DETAILED MODEL PLAN (LIHEAP)

Mandatory Grant Application SF-424

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

| * 1.a. Type of Submission: Plan | | * 1.b. Frequency: Annual | | * 1.c. Consolidated Application/Plan/Funding Request? Explanation: | | st? | * 1.d. Version: Initial | | | |
|--|--|---|------------|---|---|----------------------------------|----------------------------|-------------|---------|----------------------------------|
| | | | | | | 2. Date Receiv | ved· | | | State Use Only: |
| | | | | | | 3. Applicant 1 | | | | Suite est only |
| | | | | | | 4a. Federal E | | ifier• | | 5. Date Received By State: |
| | | | | | | 4b. Federal A | | | | 6. State Application Identifier: |
| | | | | | | | | | | 11 |
| 7. APPLICANT | INFOR | MATION | | | | | | | | |
| * a. Legal Name | e: Texas | Department of H | ousing an | d Community A | ffairs | ıl: | | | | |
| * b. Employer/ | Гахрауег | Identification N | lumber (| EIN/TIN): 174 | 126105429 | * c. Organiza | tional DUN | NS: 8067 | 81902 | |
| * d. Address: | | | | | | | | | | |
| * Street 1: | | PO BOX 1394 | 1 | | | Street 2: | | 221 EAS | ST 11 T | TH STREET |
| * City: | | AUSTIN | | | | County: | | TRAVIS | S | |
| * State: | | TX | | | | Province: | | | | |
| * Country: | | United States | | | | * Zip / Pos | tal Code: | 78711 | | |
| e. Organization | al Unit: | | | | | | | • | | |
| Department Na | me: | | | | | Division Nam Community | | ision | | |
| f. Name and cor | ntact info | rmation of perso | on to be o | contacted on ma | tters involving tl | nis application: | | | | |
| Prefix: Ms. | * First N Sharon | | | | Middle Name: D | | * Last Name: Gamble | | | |
| Suffix: | Title: Manage | er, Planning & T | raining | | Organizational | l Affiliation: | | | | |
| * Telephone Number: (512) 475- 0471 Ext. | Fax Nui (512) 4 | mber 75-3935 | | | * Email: sharon.gamble@tdhca.state.tx.us | | | | | |
| * 8a. TYPE OF A: State Govern | | CANT: | | | | | | | | |
| b. Additional | Descript | ion: | | | | | | | | |
| * 9. Name of Fe | deral Ag | ency: | | | | | | | | |
| | | | | | og of Federal Dom ssistance Number: | | | CFDA Title: | | CFDA Title: |
| 10. CFDA Numbe | ers and Tit | tles | | 93568 | | | Low-Inco | me Home l | Energy | Assistance |
| | | Applicant's Proje Veatherization Pr | | | | | | | | |
| 12. Areas Affect Statewide | 12. Areas Affected by Funding: Statewide | | | | | | | | | |
| 13. CONGRESS | SIONAL | DISTRICTS OF | ₹: | | | | | | | |
| * a. Applicant | | | | | | b. Program/P Statewide | roject: | | | |
| Attach an addit | ional list | of Program/Pro | ject Con | gressional Distr | icts 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 | EVIEW 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 b | out has not been selected by State for revi | ew. | | | | |
| c. Program is not covered by E.O. 12 | 372. | | | | | |
| * 17. Is The Applicant Delinquent On A | * 17. Is The Applicant Delinquent On Any Federal Debt? NO | | | | | |
| Explanation: | | | | | | |
| accurate to the best of my knowledge. I a | also provide the required assurances** ar | of certifications** and (2) that the statement agree to comply with any resulting term al, civil, or administrative penalties. (U.S. 6) | ns if I accept an award. I am aware that | | | |
| ** The list of certifications and assurance | es, or an internet site where you may obt | ain this list, is contained in the announcem | nent or agency specific instructions. | | | |
| 18a. Typed or Printed Name and Title o Michael Deyoung | f Authorized Certifying Official | 18c. Telephone (area code, (512) 475- 2125 Ext. | number and extension) | | | |
| | | 18d. Email Address michael.deyoung@tdhca.sta | te.tx.us | | | |
| 18b. Signature of Authorized Certifying | Official | 18e. Date Report Submitte 08/28/2014 | d (Month, Day, Year) | | | |
| Attach supporting documents as specified in agency instructions. | | | | | | |

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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. te: You must provide information for each component designated here as requested elsewhere in this plan.) | Dates of Operation | | |
|-------------|--|--------------------|------------|--|
| | | Start Date | End Date | |
| > | Heating assistance | 12/01/2014 | 02/28/2014 | |
| > | Cooling assistance | 03/01/2015 | 11/30/2015 | |
| ~ | Crisis assistance | 01/01/2015 | 09/30/2015 | |
| ~ | Weatherization assistance | 01/01/2015 | 12/31/2015 | |

Provide further explanation for the dates of operation, if necessary

The Texas LIHEAP program runs from January - December. Crisis and Weatherization Assistance operate year-round. The 09/30/2015 date is entered to clear report validation error indicating that crisis assistance must be provided by this date.

Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16

| o , , , , , , , , , , , , , , , , , , , | |
|---|------------------|
| 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%. | Percentage (%) |
| Heating assistance | 10.00% |
| Cooling assistance | 40.00% |
| Crisis assistance | 25.00% |
| Weatherization assistance | 15.00% |
| Carryover to the following federal fiscal year | 0.00% |
| Administrative and planning costs | 10.00% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 0.00% |
| Used to develop and implement leveraging activities | 0.00% |
| TOTAL | 100.00% |

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

| 1.5 11 | | for winter crisis assistance that h | ave not been expe | nded by Marcl | 1 | amed to: | | |
|----------|----------------------------------|---|---------------------|-------------------|--|----------------------------|----------------------|--|
| | Heating | assistance | | _ | Cooling assistance Other (specify:) year-round crisis | | | |
| | Weather | rization assistance | | ~ | | | | |
| .4 De | o you consider ho | 2605(b)(2)(A) - Assurance 2, 2605 useholds categorically eligible if o to question 1.4, you must comple | ne household men | iber receives o | ne of the following cat | egories of benefits in the | left column below?No | |
| ı you | answered res | to question 1.4, you must comple | Heatir | | Cooling | Crisis | Weatherization | |
| ANF | | | Heatii | ıg . | Cooling | Crisis | weatherization | |
| SI | | | | | İ | | | |
| NAP | | | | | | | | |
| Ieans | -tested Veterans Pr | ograms | | | | | | |
| | | Program Name | I | Heating | Cooling | Crisis | Weatherization | |
| | (Specify) 1 | | | | <u> </u> | | | |
| | o you automatical s, explain: | ly enroll households without a din | ect annual applica | ation?No | | | | |
| | | there is no difference in the treat and benefit amounts? | ment of categorica | ılly eligible hou | seholds from those no | t receiving other public a | ssistance when | |
| SNAF | P Nominal Paymen | is | | | | | | |
| .7a I | Oo you allocate LI | HEAP funds toward a nominal p | ayment for SNAP | households?N | 0 | | | |
| f you | answered "Yes" | to question 1.7a, you must provid | le a response to qu | estions 1.7b, 1 | .7c, and 1.7d. | | | |
| .7b A | Amount of Nomin | al Assistance: \$0 | | | | | | |
| .7c F | requency of Assis | tance | | | | | | |
| | Once Per Year | | | | | | | |
| | Onco : 6"- | | | | | | | |
| | Once every five | years | | | | | | |
| | Other - Describe | : | | | | | | |
| 1.7d I | How do you confir | m that the household receiving a | nominal payment | has an energy | cost or need? | | | |
| Deteri | mination of Eligibi | lity - Countable Income | | | | | | |
| .8. Iı | n determining a h | ousehold's income eligibility for I | IHEAP, do you us | se gross incom | e or net income ? | | | |
| ~ | Gross Income | | | | | | | |
| | Net Income | | | | | | | |
| | | able forms of countable income u | sed to determine a | a household's i | ncome eligibility for L | ІНЕАР | | |
| <u> </u> | Wages | | | | | | | |
| <u> </u> | Self - Employme | | | | | | | |
| <u> </u> | Contract Income | • | | | | | | |
| <u> </u> | Payments from 1 | nortgage or Sales Contracts | | | | | | |
| ~ | Unemployment i | nsurance | | | | | | |
| | Strike Pay | | | | | | | |
| ~ | | | | | | | | |

| ~ | Social | Security Administration (SSA) | benefit | S |
|----------|--------|------------------------------------|----------|---|
| | | Including MediCare deduction | \ | Excluding MediCare deduction |
| \ | Suppl | emental Security Income (SSI) | | |
| \ | Retire | ement / pension benefits | | |
| ~ | Gener | ral Assistance benefits | | |
| \ | Temp | orary Assistance for Needy Fami | ilies (T | ANF) benefits |
| | Suppl | emental Nutrition Assistance Pro | ogram (| SNAP) benefits |
| | Wome | en, Infants, and Children Supple | mental | Nutrition Program (WIC) benefits |
| | Loans | that need to be repaid | | |
| | Cash | gifts | | |
| | Savin | gs account balance | | |
| | One-t | ime lump-sum payments, such as | rebate | s/credits, winnings from lotteries, refund deposits, etc. |
| | Jury o | luty compensation | | |
| < | Renta | l income | | |
| < | Incon | ne from employment through Wo | orkforce | e Investment Act (WIA) |
| | Incon | ne from work study programs | | |
| < | Alimo | ony | | |
| | Child | support | | |
| < | Intere | est, dividends, or royalties | | |
| < | Comn | nissions | | |
| | Legal | settlements | | |
| | Insura | ance payments made directly to t | he insu | red |
| | Insur | ance payments made specifically | for the | repayment of a bill, debt, or estimate |
| < | Veter | ans Administration (VA) benefits | S | |
| | Earne | d income of a child under the ag | e of 18 | |
| | Balan | ce of retirement, pension, or ann | uity acc | counts where funds cannot be withdrawn without a penalty. |
| | Incon | ne tax refunds | | |
| | Stiper | nds from senior companion progr | rams, sı | ich as VISTA |
| | Funds | s received by household for the ca | are of a | foster child |

| | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
|---|--|
| | Reimbursements (for mileage, gas, lodging, meals, etc.) |
| ~ | Other |
| | Worker's compensation, military family allotments (except where excluded by other federal law), net gambling or lottery winnings |

