 1) were receiving federal funds under any low-income energy assitance or weatherization program under the Economic Opportunity Act of 1964, and 2) have the capacity to undertake a timely and effective energy crisis intervention program and the ability to carry out the program in the local community. There are only for such community action agencies (HCAP for Oahu, HCEOC for Hawaii, MEO for Maui and KEO for Kauai). They are the only agencies who meet the criteria and are selected to administer LIHEAP.

8.7 How many local administering agencies do you use? 4

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

8.9 If so, why?

Agency was in noncompliance with grantee requirements for LIHEAP -

Agency is under criminal investigation

Added agency

Agency closed

Other - describe

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

9.1 Do you make payments directly to home energy suppliers?

Yes

Heating

No

Cooling

Crisis Yes
Are there exceptions? No

If yes, Describe.

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

At the time the State forwards the payment to the utility company, a notice of disposition is sent of inform the household of the amount sent to the utility company on their behalf. It also advises the household to confirm the payment was applied to their account by reviewing their next utility bill.

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

For both components, cooling and crisis, Memorandum of Agreements (MOA) are established with five Public Utility companies (PUC) supplying residential energy in Hawaii. Utility companies use standard accounting payment processing systems for subscriber accounts, assuring payment processing systems for subscriber accounts, assuring payments are posted against utility expenses with available balances for the following month's bill.

The utility companies must also make staff available to assist LIHEAP customers with balance inquiries.

Notices send to the eligible customers informing them of their benefit amount. If the benefit amount is different from the credited amount the name and phone number of the LIHEAP agencies are listed on the notice for inquiries.

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

The MOA states that no LIHEAP household is neither treated adversely nor be discriminated against in cost of goods or services provided.

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

If so, describe the measures unregulated vendors may take.

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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?

Community action provider agencies electronically submit names of eligible households to the State office. These files are merged into a State file for additional checks of duplicate case files. After all checks are completed a listing of all eligible cutomers are sent to hte Department's Fiscal Office and the State's Department of Budget and FincanceOffice for processing.

The Department of Human Services fiscal office follows standard accounting procedures for all federal programs, including LIHEAP. the office uses state accounting manuals of the Department of Accounting and General Services and the statewide Financial Accounting and Management Information System (FAMIS).

Department accounting staff is not part of LIHEAP. They also track expenditures and cost allocations.

LIHEAP is also subject to state singel audits.

Audit Process

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133? $_{\rm Yes}$

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 Finding | No Findings | | | | | |
|-----------------------------|---|--|---------------------------------|--|--|--|
| Finding | Туре | Brief Summary | Resolved? | Action Taken | | |
| 1 | other | Case File could not be located, cited for deficiency although community action office was able to produce a log stating the client did apply at the office and system data provided on the case did not result in incorrect issuance. | No | procedure/policy changes | | |
| 2 | financial | Miscalculations , worker errors | Yes | training changes | | |
| 10.4. Audits | s of Local Administerin | g Agencies | | | | |
| What types Select all th | | ements do you have in place for local adminste | ring agencies/district offices? | | | |
| 🗸 Г | ocal agencies/district of | fices are required to have an annual audit in c | ompliance with Single Audit Act | and OMB Circular A-133 | | |
| L | ocal agencies/district of | fices are required to have an annual audit (oth | er than A-133) | | | |
| 🖌 🖌 L | ✓ Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process. | | | | | |
| 🗸 G | Grantee conducts fiscal and program monitoring of local agencies/district offices | | | | | |
| Compliance | e Monitoring | | | | | |
| 10.5. Descri | ibe the Grantee's strate | gies for monitoring compliance with the Grant | ee's and Federal LIHEAP policio | es and procedures: Select all that apply | | |
| Grantee en | ployees: | | | | | |
| 🗸 In | ternal program review | | | | | |
| 🗸 D | ✓ Departmental oversight | | | | | |
| 🗸 se | Secondary review of invoices and payments | | | | | |
| | | | | | | |

Other program review mechanisms are in place. Describe:

The LIHEAP office in Hawaii is administratively attached to the Department of Human Services (DHS). This office consists of one Program Specialist in charge of LIHEAP and a clerk. All functions of the LIHEAP program is the responsibility of the Program Specialist. Surpervision and support services; i.e. Fiscal Management, IT support and Investigation are supported by the DHS. The LIHEAP program has many checks and balances to avoid fraud in each stage of the the LIHEAP process; there is no one person or agency that detemines eligibility and pays benefits.

