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)75					
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY											
* 1.a. Type of S Plan	ıbmissio	n:	* 1.b. F Annual	requency:		* 1.c. Consolic Application/P Explanation:		ng Requ	est?	* 1.d. Version: Initial	
						2. Date Receiv	ved:			State Use Only:	
						3. Applicant I	dentifier:				
					4a. Federal E	ntity Ident	ifier:		5. Date Received By State:		
					4b. Federal A	ward Iden	tifier:		6. State Application Identifier:		
7. APPLICANT	INFOR	MATION									
* a. Legal Name	: State of	of New Hampshire	e								
* b. Employer/1	axpayer	· Identification N	umber	(EIN/TIN): 026	000618	* c. Organiza	tional DUN	NS: 033	099933		
* d. Address:						r					
* Street 1:		107 PLEASANT ST RM 2				Street 2:					
* City:		CONCORD				County:		Merrimack			
* State: NH					Province:						
* Country:		United States				* Zip / Postal Code: 03301 - 3834					
e. Organizationa						Division Nam	e:				
Office of Energ		anning									
f. Name and con	tact info	ormation of perso	on to be	contacted on ma	tters involving th	is application:					
Prefix:	* First l Celeste				Middle Name: M				* Last I Lovett		
Suffix:	Title: Fuel A	ssistance Progran	n Manag	er	Organizational	Affiliation:					
* Telephone Number: 603-271-8317	Number: 603-271-2615 celeste.lovett				* Email: celeste.lovett@	@nh.gov					
* 8a. TYPE OF A: State Governr		CANT:									
b. Additional	Descript	tion:									
* 9. Name of Federal Agency:											
					og of Federal Dom ssistance Number:					CFDA Title:	
10. CFDA Numbers and Titles 93568				93568			Low-Inco	me Hom	e Energy	Assistance	
11. Descriptive NH Fuel Assist		Applicant's Proje gram	ect								
12. Areas Affect Statewide	ed by Fı	ınding:									
13. CONGRESS	IONAL	DISTRICTS OF	·:								
* a. Applicant						b. Program/P Statewide	roject:				
Attach an addit	onal list	of Program/Pro	ject Cor	ngressional Distri	cts 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	REVIEW BY STATE UNDER EXECUTIV	VE 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 but has not been selected by State for review.							
c. Program is not covered by E.O. 12372.							
* 17. Is The Applicant Delinquent On Any Federal Debt? NO							
Explanation:							
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree							
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.							
18a. Typed or Printed Name and Title of	Authorized Certifying Official	18c. Telephone (area code, 1	number and extension)				
		18d. Email Address					
18b. Signature of Authorized Certifying	Official	18e. Date Report Submitted	l (Month, Day, Year)				
Attach supporting docun	nents as specified in agenc	y instructions.					

Section	1 -	Program	Components

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

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

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

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

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. 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	10/01/2014	09/30/2015					
*								
	Cooling assistance							
<	Crisis assistance	10/01/2014	09/30/2015					
*								
	Weatherization assistance	10/01/2014	09/30/2015					
`								
Prov	Provide further explanation for the dates of operation, if necessary							
Esti	Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16							
1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.								
Н	Heating assistance 75.00%							
C	Cooling assistance 0.00%							
C	Crisis assistance 8.00							
W	Weatherization assistance 3.0							
Carryover to the following federal fiscal year								
Administrative and planning costs								
Services to reduce home energy needs including needs assessment (Assurance 16)								
Used to develop and implement leveraging activities								
тот	AL		100.00%					
Alte	Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)							
1.3	The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogramm	ed to:						

~		Heating assistance Cooling assistance											
		Weat	herization assist	ance						Oth	er (specify:)		
	-), 2605(b)(8A) - Ass						
	-						ehold member receiv			itego	ries of benefits in th	e left	column below?No
If you	answered '	'Yes'' t	to question 1.4, y	you must co	omplete t	he tal	ble below and answe	er ques				1	
TANE							Heating		Cooling		Crisis	<u> </u>	Weatherization
TANF SSI													
SNAP													
Means	tested Veter	ans Pro	grams										
			Pr	ogram Nam	e		Heating		Cooling		Crisis		Weatherization
Other(Specify) 1												
1.5 Do	you autom	aticall	y enroll househo	olds withou	ıt a direct	annu	al application?						
If Yes	, explain:												
			here is no differ nd benefit amou		e treatmei	nt of o	categorically eligible	e house	holds from those n	ot re	cceiving other public	e assis	stance when
SNAP	Nominal Pa	yments	5										
1.7a D	1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?No												
If you	If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.												
1.7b A	1.7b Amount of Nominal Assistance: \$0												
1.7c Frequency of Assistance													
Once Per Year													
Once every five years													
	Other - Describe:												
1.7d H	1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?												
Detern	nination of I	Eligibili	ity - Countable Ir	ncome									
10 T-				a aliaihilite		EAD							
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?													
<u> </u>	Gross Income												
	Net Incom	e											
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP													
~	✓ Wages												
Self - Employment Income													
✓ Contract Income													
	Payments	from n	ortgage or Sale	s Contract	s								
~	Unemploy	ment iı	isurance										
~	Strike Pay												
~	Social Secu	ırity A	dministration (S	SSA) benef	fits								
	Incl	uding	MediCare dedu	ction	Exclud	ling N	MediCare deduction	1					

			 ✓						
~	Suppl	emental 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								
	Saving	gs account balance							
	One-ti	me lump-sum payments, such a	as rebate	es/credits, winnings from lotteries, refund deposits, etc.					
>	Jury d	luty compensation							
~	Rental income								
~	Income from employment through Workforce Investment Act (WIA)								
	Income from work study programs								
>	Alimo	ny							
>	Child	support							
~	Intere	st, dividends, or royalties							
~	Comn	lissions							
	Legal	settlements							
	Insura	nce payments made directly to	the insu	red					
	Insura	nce payments made specifically	y for the	repayment of a bill, debt, or estimate					
~	Vetera	ans Administration (VA) benefi	its						
	Earne	d income of a child under the a	ge of 18						
~	Balan	ce of retirement, pension, or an	nuity acc	counts where funds cannot be withdrawn without a penalty.					
	Incom	e tax refunds							
	Stipen	ds from senior companion prog	grams, su	uch as VISTA					
	Funds	received by household for the	care of a	foster child					
	Ameri	-Corp Program payments for l	iving allo	owances, earnings, and in-kind aid					

Reimbursements (for mileage, gas, lodging, meals, etc.)