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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 | 125.00% | | |
| 2 | All Household Sizes | | State Median Income | 60.00% | | |
| 2.2 Do you have additional eligibility requirements for HEATING ASSITANCE? | | | | | | |
| 2.3 Check the appr | opriate boxes below and describe the policies | for each. | | | | |
| Do you require an | Assets test ? | No | | | | |
| Do you have additi | onal/differing eligibility policies for: | | | | | |
| Renters? | | No | | | | |
| Renters Livi | ng in subsidized housing ? | No | | | | |
| Renters with | utilities included in the rent ? | Yes | | | | |
| Do you give priorit | y in eligibility to: | | | | | |
| Elderly? | | Yes | | | | |
| Disabled? | | Yes | | | | |
| Young children? | | Yes | | | | |
| Households with high energy burdens? | | Yes | | | | |
| Other? Hous | seholds with High Energy Consumption | Yes | | | | |

Explanations of policies for each "yes" checked above:

2.1

In the county of a major disaster or emergency designated by the Secretary of the Department of Health and Human Services or by the President under the Disaster Relief Act of 1974, the State will use the highest of 125% of the poverty guidelines or 60% of the State's median income. The State may also use this flexibility to set poverty guidelines in a local crisis as defined by the Department's Executive Director. The State will communicate this designation to affected subrecipients through email and by website posting. Subrecipients must receive prior written approval before using 60% SMI.

Currently, Section 5.407(e) of 10 Texas Administrative Code states: "A Household unit cannot be served if the meter is utilized by another Household." The Department is considering a change to this rule to allow for assistance in certain circumstances.

If the renter's situation is one where the utilities are not a distinct charge from the rent, the State does not provide assistance as there is no individual bill and neither energy cost not energy burden can be determined.

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.

Subrecipients use a household rating system which determines priority based on persons in Households who are particularly vulnerable such as the Elderly, Persons with Disabilities, Households with Young Children, Households with High Energy Burden, and Households with High Energy Consumption. Benefit amounts are determined on a sliding scale based on the Household's income. The number of benefit payments is based on the presence of a vulnerable member such as the Elderly, Persons with Disabilities, and Young Children. The maximum benefit amount is determined per program year based on household need, is split between heating and cooling assistance, and is not required to be applied equally to heating and cooling costs.

| 2.5 | Check the | variables von | use to determin | e vour benefi | t levels. (Che | ck all that | annly): |
|-----|-----------|---------------|-----------------|---------------|----------------|-------------|---------|
| | | | | | | | |

Income

| ✓ Family (household) size | | | | |
|---|-----------------|--|----------------------|--|
| ✓ Home energy cost or need: | | | | |
| Fuel type | | | | |
| Climate/region | | | | |
| ✓ Individual bill | | | | |
| Dwelling type | | | | |
| Energy burden (% of income spent on home en | nergy) | | | |
| ✓ 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 | \$1 | Maximum Benefit | \$1,200 | |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) an | nd/or other for | ms of benefits?Yes | | |
| If yes, describe. | | | | |
| Under energy crisis, a Household may receive repair of existing heating and cooling units not to exceed \$2,500. Households that include at least one member that is Elderly, Disabled, or a Young Child may receive either repair of existing heating and cooling units or crisis-related purchase of portable heating and cooling units not to exceed \$2,500. LIHEAP may provide blankets, fans, generators, etc. in the event of a natural disaster. The number, type, size, and cost of these items may not exceed the minimum needed to resolve the crisis. | | | | |
| If any of the above questions require furthe attach a document with said explanation he | | ion or clarification that could not be made in t | the fields provided, | |

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Section 3 - Cooling Assistance

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

3.1 Designate The income eligibility threshold used for the Cooling componenet:

| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | |
|--|--|-----------|------------------------|-----------------------|--|--|
| 1 | All Household Sizes | | HHS Poverty Guidelines | 125.00% | | |
| 2 | All Household Sizes | | State Median Income | 60.00% | | |
| 3.2 Do you have additional eligibility requirements for COOLING ASSITANCE? | | | | | | |
| 3.3 Check the appr | copriate boxes below and describe the policies | for each. | | | | |
| Do you require an | Assets test ? | No | | | | |
| Do you have additi | ional/differing eligibility policies for: | | | | | |
| Renters? | | No | | | | |
| Renters Livi | ng in subsidized housing ? | No | | | | |
| Renters with | utilities included in the rent ? | Yes | | | | |
| Do you give priorit | ty in eligibility to: | | | | | |
| Elderly? | | Yes | | | | |
| Disabled? | | Yes | | | | |
| Young children? | | Yes | | | | |
| Households with high energy burdens ? | | Yes | | | | |
| Other? Hous | seholds with High Energy Consumption | Yes | | | | |

Explanations of policies for each "yes" checked above:

3.1

In the county of a major disaster or emergency designated by the Secretary of the Department of Health and Human Services or by the President under the Disaster Relief Act of 1974, the State will use the highest of 125% of the poverty guidelines or 60% of the State's median income. The State may also use this flexibility to set poverty guidelines in a local crisis as defined by the Department's Executive Director. The State will communicate this designation to affected subrecipients through email and by website posting. Subrecipients must receive prior written approval before using 60% SMI.

3.2

Currently, Section 5.407(e) of the Texas Administatrtive Code states: "A Household unit cannot be served if the meter is utilized by another Household." The Department is considering a change to this rule to allow for assistance in certain circumstances.

If the renter's situation is one where the utilities are not a distinct charge form the rent, the Department does not provide assitance as there is no individual bill and neither energy cost nor energy burden can be determined.