Local Adminstering Agencies / District Offices:

On - site evaluation

Annual program review

✓ Monitoring through central database

Desk reviews

 \checkmark

Client File Testing / Sampling

Other program review mechanisms are in place. Describe:

All applications and records are reviewed the LIHEAP manger in each contracted providr agency to ensure that a household or residuece received correct benefits. These reviews are also subject to a review at the administrative level.

All contract employee LIHEAP applications are processed by the contract LIHEAP manager.

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

LIHEAP coordinator will conduct unscheduled site visits to monitor application processes and review cases.

LIHEAP coordinator conducts desk reviews of random sampling of cases for all islands.

Reviews of cases are discussd with the contract managers for correction.

Review of case processes are also discussed for corrective action; i.e. making site more secure for employees and cases.

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

Site Visits:

All sites are monitored and reviewed. Unannounced site visits are scheduled by Island on a rotation.

The number of cases reviewed is depended on the number of applications each site processed.

Desk Reviews:

A random sampling of cases are selected for review, review denials as well as approvals.

10.8. How often is each local agency monitored ?

All islands are monitor annually.

Unannounce site visits maybe once every three years, unless time and funding allows visits more frequently.

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? 0

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0

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| Section 11: Timely and Mean | ingful Public Participation, 2605(| b)(12), 2605(C)(2) | | | |
| 11.1 How did you obtain input from the public in the developmen Select all that apply. | nt of your LIHEAP plan? | | | | |
| Tribal Council meeting(s) | | | | | |
| ✓ Public Hearing(s) | | | | | |
| ✓ Draft Plan posted to website and available for commen | t | | | | |
| Hard copy of plan is available for public view and com | nent | | | | |
| Comments from applicants are recorded | | | | | |
| Request for comments on draft Plan is advertised | Request for comments on draft Plan is advertised | | | | |
| Stakeholder consultation meeting(s) | | | | | |
| Comments are solicited during outreach activities | | | | | |
| Other - Describe: | | | | | |
| 11.2 What changes did you make to your LIHEAP plan as a result of this participation? None, there was no participation. | | | | | |
| Public Hearings, 2605(a)(2) - For States and the Commonwealth | of Puerto Rico Only | | | | |
| 11.3 List the date and location(s) that you held public hearing(s) | | EAP funds? | | | |
| | Date | Event Description | | | |
| 1 | 08/07/2014 | Public Hearing - 820 Mililani St. Rm 615 | | | |
| 11.4. How many parties commented on your plan at the hearing(s)? 0 | | | | | |
| | | | | | |
| 11.5 Summarize the comments you received at the hearing(s). | | | | | |
| None, no attendees | | | | | |
| 11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)? None | | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | | |

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN** Section 12: Fair Hearings, 2605(b)(13) - Assurance 13 12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 7 12.2 How many of those fair hearings resulted in the initial decision being reversed? 1 12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

None

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

The applicant submits a request in writing to the contractor who completed the action. The manager will review the actions of the worker within 2 days to insure proper action was taken. After review the manager completes the review the request is sent to the LIHEAP coordinator of the state. The LIHEAP coordinator will review and make contact with the applicant to clarify situation and applicants understanding of the issue. This is a Hawaii requirement for all fair hearings. After contact a Branch Report is completed stating the issues, facts leading to decision, site rules leading to decision, and the position taken. A hearing is then scheduled with a impartial hearings officer who will render a decision based on the facts and rules.

12.5 When and how are applicants informed of these rights?

Applicants are informed of fair hearing rights at the point of application and on the notice of disposition. They are also informed of this verbally when discussing disagreement with intake worker or manager.

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

Procedures are the same for all hearing see item 12.4

12.7 When and how are applicants informed of these rights?

At application and on the notice of disposition. They also informed of this right when discussing disagreement with intake worker or manager.