✓ Other

General Assistance in NH is defined as direct assistance from a municipality.

Other regular support from an absent member or someone not living in the household is included when determing income eligibility.

Net winnings from lotteries are included when determining income eligibility.

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

Section 2 - Heating Assistance

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

2.1 Designate the income eligibility threshold used for the heating componenet:								
Add	Household size		Eligibility Guideline	Eligibility Threshold				
1	All Household Sizes		HHS Poverty Guidelines	200.00%				
2.2 Do you have additional eligibility requirements for HEATING ASSITANCE?								
2.3 Check the appr	opriate boxes below and describe the policies	s for each.						
Do you require an Assets test ?								
Do you have additional/differing eligibility policies for:								
Renters?			No					
Renters Living in subsidized housing ?			Yes					
Renters with utilities included in the rent ?			No					
Do you give priorit	y in eligibility to:							
Elderly?		Yes						
Disabled?		Yes						
Young children?		Yes						
Households with high energy burdens ?			Yes					
Other?								

Explanations of policies for each "yes" checked above:

Renters residing in subsidized housing will be eligible for benefits if they meet all other FAP requirements for eligibility and are responsible for paying the heating bill directly to a deliverable fuel vendor or utility. Renters residing in subsidized housing will not be eligible for a benefit if the heat is included in the rent.

There is a six week application priority period each year for households with at least one member who is over age 60, disabled or a child under age six.

There is a second six week application priority period for all households heating with deliverable fuel. The average household heating with oil in NH uses 800 gallons annually at a cost of nearly \$3000.

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

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

Households with at least one vulnerable member can apply as early as July of each year. Many of these applications are completed through a mail-in application process.

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

Income

✓ Family (household) size

✓ Home energy cost or need:

🖌 Fuel type

✓ Climate/region

Individual bill

✓ Dwelling type							
Energy burden (% of income spent on home e	energy)						
Energy need							
Other - Describe:							
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)							
2.6 Describe estimated benefit levels for FY 2015:							
Minimum Benefit	\$75	Maximum Benefit	\$1,125				
2.7 Do you provide in-kind (e.g., blankets, space heaters) a	2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?No						
If yes, describe.							
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.							

Section 3 - COOLING ASSISTANCE	Section	3 -	COOL	JNG A	ASSIS	TANC
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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 th	e Cooling compone	net:							
Add Household size		Eligibility Guideline	Eligibility Threshold						
1 0.00%									
3.2 Do you have additional eligibility requirements for COOLING ASSITANCE?									
3.3 Check the appropriate boxes below and describe the policies for each.									
Do you require an Assets test ?									
Do you have additional/differing eligibility policies for:									
Renters?									
Renters Living in subsidized housing ?									
Renters with utilities included in the rent ?									
Do you give priority in eligibility to:									
Elderly?									
Disabled?									
Young children?									
Households with high energy burdens ?	Households with high energy burdens ?								
Other?									
Explanations of policies for each "yes" checked above:									
3.4 Describe how you prioritize the provision of cooling a	ssistance tovulneral	ole populations,e.g., benefit amounts, early applica	ntion periods, etc.						
Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)	Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)								
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									
Dwelling type									
Energy burden (% of income spent on home energy)									
Energy need									
Other - Describe:									
NH does not operate a cooling component.									

Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)				
3.6 Describe estimated benefit levels for FY 2015:				
Minimum Benefit	\$0	Maximum Benefit	\$0	
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?				
If yes, describe.				
If any of the above questions require further exactly attach a document with said explanation here.	xplanation o	r clarification that could not be made in the field	s provided,	

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

Section 4: CRISIS ASSISTANCE

Eligibility - 2604(c), 2605(c)(1)(A)

4.1 Designate the income eligibility threshold used for the crisis component			
Add	Household size	Eligibility Guideline	Eligibility Threshold
1 All Household Sizes HHS Poverty Guidelines 200.00%			
4.2 Descride your LIHEAD program's definition for determining a price			

4.2 Provide your LIHEAP program's definition for determining a crisis.

The NH FAP definition of a crisis application (energy emergency) is a household with less than an estimated seven days of fuel (1/4 tank for oil and kerosene, 20% for propane, a utility disconnection or eviction notice). The applicant in an energy emergency must have the opportunity to apply for fuel assistance within the next business day of the initial contact and have resolution of the emergency within 48 hours.

The application for an energy emergency is given certification priority. If eligible, the vendor will be notified to authorize an emergency delivery, or to guarantee payment in the case of a utility disconnection or eviction notice.

4.3 What constitutes a <u>life-threatening crisis?</u>

The NH FAP definition of a life threatening crisis application (energy emergency) is a household in a no-heat situation (out of fuel, utilities disconnected) The applicant in an energy emergency must have the opportunity to apply for fuel assistance on the same business day of the initial contact with resolution of the emergency within 18 hours.

The application for an energy emergency is given certification priority. If eligible, the vendor will be notified to authorize an emergency delivery, or to guarantee payment in the case of a utility disconnection or eviction notice.

At no time during the application process should a household go from an energy emergency to a life-threatening situation due to a delay in processing an application.