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

Subrecipients use a household rating system which determines priority based on persons in Households who are particularly vulnerable such as the Elderly, Persons with Disabilities, Households with Young Children, Households with High Energy Burden, and Households with High Energy Consumption. Benefit amounts are determined on a sliding scale based on the Household's income. The number of benefit payments is based on the presence of a vulnerable member such as the Elderly, Persons with Disabilities, and Young Children. The maximum benefit amount is determined per program year based on household need, is split between heating and cooling assistance, and is not required to be applied equally to heating and cooling costs.

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 er | nergy) | | | |
| ✓ Energy need | | | | |
| Other - Describe: | | | | |
| | | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | |
| 3.6 Describe estimated benefit levels for FY 2015: | | | | |
| Minimum Benefit | \$1 | Maximum Benefit | \$1,200 | |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and | or other forms | s of benefits? Yes | | |
| If yes, describe. | | | | |
| Under energy crisis, a Household may receive repair of existing heating and cooling units not to exceed \$2,500. Households that include at least one member that is Elderly, Disabled, or a Young Child may receive either repair of existing heating and cooling units or crisis-related purchase of portable heating and cooling units not to exceed \$2,500. LIHEAP may provide blankets, fans, generators, etc. in the event of a natural disaster. The number, type, size, and cost of these items may not exceed the minimum needed to resolve the crisis. | | | | |
| If any of the above questions require furthe attach a document with said explanation he | | on or clarification that could not be made in t | he fields provided, | |

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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 | 125.00% |
| 2 | All Household Sizes | State Median Income | 60.00% |

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

A bona fide household crisis exists when extraordinary events or situations resulting from extreme weather conditions and/or fuel supply shortages or a terrorist attack have depleted or will deplete household financial resources and/or have created problems in meeting basic household expenses, particularly bills for energy so as to constitute a threat to the well-being of the Household, particularly to Elderly, Persons with Disabilities, or children age 5 and younger. A utility disconnection notice may constitute a Household energy crisis.

4.3 What constitutes a life-threatening crisis?

Must heating/cooling be medically necessary?

Must the household have non-working heating or cooling equipment?

A life-threatening crisis exists when at least one person in the applicant Household could lose their life without the Subrecipient's utility assistance because there is a shut-off notice or a delivered fuel source is below a ten (10) day supply (by client report) and any member of the Household is dependent upon equipment that is prescribed by a medical professional, operated on electricy or gas, and is necessary to sustain the person's life. Examples of life-sustaining equipment include but are not limited to dialysis machines, oxygen concentrators, cardiac monitors, and in some cases heating and air conditioning when ambient temperature control is prescribed by a medical professional. Documentation should not include information regarding the applicant's medical condition but may include certification that such a device is required in the home to sustain life

| Crisis Requirement, 2604(c) | | |
|---|--|--|
| 4.4 Within how many hours do you provide an intervention that will resolve the e | nergy crisis for eligible households? 48Hours | |
| 4.5 Within how many hours do you provide an intervention that will resolve the e | nergy crisis for eligible households in life-threatening situations? 18Hours | |
| Crisis Eligibility, 2605(c)(1)(A) | | |
| 4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE? | 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? | Yes | |
| Disabled? | Yes | |
| Young Children? | Yes | |
| Households with high energy burdens? | Yes | |
| Other? Households with High Energy Consumption | Yes | |
| 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? | Yes | |
| Must the household have exhausted their regular heating benefit? | No | |
| Must renters with heating costs included in their rent have received an eviction notice ? | No | |

No

No

| Other? | No |
|--|-----|
| Do you have additional / differing eligibility policies for: | |
| Renters? | No |
| Renters living in subsidized housing? | No |
| Renters with utilities included in the rent? | Yes |
| | 1 |

Explanations of policies for each "yes" checked above:

Households located in a service area that has met the Subrecipient's set weather criteria may also receive crisis assistance. In these cases, a shut-off notice or empty or near empty tank are not required.

If the renter's situation is one where the utilities are not a distinct charge from the rent, the Department does not provide assistance as there is no individual bill and neither energy cost nor energy burden can be determined.

Determination of Benefits

4.8 How do you handle crisis situations?

| ~ | Separate component |
|---|--------------------|
| | Fast Track |
| | Other - Describe: |

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

| ı | - | | |
|---|---------------------------------|--|--|
| I | ✓ Amount to resolve the crisis. | | |
| I | < | Other - Describe: | |
| l | | Amount to resolve the crisis, up to a maximum of \$1,200 | |
| l | | Heating and cooling equipment repair up to \$2,500. | |
| ı | | | |

Crisis Requirements, 2604(c)

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

Yes Explain.

According to program rules: "Subrecipients shall accept applications at sites that are geographically and physically accessible to all Households requesting assistance. If Subrecipient's office is not accessible, Subrecipient shall make reasonable accommodations to ensure that all Households can apply for assistance."

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

Submit applications for crisis benefits without leaving their homes?

Yes If No, explain.

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

No If No, explain.

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

We do not provide travel for applicants. If the applicant cannot get to the site, they are either mailed an application, or the Subrecipient arranges a home visit.

Benefit Levels, 2605(c)(1)(B)

4.12 Indicate the maximum benefit for each type of crisis assistance offered.

| Winter Crisis | \$0 maximum benefit |
|-------------------|-------------------------|
| Summer Crisis | \$0 maximum benefit |
| Year-round Crisis | \$1,200 maximum benefit |

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

Yes If yes, Describe

Purchase of portable heating and/or cooling units, temporary shelter, blankets, fans, generators

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

Yes

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 moratorium on shut offs?