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

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

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| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | | | |
| Section 13: Reduction of home energy needs, 26 | 605(b)(16) - Assurance 16 | | | | |
| 13.1 Describe how you use LIHEAP funds to provide services that encourage and enable household energy assistance? | ds to reduce their home energy needs and thereby the need for | | | | |
| Community action agencies who are contracted to process LIHEAP applications also are contracted to do reduce energy needs. Community action agencies also provide weatherization programs and work with t energy consumption. | | | | | |
| 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities? | | | | | |
| No special allocation of funds made for this. | | | | | |
| 13.3 Describe the impact of such activities on the number of households served in the previous Fed | eral fiscal year. | | | | |
| No, data collect | | | | | |
| 13.4 Describe the level of direct benefitsprovided to those households in the previous Federal fiscal | year. | | | | |
| None | | | | | |
| 13.5 How many households applied for these services? 0 | | | | | |
| 13.6 How many households received these services? 0 | | | | | |

| | S. DEPARTMENT OF HEALTH AND HUMAN SERVICES August 1987, revised 05/92,02/95,03/96,12/98,1 OMB Clearance No.: 0970-0 Expiration Date: 06/30/2 | | | | | | |
|---|--|---|--|--|--|--|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | | | | | |
| Section 14:Leveraging Incentive Program, 2607(A) | | | | | | | |
| 14.1 Do you pla No | n to submit an application | n for the leveraging incentive pro | ogram? | | | | |
| 14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records. | | | | | | | |
| 14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96.87(d)(2)(iii), describe the following: | | | | | | | |
| Resource | What is the type of resource or benefit ? | What is the source(s) of the resource ? | How will the resource be integrated and coordinated with LIHEAP? | | | | |
| 1 | | | | | | | |
| | | | | | | | |

Section 15 - Training

1

| | RTMENT OF HEALTH AND HUMAN SERVICES ATION FOR CHILDREN AND FAMILIES | August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017 | | | | |
|---|--|--|--|--|--|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | | | | |
| | Section 15: | Training | | | | |
| 15.1 Describe t | he training you provide for each of the following groups: | | | | | |
| a. Grantee S | taff: | | | | | |
| Form | al training on grantee policies and procedures | | | | | |
| How ofte | n? | | | | | |
| | Annually | | | | | |
| | Biannually | | | | | |
| | As needed | | | | | |
| | Other - Describe: | | | | | |
| Empl | oyees are provided with policy manual | | | | | |
| There are no gr | -Describe: Intee staff, only a clerk. Training provided to the clerk each year based on st her in triaging phone calls. Training for coordinator is via webinars, pu | model plan and any changes from the year before. A training handbook is blications, annual training for grantees, etc. | | | | |
| b. Local Age | ncies: | | | | | |
| 🗸 Form | al training conference | | | | | |
| How ofte | n? | | | | | |
| > | Annually | | | | | |
| | Biannually | | | | | |
| > | As needed | | | | | |
| | Other - Describe: | | | | | |
| 🗸 On-si | e training | | | | | |
| How ofte | n? | | | | | |
| > | Annually | | | | | |
| | Biannually | | | | | |
| > | As needed | | | | | |
| | Other - Describe: | | | | | |
| 🖌 Empl | oyees are provided with policy manual | | | | | |
| All employees a training slide sh | - Describe re trained by the State LIHEAP coordinator annually. Each staff member ow. Training can be requested on demand or if the need arises. | is also provided a handbook, containing policies, forms, samples and a copy of the | | | | |
| c. Vendors | | | | | | |
| | al training conference | | | | | |
| How ofte | | | | | | |
| | Annually | | | | | |
| Biannually | | | | | | |
| | As needed | | | | | |
| | Other - Describe: | | | | | |
| | | | | | | |

| ~ | Policies communicated through vendor agreements | | | |
|--|---|--|--|--|
| Policies are outlined in a vendor manual | | | | |
| Other - Describe: Vendors are invited to attend the formal training provided to local agencies. | | | | |
| 15.2 Does your training program address fraud reporting and prevention? Yes | | | | |
| | | | | |

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

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

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

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

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

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

Update LIHEAP application to develop questions to gather data for Performance Measurements, beginning 2015 application. Hawaii is in the development of a new computer system that will allow LIHEAP to access information from an integrated system, beginning late 2015, hopefully operational by late 2016. Working to develope a partnership with Hawaiian Electric Company, in order to obtain annual usage data. Vendor agreement needs to be amended to include the additional data. Goal is to have in place for 2016 or 2017. Hawaii current contract with local agencies ends FFY 2016, will need to have new contract and vendor agreements done for FFY 2017.