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours

4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours

Crisis Eligibility, 2605(c)(1)(A)

Clisis Englointy, 2005(C)(1)(A)	Chisis Englohity, 2005(C)(1)(A)			
4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?	No			
4.7 Check the appropriate boxes below and describe the policies for each				
Do you require an Assets test ?	No			
Do you give priority in eligibility to :				
Elderly?	No			
Disabled?	No			
Young Children?	No			
Households with high energy burdens?	No			
Other?				
In Order to receive crisis assistance:				
Must the household have received a shut-off notice or have a near empty tank?	Yes			
Must the household have been shut off or have an empty tank?	No			
Must the household have exhausted their regular heating benefit?	No			
Must renters with heating costs included in their rent have received an eviction notice ?	Yes			
Must heating/cooling be medically necessary?	No			

Must th	e household have non-working heating or cooling equipment?	No		
Other?				
Do you have a	Do you have additional / differing eligibility policies for:			
-	Renters? No			
Renters	living in subsidized housing?	Yes		
	with utilities included in the rent?	No		
	of policies for each "yes" checked above:	J		
eviction notice in emergency s	Crisis assistance in NH is simply a fast-tracked regular assistance benefit. Any household with under a week's supply of deliverable fuel, a utility disconnection notice or an eviction notice (when heat is included in the rent) is processed using the 48 hour timeline. Any household with no heat is processed using the 18 hour timeline. Households in emergency situations but not eligible for the FAP are referred to other resources. Subsidized renters with heat included are not eligible for a FAP benefit.			
Determination	of Benefits			
	u handle crisis situations?			
	Separate component			
~	Fast Track			
•				
	Other - Describe: The NH FAP is simply a fast-tracked benefit of a standard application			
4.9 If you hav	" e a separate component, how do you determine crisis assistance ben	efits?		
	Amount to resolve the crisis.			
	Other - Describe:			
Crisis Require	ments, 2604(c)			
4.10 Do you a	ccept applications for energy crisis assistance at sites that are geogr	aphically accessible to all households in the area to be served?		
Yes Explai	n.			
4.11 Do you p	rovide individuals who are physically disabled the means to:			
Submit app	lications for crisis benefits without leaving their homes?			
Yes If No,	explain.			
Travel to th	e sites at which applications for crisis assistance are accepted?			
No If No, e	xplain.			
If you answer	ed "No" to both options in question 4.11, please explain alternative	means of intake to those who are homebound or physically disabled?		
	All NH CAAs have an outreach component, which includes home visits to homebound or physically disabled individuals. CAAs also use a mail-out application process to reach households not able to make a regular appointment.			
Benefit Levels	Benefit Levels, 2605(c)(1)(B)			
4.12 Indicate the maximum benefit for each type of crisis assistance offered.				
Winter Crisis \$1,125 maximum benefit				
Summer Crisis \$0 maximum benefit				
Year-round Crisis \$0 maximum benefit				
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?				
No If yes, Describe				
4.14 Do you provide for equipment repair or replacement using crisis funds?				
No				
If you answered "Yes" to question 4.14, you must complete question 4.15.				
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.				

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair			✓
Heating system replacement			✓
Cooling system repair			
Cooling system replacement			
Wood stove purchase			
Pellet stove purchase			
Solar panel(s)			
Utility poles / gas line hook-ups			
Other (Specify):			
4.16 Do any of the utility vendors you work with enforce	a moratoriu	m on shut offs	?
Yes If you responded "Yes" to question 4.16, you must respo			
4.17 Describe the terms of the moratorium and any speci NH Winter Termination Rules:	al dispensati	on received by	y LIHEAP clients during or after the moratorium period.
During the winter reminiation Rules. During the winter months, there is increased protection for customers of electric, natural gas and steam utilities. While customers can still be disconnected if they fail to make payments on their gas, electric or steam bills, it is more difficult to be disconnected in the winter time.			
From November 15 to March 31, an electric utility may not	disconnect a c	customer's serv	vice:
 If the customer does not use electric service for heating and the balance owed for service provided is less than \$225; If the customer does not use gas service for heating and the balance owed for service provided is less than \$125; If the customer has electric, gas, or steam heat, the utility may not disconnect service if the balance owed for service provided is less than \$450. 			
Utilities must seek commission approval before disconnectin hardship.	ng the service	of residential	customers known to be 65 years or older and customers with a known financial
If you think you qualify for financial hardship status as defin	ned below, ple	ease contact yo	our utility for further assistance.
Section Puc 1202.10 "Financial hardship" means a residential customer has provided the utility with evidence of current enrollment of the customer or the customer's household in the Low Income Home Energy Assistance Program, the Electric Assistance Program, the Neighbor Helping Neighbor Program, the Link-Up and Lifeline Telephone Assistance Programs, their successor programs or any other federal, state or local government program or government funded program of any social service agency which provides financial assistance or subsidy assistance for low income households based upon a written determination of household financial eligibility.			
In addition to the protections described above, no residential customer can be disconnected during the winter period for non-payment of a deposit or portion of a deposit.			
If any of the above questions require furt attach a document with said explanation		nation or o	clarification that could not be made in the fields provided,

U.S. DEPARTMENT OF HEALTH AND HI ADMINISTRATION FOR CHILDREN AND		August 1987, revise	d 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	ection 5: WEATHI	ERIZATION ASSISTANCE		
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance	e 2			
5.1 Designate the income eligibility threshold us	ed for the Weatherization c	omponent		
Add Househ	old Size	Eligibility Guideline	Eligibility Threshold	
1 All Household Sizes		HHS Poverty Guidelines	200.00%	
5.2 Do you enter into an interagency agreement	to have another governmen	nt agency administer a WEATHERIZATION comp	oonent?No	
5.3 If yes, name the agency.				
5.4 Is there a separate monitoring protocol for v	veatherization?Yes			
WEATHERIZATION - Types of Rules 5.5 Under what rules do you administer LIHEA	P weatherization? (Check o	only one.)		
	· · · · · ·			
Entirely under LIHEAP (not DOE) rules				
Entirely under DOE WAP (not LIHEAP)	rules			
Mostly under LIHEAP rules with the follo	owing DOE WAP rule(s) wh	nere LIHEAP and WAP rules differ (Check all that	t apply):	
Income 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 - Describe:				
Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)				
Income Threshold				
Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.				
		0 1 0		
Weatherization measures are not su Other - Describe:	DJECT to DOL Savings to inv	vestment Kation (SIK) standards.		
Eligibility, 2605(b)(5) - Assurance 5				
5.6 Do you require an assets test?				
5.7 Do you have additional/differing eligibility p	oolicies for :			
Renters	No			
Renters living in subsidized housing?	No			
5.8 Do you give priority in eligibility to:				
Elderly?	Yes			
Disabled?	Yes			
Young Children?	Yes			
House holds with high energy burdens?	Yes			
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.				