Ye

If you responded "Yes" to question 4.16, you must respond to question 4.17.

4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.

The Texas Public Utilities Commission rule states: "An electric utility cannot disconnect a customer anywhere in its service territory on a day when:

- (1) the previous day's highest temperature did not exceed 32 degrees Fahrenheit, and the temperature is predicted to remain at or below that level for the next 24 hours, according to the nearest National Weather Service (NWS) reports; or
- (2) the NWS issues a heat advisory for any county in the electric utility's service territory, or when such advisory has been issued on any one of the two preceeding calendar days."

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

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

| Add | Household Size | Eligibility Guideline | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1 | All Household Sizes | HHS Poverty Guidelines | 125.00% |
| 2 | All Household Sizes | State Median Income | 60.00% |

- 5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component? No
- 5.3 If yes, name the agency.
- 5.4 Is there a separate monitoring protocol for weatherization? Yes

WEATHERIZATION - Types of Rules

5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

 $Mostly\ under\ LIHEAP\ rules\ with\ the\ following\ DOE\ WAP\ rule(s)\ where\ LIHEAP\ and\ WAP\ rules\ differ\ (Check\ all\ that\ apply):$

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.
 - **✓** Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards.
 - ✓ Other Describe:

Energy-related home repair: The Department will allow the use of LIHEAP weatherization funds for structural and ancillary repairs only if required to enable effective weatherization.

| Eligibility, 2605(b)(5) - Assurance 5 | | |
|--|---------------|--|
| 5.6 Do you require an assets test? | No | |
| 5.7 Do you have additional/differing eligibility p | olicies 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? Households with High Energy Consumption | | | | | |
|--|--|--|--|--|--|
| If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, yo | f 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. | | | | |
| The Department prioritizes these Households in accordance with 10 CFR 440. | 16. | | | | |
| 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 | | | | | |
| ✓ Cooling system modifications/ repairs | ✓ Water Heater | | | | |
| ✓ Water conservation measures | Cooling system replacement | | | | |
| ✓ Compact florescent light bulbs | Other - Describe: solar screens or window film | | | | |

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| | Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) |
|-------|--|
| 6.1 S | elect 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): |
| | ny of the above questions require further explanation or clarification that could not be made in the fields provided ch a document with said explanation here. |

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| | Section 7: Coordination, 2605(b)(4) - Assurance 4 | | |
|----------|--|--|--|
| 7.1 Desc | ribe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.). | | |
| > | Joint application for multiple programs | | |
| > | Intake referrals to/from other programs | | |
| | One - stop intake centers | | |
| | Other - Describe: | | |
| | | | |

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Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)

| 8.1 How | 8.1 How would you categorize the primary responsibility of your State agency? | | | | | | | | | |
|--|---|--|--|--|---|--|--|--|--|--|
| ~ | Administration Agency | | | | | | | | | |
| | Commerce Agency | | | | | | | | | |
| | Community Services Agency | | | | | | | | | |
| | Energy / Environment Agency | | | | | | | | | |
| | Housing Agency | | | | | | | | | |
| | Welfare Agency | | | | | | | | | |
| | Other - Describe: | | | | | | | | | |
| If you so | te Outreach and Intake, 2605(b)(15) - Assurance elected "Welfare Agency" in question 8.1, you m | ust complete questions 8.2, | , , , , , , , , , , , , , , , , , , , | | | | | | | |
| 8.2 How | v do you provide alternate outreach and intake fo | r HEATING ASSISTANCI | E? | | | | | | | |
| 8.3 How | v do you provide alternate outreach and intake fo | r COOLING ASSISTANCI | E? | | | | | | | |
| 8.4 How | v do you provide alternate outreach and intake fo | r CRISIS ASSISTANCE? | | | | | | | | |
| 8.5 LIH | EAP Component Administration. | Heating | Cooling | Crisis | Weatherization | | | | | |
| 8.5a Who determines client eligibility? | | Local City Government Local County Government Community Action Agencies Non-profits | Local City Government Local County Government Community Action Agencies Non-profits | Local City Government Local County Government Community Action Agencies Non-profits | Local City Government Local County Government Community Action Agencies Non-profits | | | | | |
| 8.5b Who processes benefit payments to gas and electric vendors? | | Local City Government Local County Government Community Action Agencies Non-profits Local City Government Local County Government Community Action Agencies Non-profits | | Local City Government Local County Government Community Action Agencies Non-profits | | | | | | |
| 8.5c who processes benefit payments to bulk fuel vendors? | | Local City Government Local County Government Community Action Agencies Non-profits | Local City Government Local County Government Community Action Agencies Non-profits | Local City Government Local County Government Community Action Agencies Non-profits | | | | | | |
| 8.5d Wl measure | no performs installation of weatherization es? | | | | Local City Government Local County Government | | | | | |