| Section | 17 - | Program | Integrity, | 26050 | b) | (1) | 0 |) |
|---------|------|---------|------------|-------|------------|-----|---|---|
| | | | | | | | | |

| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES | | | | | | | | |
|---|---|--------|--|-------|--------------------------------|--|--|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | | | | | | |
| | Section 17: Program | Int | egrity, 2605(b)(10) | | | | | |
| 17.1 Fraud Reporting Mechanisms | | | | | | | | |
| | the public for reporting cases of suspecte | d wa | ste, fraud, and abuse. Select all that a | apply | ·. | | | |
| Online Fraud Reporting | Hadling | | | | | | | |
| | ncy/district office or Grantee office | | | | | | | |
| Report to State Inspector G | - | | | | | | | |
| . 4 | ace for local agencies/district offices and v | endo | ors to report fraud, waste, and abuse | | | | | |
| ✓ Other - Describe: | 5 | | • / / | | | | | |
| Coantracted staff instructed to report all st | uspected employee fraud to the Program Co | ordin | ator. | | | | | |
| b. Describe strategies in place for adver | tising the above-referenced resources. Sel | lect a | ll that apply | | | | | |
| Printed outreach materials | | | | | | | | |
| ✓ Addressed on LIHEAP appl | lication | | | | | | | |
| ✔ Website | | | | | | | | |
| ✓ Other - Describe: | | | | | | | | |
| Contracted agencies posted fraud posters | providing information on where to report LI | HEA | P fraud in their offices, ofices of utlity | comp | panies and in the community. | | | |
| | | | | | | | | |
| 17.2. Identification Documentation Req | uirements | | | | | | | |
| a. Indicate which of the following forms | s of identification are required or requeste | ed to | be collected from LIHEAP applicant | ts or | their household members. | | | |
| | | | Collected from Whom? | | | | | |
| Type of Identification Collected | | | | | | | | |
| | Applicant Only Required | | All Adults in Household Required | | All Household Members Required | | | |
| Social Security Card is photocopied and retained | Kequireu | ~ | Kequineu | ~ | Kequireu | | | |
| | Requested | | Requested | | Requested | | | |
| | | | | | | | | |
| Image: Constraint of the second se | | | | | Required | | | |
| Social Security Number (Without actual Card) | | | | | | | | |
| | Requested | | Requested | | Requested | | | |
| | | | | | | | | |
| Government-issued identification Required Required Required | | | | | | | | |
| card (i.e.: driver's license, state ID, Tribal | | Ľ | | | | | | |
| ID, passport, etc.) | Requested | | Requested | | Requested | | | |
| | | | | | | | | |

| | Other | Applicant Only Required | Applicant Only Requested | All Adults in Household Required | All Adults in Household Requested | All Household Members Required | All Household Members Requested |
|---|--|----------------------------|-----------------------------|--|---|--------------------------------------|---------------------------------------|
| 1 | | | | | | | |
| | cribe any exceptions to the above poli en under one year are not required to su | | ard | | | | |
| 17.3 I | dentification Verification | | | | | | |
| Descr | ibe what methods are used to verify t | he authenticity of ide | ntification documen | ts provided by client | s or household mem | bers. Select all that a | apply |
| ~ | Verify SSNs with Social Security Ac | Iministration | | | | | |
| ~ | Match SSNs with death records from | m Social Security Adı | ninistration or state | agency | | | |
| ~ | Match SSNs with state eligibility/ca | se management syster | n (e.g., SNAP, TAN | F) | | | |
| | Match with state Department of La | bor system | | | | | |
| | Match with state and/or federal cor | rections system | | | | | |
| | Match with state child support syste | em | | | | | |
| | Verification using private software | (e.g., The Work Num | ber) | | | | |
| | In-person certification by staff (for | tribal grantees only) | | | | | |
| | Match SSN/Tribal ID number with | tribal database or en | rollment records (fo | r tribal grantees onl | y) | | |
| | Other - Describe: | | | | | | |
| 17.4. | Citizenship/Legal Residency Verificat | ion | | | | | |
| What | are your procedures for ensuring that | at household members | s are U.S. citizens or | aliens who are qua | ified to receive LIHF | EAP benefits? Select | all that apply. |
| ~ | Clients sign an attestation of citize | nship or legal residen | cy | | | | |
| | Client's submission of Social Secur | ity cards is accepted | as proof of legal resi | dency | | | |
| <u> </u> | Noncitizens must provide documen | ntation of immigration | n status | | | | |
| | Citizens must provide a copy of the | eir birth certificate, n | aturalization papers | , or passport | | | |
| | Noncitizens are verified through the | ne SAVE system | | | | | |
| | Tribal members are verified throu | gh Tribal enrollment | records/Tribal ID c | ard | | | |
| ~ | Other - Describe: | | | | | | |
| Match | with state eligibility system for TANF | and SNAP. | | | | | |
| | Income Verification | | | | | | |
| What | t methods does your agency utilize to | - | | pply. | | | |
| <u> </u> | Require documentation of income for | or all adult household | members | | | | |
| | Pay stubs | | | | | | |
| | Social Security award letters | | | | | | |
| Bank statements | | | | | | | |
| Tax statements | | | | | | | |
| Zero-income statements | | | | | | | |
| | V Unemployment Insurance le | tters | | | | | |
| | 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 | | | | | | |
| | | | | | | | |