I

Section 5 - WEATHERIZATION ASSISTANCE

The NH Weatherization program utilizes a scorecard system to prioritize households for assistance. A high energy burden or the presence of a household member who is elderly, disabled, or a child contributes to the scoring of the client's eligibility.

Benefit Levels 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?Yes 5.10 If yes, what is the maximum? \$5,000 Types of Assitance, 2605(c)(1), (B) & (D) 5.11 What LIHEAP weatherization measures do you provide ? (Check all categories 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 ✓ Water Heater Cooling system modifications/ repairs Water conservation measures **Cooling system replacement** \checkmark Compact florescent light bulbs ~ Other - Describe: storm windows, windows and coolings systems are provided on a very limited basis.

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

6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

✓ Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.

✓ Publish articles in local newspapers or broadcast media announcements.

✓ Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.

Mass mailing(s) to prior-year LIHEAP recipients.

Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.

Execute interagency agreements with other low-income program offices to perform outreach to target groups.

Other (specify):

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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 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.).

 Image: Intake referrals to/from other programs

 Image: Intake referrals to/from other programs

 Image: Other - Describe:

	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 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)					
8.1 How	would you categorize the primary responsibility Administration Agency	of your State agency?			
>	Administration Agency				
	Commerce Agency				
	Community Services Agency				
	Energy / Environment Agency				
	Housing Agency				
	Welfare Agency				
	Other - Describe:				
If you se	e Outreach and Intake, 2605(b)(15) - Assurance elected ''Welfare Agency'' in question 8.1, you mu do you provide alternate outreach and intake for	st complete questions 8.		licable.	
	do you provide alternate outreach and intake for				
8.4 П 0w	do you provide alternate outreach and intake for	r CRISIS ASSISTANCE?			
8.5 LIH	EAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Wh	o determines client eligibility?	Community Action Agencies	Non-Applicable	Community Action Agencies	Community Action Agencies
8.5b Wh vendors	o processes benefit payments to gas and electric ?	Community Action Agencies	Non-Applicable	Community Action Agencies	
8.5c who vendors	processes benefit payments to bulk fuel ?	Community Action Agencies	Non-Applicable	Community Action Agencies	
8.5d Wh measure	o performs installation of weatherization s?				Community Action Agencies
	If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.				

8.6 What is your process for selecting local administering agencies?

The selection is based on the historical performance of the Community Action Agencies (CAA) their outreach and client service capabilities, the synergies that benefit the FAP as a result of the five statewide CAAs' implementation of several other federal assistance programs, and the infrastructure that is already in place to deliver FAP services.

	 8.7 How many local administering agencies do you use? 5 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				
	of the above questions require further explanation or clarification that could not be made in the fields provided, a document with said explanation here.				

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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?

 Heating
 Yes

 Cooling
 No

 Crisis
 Yes

 Are there exceptions?
 Yes

 If yes, Describe.
 Payments can be made directly to a landlord with the client rents with heat included and the landlord refuses to participate in the program. This process requires written documentation of the paid rent or energy expense and written approval by OEP.

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

Written notification of eligibility or denial must be sent to the applicant within thirty (30) days of certification. When a household is found eligible for a FAP benefit, an authorization letter is mailed to the client and a letter of credit is mailed to the client's vendor. When a household is denied a FAP benefit, a denial letter and a Fair Hearing Notice are mailed to the applicant.

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

"The 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 of New Hampshire or its subgrantee" is part of the vendor agreement, signed by the vendor and the CAA. The amount of the FAP payment and any remaining balance on the account is listed on the customer's monthly billing statement.

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?

All participating vendors agree to the following language in the vendor agreement:

"The Supplier shall not advertise in a manner that implies that LIHEAP assistance is available only through the Supplier, or that LIHEAP applications are taken by the Supplier, or that in any other way misleads the public about LIHEAP.

The Supplier will assure that no households will be treated adversely because of such assistance under applicable provisions of New Hampshire Law or any other regulatory requirements (U.S.C. 8624 (b)(7)(C)). The Supplier will not discriminate in either the cost of goods or services provided against any Fuel Assistance Program household on whose behalf the State of New Hampshire or its agents make payments. The Supplier also agrees to respect the confidentiality of those households participating in the Fuel Assistance Program."

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

If so, describe the measures unregulated vendors may take.

The CAA makes a payment to a participating vendor after the fuel has been delivered to the certified eligible household and documentation of the dilivery has been received and reviewed by the CAA.

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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?

The NH FAP application process, benefit determination and tracking of payments are all completed using a software system specifically designed for the administration of the FAP. OEP has read-only access to each database and report site. The CAAs generate reports and submit reports and signed reimbursement requests to OEP on a weekly basis. Reports and reimbursement requests are reviewed prior to reimbursement authorization.

OEP conducts fiscal monitoring using two separate monitoring tools.

Fiscal monitoring of administrative and Assurance 16 expenses includes verifying the accuracy of reimbursement requests submitted by the subgrantee. An annual monitoring visit includes a review of the agency's internal controls, financial policies and procedures, contract compliance, purchasing and budgeting. A sampling of expenditures is verified from the general ledger to the reimbursement request. Cash receipts, cost allocations and equipment are also sampled.

Application monitoring includes a review of recipient applications and all supporting documentation for program eligibility, verification of signatures and information on energy supplier (vendor) agreements, accuracy of benefit levels, a review the bills sent by the energy supplier to the subgrantee, ensuring that bills are properly calculated, the price is reasonable, that the check sent to the energy supplier is in agreement with the bill, a review of the spenddown of the benefit to the vendor to ensure that the benefit is being utilized appropriately and a review of payments to energy suppliers and reimbursement requests submitted by the subgrantee.