| | | Agencies Non-profits | | | | | | | |
|--------------------------|---|----------------------------|--|--|--|--|--|--|--|
| | f 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 Wha | it is your process for selecting local administering agencies? | | | | | | | | |
| | artment ensures that to the extent it is necessary to designate local administering agencies in order to carry out the purposes of Title 42 U. onsideration is given to any local public or private nonprofit agency which was receiving federal funds. | .S.C. Section 8621 et seq, | | | | | | | |
| (1) Befor | re giving such special consideration, the Department determines that the agency involved meets program and fiscal requirements establishent; and | ned by law and by the | | | | | | | |
| considera | ere is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the Departion in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the dreceive funds for the fiscal year preceding that fiscal year for which the determination is made. | | | | | | | | |
| Opportui | artment administers the program through the existing Subrecipients that have demonstrated that they are operating the program in accordantly Act of 1964, the Low-Income Home Energy Assistance Act of 1981, as amended (42 U.S.C. Section 8621, et seq), and the Department and administering the program, the Department may offer to renew the contract. | | | | | | | | |
| Subrecip solicitation | e Department determines that an organization is not administering the program satisfactorily, corrective actions are taken to remedy the poient fails to administer the program correctly, the Department reassigns the service area or a portion of the service area to another existing on or selection of a new Subrecipient in accordance with the Low-Income Home Energy Assistance Act of 1981. The affected Subrecipied ance with the Texas Government Code, Section 2105.204. | g Subrecipient or conducts | | | | | | | |
| 8.7 How | many local administering agencies do you use? 42 | | | | | | | | |
| 8.8 Have | e you changed any local administering agencies in the last year? | | | | | | | | |
| 8.9 If so, | , why? | | | | | | | | |
| | Agency was in noncompliance with grantee requirements for LIHEAP - | | | | | | | | |
| | Agency is under criminal investigation | | | | | | | | |
| | Added agency | | | | | | | | |
| | Agency closed | | | | | | | | |

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.

Other - describe

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| | Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7 |
|----------------------------------|--|
| 9.1 Do you make | payments directly to home energy suppliers? |
| Heating | Yes |
| Cooling | Yes |
| Crisis | Yes |
| Are there excep | ptions? No |
| If yes, Describe | |
| 7.3 How do you a home energy and | assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the late amount of the payment? |
| Vendor agreemen | ts are used in all components. A sample is attached. |
| | assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance? ts are used in all components. A sample is attached. |
| 9.5. Do you make | e payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? |
| If so, describe | the measures unregulated vendors may take. |

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

| Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10 | Section 10 | : Program. | Fiscal | Monitoring. | and Audit. | 26050 | (h) | (1 | 0 | 1) |
|---|------------|------------|--------|-------------|------------|-------|-----|----|---|----|
|---|------------|------------|--------|-------------|------------|-------|-----|----|---|----|

- 1. Review annual audits
- 2. Monitor fiscal records
- 3. Review current and prior year monthly expenditure and performance reports

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 | Type Brief Summary | | Resolved? | Action Taken | |
|---------|--------------------|--|-----------|--------------------------|--|
| 1 | reporting | The Department was unable to fully document information entered in the LIHEAP Households Report | Yes | procedure/policy changes | |
| 2 | monitoring | The Department did not provide a definition for "life threatening condition" for use by Subrecipients during benefit determination | Yes | procedure/policy changes | |

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 apply.

Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133

Local agencies/district offices are required to have an annual audit (other than A-133)

Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.

✓ Grantee conducts fiscal and program monitoring of local agencies/district offices

Compliance Monitoring

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply

Grantee employees:

- ✓ Internal program review
- ✓ Departmental oversight

Secondary review of invoices and payments

✓ Other program review mechanisms are in place. Describe:

Cross-division peer review of documents

| Local Adminstering Agencies / District Offices: |
|--|
| ✓ On - site evaluation |
| Annual program review |
| Monitoring through central database |
| ✓ Desk reviews |
| Client File Testing / Sampling |
| ✓ Other program review mechanisms are in place. Describe: |
| Desk review of A-133 audit |
| Review if the Subrecipient's resolution of prior minitoring or Single Audit reports si performed prior to the award of new contracts. |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. |
| See attached monitoring schedule and monitoring instruments. |
| 10.7. Describe how you select local agencies for monitoring reviews. |
| Site Visits: |
| The Compliance Division performs a risk assessment to determine Subrecipients with the highest risk based on award amount, the number of Department programs awarded to the Subrecipient, prior monitoring concerns and/or unresolved issues, and prior Single Audit issues. Subsequently, Compliance determines the last date of monitoring for the Subrecipient. If the Subrecipient was monitored more than 12 months prior to the risk assessment, then the Subrecipient will be monitored. If the Subrecipient was monitored 12 months or less prior to the risk assessment then the division considers monitoring for ongoing concerns of the Subrecipient and/or for cost effectiveness when monitoring another Department program. Site visits will be performed for those with the highest assessed risk. |
| Desk Reviews: |
| After the description of the risk assessment process above, those with the lowest assessed risk will receive a desk review. |
| 10.8. How often is each local agency monitored ? |
| At least once every two years. |
| 10.9. What is the combined error rate for eligibility determinations? OPTIONAL |
| 10.10. What is the combined error rate for benefit determinations? OPTIONAL |
| 10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0 |
| 10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0 |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |

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| Section 11: Timely and Meani | ingful Public Participation, 2605 | (b)(12), 2605(C)(2) | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 11.1 How did you obtain input from the public in the developmen Select all that apply. | t of your LIHEAP plan? | | | | | | | | |
| Tribal Council meeting(s) | | | | | | | | | |
| ✓ Public Hearing(s) | | | | | | | | | |
| ✓ Draft Plan posted to website and available for comment | | | | | | | | | |
| Hard copy of plan is available for public view and comn | nent | | | | | | | | |
| ✓ Comments from applicants are recorded | | | | | | | | | |
| Request for comments on draft Plan is advertised | | | | | | | | | |
| Stakeholder consultation meeting(s) | | | | | | | | | |
| Comments are solicited during outreach activities | | | | | | | | | |
| ✓ Other - Describe: | ✓ Other - Describe: | | | | | | | | |
| Comments are solicited via online forums. 11.2 What changes did you make to your LIHEAP plan as a resul The definition of "life threatening crisis" was developed through this Public Hearings, 2605(a)(2) - For States and the Commonwealth of the | particiption. of Puerto Rico Only | FAP funds? | | | | | | | |
| 11.5 List the date and location(s) that you need public nearing(s) of | Date | EVENT Description | | | | | | | |
| 1 | 05/29/2014 | Draft Plan Posted for TDHCA Board Approval | | | | | | | |
| 2 | 06/05/2014 | TDHCA Board Review of Plan and Approval for Public Comment Posting | | | | | | | |
| 3 | 07/10/2014 | Public Hearing to Receive Comment on Draft Plan | | | | | | | |
| 4 | 07/31/2014 | TDHCA Board Approval of Final Plan | | | | | | | |
| 11.4. How many parties commented on your plan at the hearing(s)? None | | | | | | | | | |
| 11.5 Summarize the comments you received at the hearing(s). Comments received via email from the Texas Association of Commu | nity Action Agencies and the Department's response | s are attached. | | | | | | | |
| 11.6 What changes did you make to your LIHEAP plan as a resul | t of the comments received at the public hearing | 1.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)? | | | | | | | |

In Section One of the Plan, the Department had checked the box for "jury duty compensation" in error. This check was removed.

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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? None

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?

N/A

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

Subgrantee contracts include the following:

"Section 39. Appeals Process:

In compliance with the LIHEAP Act, Subrecipient must provide an opportunity for a fair administrative hearing to individuals whose application for assistance is denied, terminated or not acted upon in a timely manner. Subrecipient must establish a denial of service complaint procedure in accordance with Section 5.405 of the State Rules."

Text of the State Rule is attached.

12.5 When and how are applicants informed of these rights?

Within 10 days of the determination the Subrecipient must provide written notification; can be made in person or by mail.

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

Applicants are required to submit an application for each program year. During the intake process, applicants are assigned a priority rating based on indicators such as poverty level, energy burden and use, and the presence of vulnerable household members. The applicant is informed of their rating at that time and informed whether their application will be acted on immediately or if higher prority applicants will be served first. I due to a low priority tating an applicant does not receive services during a program year, the applicant must re-apply the following year. This is a program requirement and is not subject to applicant appeal.

If an applicant is concerned that their application has been mishandled, the applicant may file a written complaint with the Department. TDHCA has an online complaint ststem, and staff phone numbers are posted online. In general, applicants who have a complaint are given contact information for TDHCA at the time the complaint is received by the Subrecipient. Applicants who contact the Department by phone are encouraged to use the online system to file a written complaint. Staff proceeds with the complaint as if it were a denial of services complaint and follows the process described in the attached rule.

12.7 When and how are applicants informed of these rights?

Applicants who have a complaint are given contact information for TDHCA at the time of the complaint.

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

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

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

Through client case management, the program:

- 1. Identifies Household needs;
- 2. Provides literature and other energy conservation education;
- 3. Refers clients to other appropriate programs; and
- 4. Encourages responsible vendor and consumer behavior.

Subrecipients provide applications, forms, and energy education materials in English, Spanish, or other languages when appropriate.

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

The Department does not administer Assurance as a stand-alone program or component. All clients benefit from these activities as part of outreach and intake. Benefit levels are the same as previously described.

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

Since this is not a stand-alone program, the impact of these activities is not measured.

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

Since this is not a stand-alone program, the level of direct benefits is not measured.

13.5 How many households applied for these services? N/A

13.6 How many households received these services? N/A

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

Section 14:Leveraging Incentive Program, 2607(A)

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

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

Pursuant to the Memorandum of Understading between the Department and the Texas Public Utilities Commission, the Commission will make available to the Department information on LITE-UP Texas electric discount program activities sufficient for the Department to report activities to USHHS for the previous federal fiscal year.

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

| Resource " | | What is the type of resource or benefit ? | What is the source(s) of the resource ? | How will the resource be integrated and coordinated with LIHEAP? | | | |
|--------------|--|---|---|---|--|--|--|
| 1 | | Electric utility discount | | The Department will refer eligible LIHEAP households to LITE-UP, and the Commission will refer eligible LITE-UP households to the Department. | | | |

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

| | Section 15: Training | | | | | | | | |
|-----------------|---|--|--|--|--|--|--|--|--|
| 15.1 Describe t | he training you provide for each of the following groups: | | | | | | | | |
| a. Grantee St | raff: | | | | | | | | |
| ✓ Forma | al training on grantee policies and procedures | | | | | | | | |
| How often | n? | | | | | | | | |
| | Annually | | | | | | | | |
| | Biannually | | | | | | | | |
| > | As needed | | | | | | | | |
| | Other - Describe: | | | | | | | | |
| Emple | yees are provided with policy manual | | | | | | | | |
| Other | -Describe: | | | | | | | | |
| b. Local Agen | icies: | | | | | | | | |
| ✓ Forma | al training conference | | | | | | | | |
| How often | n? | | | | | | | | |
| ~ | Annually | | | | | | | | |
| | Biannually | | | | | | | | |
| | As needed | | | | | | | | |
| annual conferen | Other - Describe: The annual conference is held by the Texas Association of Community Action Agencies, and the Department provides training at this ce. | | | | | | | | |
| ✓ On-sit | e training | | | | | | | | |
| How ofter | n? | | | | | | | | |
| | Annually | | | | | | | | |
| | Biannually | | | | | | | | |
| ~ | As needed | | | | | | | | |
| | Other - Describe: | | | | | | | | |
| Emple | oyees are provided with policy manual | | | | | | | | |
| | - Describe | | | | | | | | |
| c. Vendors | | | | | | | | | |
| Form | al training conference | | | | | | | | |
| How ofter | n? | | | | | | | | |
| | Annually | | | | | | | | |
| | Biannually | | | | | | | | |
| | As needed | | | | | | | | |
| ĺ | Other - Describe: | | | | | | | | |
| ✓ Policie | es 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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB_Clearance_No.: 0970-0075