| | Utilize state directory of new hires |
|---------------|--|
| | Other - Describe: |
| 7.6. P | Protection of Privacy and Confidentiality |
| escri | be the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| <u>~</u> | 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: |
| 7.7. V | /erifying the Authenticity |
| Vhat J | 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: |
| | ity companies are regulaed by the the State's Pulbic Utility Commissin (P.U.C.) and tariff laws. As an organization regulated by teh P.U.C., all companies must monthly and annual financial and reliability reports. |
| | Senefits 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. |
| <u> </u> | Applicants required to submit proof of physical residency |
| <u> </u> | Applicants must submit current utility bill |
| <u> </u> | 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 |
| <u>×</u> | |
| <u>×</u> • | Payments to utilities and invoices from utilities are reviewed for accuracy |
| × × | 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 |
| × × | |

| | endor 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

Clients are relied on for reports of non-delivery or partial delivery

Two-party checks are issued naming client and vendor

Direct payment to households are made in limited cases only

Vendors are only paid once they provide a delivery receipt signed by the client

Conduct monitoring of bulk fuel vendors

Bulk fuel vendors are required to submit reports to the Grantee

Vendor agreements specify requirements selected above, and provide enforcement mechanism

✓ Other - Describe:

Hawaii does not have bulk vendors, natural gas or propaine is delivered but is handled by the utility company.

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? one benefit year

Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated

Vendors found to have committed fraud may no longer participate in LIHEAP

Other - Describe:

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.

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)

| 820 Mililani Street Room 606 <u>* Address Line 1</u> | | | | | |
|--|----------------------|----------------------------|--|--|--|
| Address Line 2 | | | | | |
| Address Line 3 | | | | | |
| Honolulu <u>* City</u> | ні <u>* State</u> | 96707 <u>* Zip Code</u> | | | |
| Check if there are workpla Alternate II. (Grantees Wh | | entified here. | | | |
| (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; | | | | | |
| (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant. | | | | | |
| [55 FR 21690, 21702, May 25, 1990] | | | | | |

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

Section 20: Certification Regarding Lobbying

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

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

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

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

(1) use the funds available under this title to--

(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);

(B) intervene in energy crisis situations;

(C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and

(D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;

(2) make payments under this title only with respect to--

(A) households in which one or more individuals are receiving--

(i)assistance under the State program funded under part A of title IV of the Social Security Act;

(ii) supplemental security income payments under title XVI of the Social Security Act;

(iii) food stamps under the Food Stamp Act of 1977; or

(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

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

(i) an amount equal to 150 percent of the poverty level for such State; or

(ii) an amount equal to 60 percent of the State median income;

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

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Plan Attachments

PLAN ATTACHMENTS

The following documents must be attached to this application

• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.

- Heating component benefit matrix, if applicable
- Cooling component benefit matrix, if applicable
- Minutes, notes, or transcripts of public hearing(s).