Audit Process

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

Finding	Туре	Brief Summary	Resolved?	Action Taken
1	reporting	OEP should improve internal controls over LIHEAP Federal financial reporting as the annual SF-425 was not completed or submitted	Yes	procedure/policy changes
2	reporting	OEP should establish internal controls over and comply with the reporting requirements of the Federal Funding Accountability & Transparency Act (FFATA)	Yes	procedure/policy changes
3	monitoring	Internal controls over the subrecipient monitoring requirements should be improved.	Yes	procedure/policy changes
		The time lapse between the transfer of funds from the U.S. Treasury and		

4	financial	disbursement by sub grantees was not minimized. Costs applied to advances were not properly supported.	Yes	procedure/policy changes		
	<u></u>					
	10.4. Audits of Local Administering Agencies What types of annual audit requirements do you have in place for local adminstering agencies/district offices?					
Select all that a		s do you have in place for focal administer	ing agencies district offices.			
🗸 Local	agencies/district offices a	re required to have an annual audit in co	ompliance with Single Audit Act and OMI	3 Circular A-133		
Local	agencies/district offices a	re required to have an annual audit (othe	er than A-133)			
✓ Local	agencies/district offices'	A-133 or other independent audits are re	viewed by Grantee as part of compliance	process.		
🖌 Grant	ee conducts fiscal and pr	ogram monitoring of local agencies/distri	ct offices			
Compliance Mo	onitoring					
10.5. Describe t	he Grantee's strategies fo	or monitoring compliance with the Grant	ee's and Federal LIHEAP policies and pro	ocedures: Select all that apply		
Grantee employ	vees:					
✓ Intern	al program review					
🗸 Depar	tmental oversight					
✓ Secon	dary review of invoices a	nd payments				
Other	program review mechan	isms are in place. Describe:				
Local Adminste	ering Agencies / District (Offices:				
✓ On - s	ite evaluation					
🗸 Annua	al program review					
🗸 Monit	oring through central da	tabase				
✓ Desk reviews						
✓ Client	✓ Client File Testing / Sampling					
Other	program review mechan	isms are in place. Describe:				
10.6 Explain, or	attach a copy of your lo	cal agency monitoring schedule and proto	ocol.			
OEP visits each of the five NH CAAs annually for fiscal and application monitoring beginning in October of each year.						
10.7. Describe how you select local agencies for monitoring reviews.						
Site Visits:		-				
Each of the five	Each of the five NH CAAs are visited on an annual basis for fiscal and application monitoring.					
Desk Reviews:						
All five CAAs are monitored during a desk review for compliance with application and certification timelines.						
10.8. How often is each local agency monitored ?						
Each of the five CAAs has a site monitoring at least once during the program year. Additional site monitoring visit are done on an as needed basis. Desk monitorings for compliance with application and certification timelines are done on a random basis, usually once or twice a year.						
10.9. What is th	10.9. What is the combined error rate for eligibility determinations? OPTIONAL					
10.10. What is t	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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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY				
.	F - 424 - MANDATORT			
Section 11: Timely and Mean	ingful Public Participation, 2605	(h)(12) = 2605(C)(2)		
		(0)(12), 2003(C)(2)		
11.1 How did you obtain input from the public in the development 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	ment			
Comments from applicants are recorded				
Request for comments on draft Plan is advertised				
Stakeholder consultation meeting(s)				
Comments are solicited during outreach activities				
V Other - Describe:				
Comments are solicited during vendor meetings.				
Comments from applicants and clients are discussed throughout the	program year.			
Client survey.				
11.2 What changes did you make to your LIHEAP plan as a resu	It of this participation?			
None.				
	Provedo Plas Onla			
Public Hearings, 2605(a)(2) - For States and the Commonwealth	or ruerto Rico Omy			
11.3 List the date and location(s) that you held public hearing(s)	on the proposed use and distribution of your LIH	EAP funds?		
	Date	Event Description		
1	08/27/2014	Advertised public hearing for review of the NH LIHEAP State Plan.		
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).				
There was no public participation at the public hearing.				
11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?				
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				
attach a document with said explanation here.				

August 1987, revised 05/92,02/95,03/96,12/98,11/01 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN** SF - 424 - MANDATORY Section 12: Fair Hearings, 2605(b)(13) - Assurance 13 12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 0 12.2 How many of those fair hearings resulted in the initial decision being reversed? n/a 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. All FAP applicants/clients who have been denied or question the Fuel Assistance Program (FAP) benefits provided are entitled to appeal the decision, which may include a Fair Administrative Hearing. All FAP applicants/clients will be provided with information regarding the appeal process and the FAP Fair Administrative Hearing procedures. The CAA must provide written notification of either the denial of benefits or the benefit determination to all FAP applicants/clients. 12.5 When and how are applicants informed of these rights? Fair Hearing procedures are posted at each intake site and a copy of the Fair Hearing procedures are sent to the applicant with the denial letter. 12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner. The Fair Hearing procedures are the same as for the denied applications. 12.7 When and how are applicants informed of these rights? The Fair Hearing Procedures are posted at all intake offices.

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.

ADMINISTRATION FOR CHILDREN AND FAMILIES

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	505(b)(16) - Assurance 16			
13.1 Describe how you use LIHEAP funds to provide services that encourage and enable household energy assistance?	ls to reduce their home energy needs and thereby the need for			
The NH FAP uses Assurance 16 funds to provide self-sufficiency education to all households with fast-tr applicants to apply for benefits in a timely manner in order to avoid life-threatening situations and specia Households receive information on the application process, managing resources, communication with ver	l delivery charges, which deplete the household's benefit.			
13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activitie				
Assurance 16 and Administrative costs are calculated from the NH LIHEAP funding level. Assurance 16	in PY 15 will be approximately 4% of the total funding.			
13.3 Describe the impact of such activities on the number of households served in the previous Fede	eral fiscal year.			
The impact of the Assurance 16 activies is a change in the behavior of the households experiencing an en non-emergency situation during the following years.	ergy emergency one year to applying for assistance in a			
13.4 Describe the level of direct benefitsprovided to those households in the previous Federal fiscal	year.			
There are no direct Assurance 16 benefits. All benefits were regular FAP assistance.				
13.5 How many households applied for these services? 2162 referred in PY 13				

13.6 How many households received these services? 1468 responded

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Section 14:Leveraging Incentive Program, 2607(A)

14.1 Do you plan to submit an application for the leveraging incentive program? Yes

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

The CAAs are responsible for compiling and submitting documentation of most resources. Guidelines for retention of records is included in the contract language.

Program and financial records pertaining to this contract shall be retained by the agency for 3 (three) years from the date of submission of the final expenditure report or until all audit findings have been resolved.

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Neighbor Helping Neighbor	Donations made by customers of Public Service Company of New Hampshire, Liberty, and Unitil.	Benefits were available to clients in a crisis situation with an active disconnect from their utility who were denied LIHEAP assistance.
2	NH Electric Cooperative Project Care	Donations contributed by members of the New Hampshire Electric Cooperative.	Benefits were available to clients whose LIHEAP benefits were not sufficient to alleviate a crisis situation with an active NH Electric Coop disconnection notice. Applications for Project Care are completed by the Community Action Agency staff.
3	New Hampshire Electric Assistance Program	The source of the resource is an energy assistance surcharge (@\$.0018) to all New Hampshire electric customers.	LIHEAP representatives from the NH Office of Energy and Planning have been involved in the development, implementation and ongoing evaluation of the Electric Energy Assistance Program.
4	NH Town/City Municipal Welfare Assistance	Assistance that is provided by cities and towns to purchase heating fuels and to pay electric bills.	Persons seeking assistance with fuel or utilities are directly referred to municipal welfare officials by LIHEAP personnel in the field.
5	Vendor discounts for LIHEAP purchases	Fuel vendors	Program was developed by the State of New Hampshire and TCCA in the mid 1980Âs; each year we negotiate with each vendor leading to a vendor agreement addressing discounts.
6	Utility funded weatherization services	NH Electric COOP, Liberty, Unitil and Public Service of NH	Recipients of program are determined by process parallel to LIHEAP application process; program is administered by LIHEAP/WXN staff as part of regular operations; State LIHEAP and Community Action Agencies participated in development/implementation of program.
7	Donations to LIHEAP	Donations to LIHEAP from the faith community, businesses and individuals.	The Community Action Agencies work activly in the community to secure donations for fuel and utility needs not met by LIHEAP funding.
8	Residential Low Income Assistance Program	The Residential Low Income Assistance Program is a low-income assistance program for retail customers	LIHEAP representatives from the NH Office of Energy and Planning, including the LIHEAP Program Manager were involved in the development and implementation of the Residential Low Income Assistance Program. Low income households are automatically enrolled in the discount program for a full year when the utility is notified of LIHEAP eligibility by one of the five Community Action Agencies (CAAs).
9	Citizen's Energy Oil Heat Program	Citizen's Energy in Massachusetts	LIHEAP and CAA representatives coordinated with Citizen's Energy to bring the oil program into NH. CAA staff process applications for submission to Citizen's Energy.

Section 15 - Training

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LOW INCOME HOME ENERGY ASSIS MODEL PLA SF - 424 - MANDA	AN
Section 15: Tra	ining
15.1 Describe the training you provide for each of the following groups:	
a. Grantee Staff:	
Formal training on grantee policies and procedures	
How often?	
Biannually As needed	
Other - Describe:	
Other-Describe:	
b. Local Agencies:	
Formal training conference	
How often?	
Annually	
Biannually	
As needed	
Other - Describe:	
V On-site training	
How often?	
Annually	
Biannually As needed	
Other - Describe:	
 Employees are provided with policy manual Other - Describe 	
c. Vendors	
Formal training conference	
How often?	
Annually	
Biannually	
As needed	
Other - Describe:	
Policies communicated through vendor agreements	

Policies are outlined in a vendor manual

Other - Describe:

15.2 Does your training program address fraud reporting and prevention? Yes

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY						
Section 16: Performance Goals and Measures, 260	05(b) - Required for States Only					
16.1 Describe your progress toward meeting the data collection and reporting requirements of t timeframes and plans for meeting these requirements and what you believe will be accomplished						
1. Benefit Targeting Index for High Burden Households - measures the extent to which the highest benefits are provided to the LIHEAP recipient households with the highest energy burden[1] (the percent of gross income spent on utility costs);						
1. NH is currently using a 13 year old software system that does not have the capability of fully measuring energy burden for households. The NH FAP calculated the heating burden and the NH Electric Assistance Program calculates the electricity burden but the two are not currently calculated together. NH is in the beginning stages of looking at new software but it will not be available for PY 15.						
 Energy Burden Reduction Index for High Burden Households - measures the extent to which LIHE to high burden recipient households as to low and moderate burden recipient households; 	EAP benefits are adequate to deliver the same energy burden reduction					
2. NH is currently able to measure annual heating costs compared to the LIHEAP benefit but it is not	able to measure full home energy costs.					
3. Prevention of Loss of Home Energy Services - the unduplicated count of households where LIHEA	AP prevented the loss of home energy services; and					
3. NH is implementing a deliverable fuel priority application period in PY 15, beginning on September adequate heat and will be prioritzed for certification in order to prevent emergencies when the program						
4. Restoration of Home Energy Services - the unduplicated count of households where LIHEAP resto	ared home energy services to the client.					
4. These households are tracked through the NH Assurance 16 emergency program and will be availa	ble for reporting purposes.					
If any of the above questions require further explanation or clarificati attach a document with said explanation here.	on that could not be made in the fields provided,					

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

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Other Applicant Only Applicant Only Household Household Members Member	U.S. DEPARTMENT OF HEALTH ADMINISTRATION FOR CHILDRI		ES	ŀ	August 1987, rev	ised C	05/92,02/95,03/ DMB Clearance I Expiration Da	96,12/98,11/01 No.: 0970-0075 ate: 06/30/2017
17.1 Fraud Reporting Mechanisms 17.1 Method Mechanisms 17.1 Identification Documentation Requirements 17.1 Identification Collected 17.1 Identification Collected </th <th>LOW II</th> <th></th> <th>MODEL</th> <th>PLAN</th> <th>ROGRAM(L</th> <th>.IHI</th> <th>EAP)</th> <th></th>	LOW II		MODEL	PLAN	ROGRAM(L	.IHI	EAP)	
a. Describe all mechanisms available to the public for reporting cases of asspected waste, fraud, and abuse. Select all that apply. • Online Fraud Reporting Dedicated Fraud Reporting Hotline • Report directly to local agency/district effice or Grantee office • Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse. Other - Describe: b. Describe strategies in place for advertising the above-referenced resources. Select all that apply Printed outreach materials • Addressed on LIHEAP application • Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from Vhom? Type of Identification Collected Applicant Only All Adults in Household Members. Social Security Card is photocopied and retained Required Required Social Security Number (Without actual Card) Required Required Required Government-issaed identification care issues identification (i.e., driver's liccas, state ID, Tribal ID, pasport, etc.) Required Required Required Other Applicant Oth Applicant Oth All Adults in Household ID and Patient Oth Required Government-i		Section 17	7: Program I	ntegrity, 2605((b)(10)			
✓ Online Fraud Reporting Dedicated Fraud Reporting Holline ✓ Report directly to local agency/district office or Granter office ✓ Report to State Inspector General or Attorney General ✓ Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse Other - Describe: b. Describe strategies in place for advertising the above-referenced resources. Select all that apply Printed outreach materials ✓ Addressed on LHIEAP application ✓ Website Other - Describe: 12. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from Whom? Type of Identification Collected Applicant Only All Adults in Household Social Security Card is photocopied and retained Required Identification Collected Required Social Security Number (Without actual Card) Required Required Required Identification Card is photocopied (identification card	17.1 Fraud Reporting Mechanisms							
Dedicated Frank Reporting Hoffine Report directly to local agency/district office or Grantee office Report to State Inspector General or Attorney General Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse Other - Describe: b. Describe strategies in place for advertising the above-referenced resources. Select all that apply Printed outreach materials ✓ Addressed on LIHEAP application ✓ Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household Members. Type of Identification Collected Required All Adults in Household All Household Members. Social Security Card is photocopied and retained Required Required Required Social Security Number (Without actual Card) Required Required Required Required Government-issued identification (i.e.; driver's license; state ID, Tribal Required Required Required Required Required Required ID, passport, etc.) Other Applicant Only All Adults in Insexehold All Household		the public for reporting	cases of suspected	waste, fraud, and abu	se. Select all that a	apply	·.	
Report directly to local agency/district office or Grantee office Report to State Inspector General or Attorney General Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse Other - Describe: b. Describe strategies in place for advertising the above-referenced resources. Select all that apply Printed outreach materials Addressed on LIHEAP application Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members. Type of Identification Collected Applicant Only All Adults in Household All Household Members Social Security Number (Without actual Card) Required Required Required Government-issued identification cultured (i.e.; driver's license, state ID, Tribal) Required Required Required ID, pasport, stc.) Required Other Required Required Required	Online Fraud Reporting							
Report to State Inspector General or Attorney General Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse Other - Describe: b. Describe strategies in place for advertising the above-referenced resources. Select all that apply Printed outreach materials Addressed on LHEAP application Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LHEAP applicants or their household members. Type of Identification Collected Applicant Only All Adults in Household All Household Members Social Security Number (Without actual Card) Required Required Required Required Required Required Required Other Applicant Only All Adults in Japasport, etc.) Required Required Requir	Dedicated Fraud Reporting	Hotline						
Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse Other - Describe: b. Describe strategies in place for advertising the above-referenced resources. Select all that apply Printed outreach materials ✓ Addressed on LHIEAP application ✓ Website Other - Describe: 0 17.2. Identification Documentation Requirements Collected from LHEAP applicants or their household members. Type of Identification Collected Required Collected from Whom? Type of Identification Collected Required Required Required Social Security Card is photocopied and retained Required Required Required Required Social Security Number (Without actual Card) Required Required Required Required Required Government-issued identification endification end (identification endification endification endification endification endities in possented identification endities in the endit is the endit in the endities in the endities in the e	Report directly to local ager	ncy/district office or Gran	tee office					
Private and proceedings in part of the and again context and vehicles of the oright in halo, where and vehicles of the oright in the oright								
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✓ Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members. Type of Identification Collected Applicant Only All Adults in Household Social Security Card is photocopied and retained Required Requested Required Social Security Number (Without actual Card) Required Requested Required Requested Required Requested Required Requested Required Required Required Requested Required Required Required Requir	Printed outreach materials							
Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LHEAP applicants or their household members. Collected from LHEAP applicants or their household members. Collected from Uhom? Collected from Whom? Applicant Only All Adults in Household All Household Members. Social Security Card is photocopied and retained Required I Required I Required Required Social Security Number (Without actual Card) Required I Required I Required I Required Social Security Number (Without actual Card) Required I Required I Required I Required Social Security Number (Without actual Card) I Required I Required I Required I Required	Addressed on LIHEAP app	lication						
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Image: Social Security Number (Without actual Card) Requested Image: Required I		incquireu		Requireu			Requireu	
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Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) Required Required Required Required Requested 0 Number Applicant Only Required All Adults in Household All Adults in Household All Household All Household All Household		Required		Required		~	a -	
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) Image: Constraint of the con		Requested		Requested			Requested	
ID, passport, etc.) D, passport, etc.) Particular Conternation of the second secon	card	Required		Required			Required	
Other Applicant Only Applicant Only Household Household Members Member		Requested		Requested			Requested	
	Other			Household	Household		Members	All Household Members Requested

Previo	ous year income tax form				 ✓ 			
Describ	e any exceptions to the above po	olicies.						
7.3 Ident	tification Verification							
escribe v	what methods are used to verify	the authenticity of ide	ntification documen	ts provided by clien	ts or household mem	bers. Select all that a	apply	
Ve	erify SSNs with Social Security A	Administration						
Match SSNs with death records from Social Security Administration or state agency								
Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)								
Ma	Match with state Department of Labor system							
Ma	Match with state and/or federal corrections system							
🗸 Ma	atch with state child support sys	stem						
Ve	erification using private softwar	e (e.g., The Work Num	ber)					
In-	-person certification by staff (fo	r tribal grantees only)						
Ma	atch SSN/Tribal ID number wit	h tribal database or en	rollment records (fo	or tribal grantees on	y)			
Ot	ther - Describe:							
7.4. Citiz	zenship/Legal Residency Verific	ation						
Vhat are	your procedures for ensuring the	hat household member	s are U.S. citizens of	r aliens who are qua	lified to receive LIHH	EAP benefits? Select	all that apply	
С	lients sign an attestation of citiz	enship or legal residen	icy					
✓ c	Client's submission of Social Secu	urity cards is accepted	as proof of legal res	idency				
✓ N	loncitizens must provide docum	entation of immigratio	n status					
С	Citizens must provide a copy of t	heir birth certificate, n	aturalization paper	s, or passport				
Noncitizens are verified through the SAVE system								
Т	ribal members are verified thro	ough Tribal enrollment	records/Tribal ID o	card				
0	Other - Describe:							
	ome Verification							
	thods does your agency utilize to			pply.				
✓ Re	equire documentation of income	for all adult household	l members					
	Pay stubs							
<u>`</u>	Social Security award letter	rs						
<u> </u>	Bank statements							
<u> </u>	 Tax statements 							
	Zero-income statements							
	Unemployment Insurance I	etters						
	Other - Describe:							
С	Computer data matches:							
	Income information matche	ed against state compu	ter system (e.g., SNA	AP, TANF)				
	Proof of unemployment be	nefits verified with stat	e Department of La	bor				
	Social Security income verified with SSA							
	Utilize state directory of ne	w hires						
	Other - Describe:							
7.6. Prot	ection of Privacy and Confident	iality						
Describe t	the financial and operating cont	rols in place to protect	client information a	against improper use	e or disclosure. Select	all that apply.		

✓ Gr	rantee LIHEAP database includes privacy/confidentiality safeguards
✓ En	nployee training on confidentiality for:
<u> <</u>	Grantee employees
~	Local agencies/district offices
En	nployees must sign confidentiality agreement
	Grantee employees
	Local agencies/district offices
/ Ph	ysical files are stored in a secure location
Ot	ther - Describe:
7. Veri	fying the Authenticity
nat poli	icies are in place for verifying vendor authenticity? Select all that apply.
	l vendors must register with the State/Tribe.
	vendors must supply a valid SSN or TIN/W-9 form
	endors are verified through energy bills provided by the household
Gr	rantee and/or local agencies/district offices perform physical monitoring of vendors
Ot	ther - Describe and note any exceptions to policies above:
	efits Policy - Gas and Electric Utilities
	icies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
-	Applicants required to submit proof of physical residency
	Applicants must submit current utility bill
	Data exchange with utilities that verifies:
<u> </u>	Account ownership
<u> </u>	Consumption
<u> </u>	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
	eparation of duties between intake and payment approval
	eparation of duties between intake and payment approval
Р	ayments containing once chergy assistance programs to avoid duplication of payments
-	aj mento to avantes una mitores mona atmates are retrette una terrative
И Р.	computer databases are periodically reviewed to verify accuracy and timeliness of navments made to utilities
P C	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
 P C D 	Direct payment to households are made in limited cases only
 P. C D P 	Direct payment to households are made in limited cases only Procedures are in place to require prompt refunds from utilities in cases of account closure
P C D P V	Direct payment to households are made in limited cases only
P C D P V O	Direct payment to households are made in limited cases only Procedures are in place to require prompt refunds from utilities in cases of account closure Vendor agreements specify requirements selected above, and provide enforcement mechanism
P C D P V O 9. Bence hat pro	Direct payment to households are made in limited cases only Procedures are in place to require prompt refunds from utilities in cases of account closure Vendor agreements specify requirements selected above, and provide enforcement mechanism Other - Describe:

	Centralized computer system/database is used to track payments to all vendors
~	Clients are relied on for reports of non-delivery or partial delivery
	Two-party checks are issued naming client and vendor
~	Direct payment to households are made in limited cases only
	Vendors are only paid once they provide a delivery receipt signed by the client
~	Conduct monitoring of bulk fuel vendors
	Bulk fuel vendors are required to submit reports to the Grantee
~	Vendor agreements specify requirements selected above, and provide enforcement mechanism
	Other - Describe:
17.10	Investigations and Prosecutions
	ibe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committee Select all that apply.
	Refer to state Inspector General
~	Refer to state Inspector General Refer to local prosecutor or state Attorney General
~	•
~ ~	Refer to local prosecutor or state Attorney General
~ ~ ~	Refer to local prosecutor or state Attorney General Refer to US DHHS Inspector General (including referral to OIG hotline)
× × × ×	Refer to US DHHS Inspector General (including referral to OIG hotline) Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
> > > > >	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
× × × × ×	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? For that program year

attach a document with said explanation here.

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

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

Instructions for Certification

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

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

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

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

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

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

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or

agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

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

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

Instructions for Certification

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

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

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

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

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

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

normally possessed by a prudent person in the ordinary course of business dealings.

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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)

107 Pleasant Street <u>* Address Line 1</u>						
Address Line 2						
Address Line 3						
Concord <u>* City</u>	NH <u>* State</u>	03301 <u>* Zip Code</u>				
Check if there are workp	laces on file that are not id	entified here.				
Alternate II. (Grantees W	ho Are Individuals)					
(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;						
(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.						
[55 FR 21690, 21702, May 25, 1990]						

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

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

(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).