Expiration Date: 06/30/2017

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

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

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

The Department is working to update the Community Affairs Contract System, our online reporting system, to include the required data with the Subrecipients' regular monthly reporting.

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

Expiration Date: 06/30/2017

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

| | | | Section 17 | : Program | Int | egrity, 2605(| b)(10) | | | |
|---|---|--------|----------------------------|----------------------------|-------|--|---|----------|--------------------------------------|---------------------------------------|
| 17.1 | Fraud Reporting Mechanisms | | | | | | | | | |
| | escribe all mechanisms available to | the | public for reporting o | ases of suspecte | d wa | ste, fraud, and abu | se. Select all that a | pply | ·• | |
| • | Online Fraud Reporting | | | | | | | | | |
| • | ✓ Dedicated Fraud Reporting | Hot | line | | | | | | | |
| , | ✓ Report directly to local agency/district office or Grantee office | | | | | | | | | |
| • | ✓ Report to State Inspector General or Attorney General | | | | | | | | | |
| • | Forms and procedures in pl | ace f | or local agencies/dist | rict offices and v | end | ors to report fraud, | waste, and abuse | | | |
| | Other - Describe: | | | | | | | | | |
| b. De | b. Describe strategies in place for advertising the above-referenced resources. Select all that apply | | | | | | | | | |
| | Printed outreach materials | | | | | | | | | |
| | Addressed on LIHEAP app | licati | ion | | | | | | | |
| • | Website | | | | | | | | | |
| | Other - Describe: | | | | | | | | | |
| 17.2. | Identification Documentation Rec | quire | ments | | | | | | | |
| a. In | dicate which of the following form | s of i | dentification are requ | iired or requeste | ed to | be collected from I | LIHEAP applicants | s or | their household me | embers. |
| Tem | of Identification Collected | | | | | Collected from | Whom? | | | |
| Тур | e of Identification Collected | | Applicant Only | | | All Adults in H | lousehold | | All Household | Members |
| | al Security Card is photocopied retained | | Required | | | Required | | | Required | |
| | | | Requested | | | Requested | | | Requested | |
| Social Security Number (Without actual Card) | | | Required | | | Required | | | Required | |
| | | | Requested | | | Requested | | | Requested | |
| Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | | ~ | Required | | | Required | | Required | | |
| | | | Requested | | | Requested | | | Requested | |
| | Other | | Applicant Only Required | Applicant Onl Requested | y | All Adults in Household Required | All Adults in Household Requested | | All Household Members Required | All Household Members Requested |
| | | | II . | | | | | ĮI I | | |

| 1 | | | | | | | | | | | |
|---------------|---|--------------------------|------------------------|-----------------------|-------------------------|-------------------------|--------------------|--|--|--|--|
| b. Describe a | b. Describe any exceptions to the above policies. | | | | | | | | | | |
| 17.3 Identifi | cation Verification | | | | | | | | | | |
| Describe wh | at methods are used to verify t | he authenticity of ide | ntification documen | ts provided by clien | ts or household meml | bers. Select all that a | apply | | | | |
| Verif | y SSNs with Social Security Ad | lministration | | | | | | | | | |
| Mate | h SSNs with death records from | n Social Security Adı | ninistration or state | agency | | | | | | | |
| Mate | Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) | | | | | | | | | | |
| Mate | Match with state Department of Labor system | | | | | | | | | | |
| Mate | Match with state and/or federal corrections system | | | | | | | | | | |
| Mate | h with state child support syste | em | | | | | | | | | |
| Verif | ication using private software (| (e.g., The Work Num | ber) | | | | | | | | |
| In-pe | erson certification by staff (for | tribal grantees only) | | | | | | | | | |
| Mate | h SSN/Tribal ID number with | tribal database or em | rollment records (fo | r tribal grantees on | ly) | | | | | | |
| ✓ Othe | r - Describe: | | | | | | | | | | |
| | he Department only verifies the a tystematic Alien Entitlement ("S. | | tion documents prov | ied by applicants who | o are not U.S. citizens | or nationals. That ver | rification is made | | | | |
| 17.4. Citizen | ship/Legal Residency Verificat | ion | | | | | | | | | |
| What are yo | ur procedures for ensuring tha | t household members | s are U.S. citizens or | aliens who are qua | lified to receive LIHE | EAP benefits? Select | all that apply. | | | | |
| ✔ Clie | nts sign an attestation of citizer | nship or legal residen | cy | | | | | | | | |
| Clie | nt's submission of Social Secur | ity cards is accepted | as proof of legal resi | dency | | | | | | | |
| ✓ Non | citizens must provide documer | ntation of immigration | n status | | | | | | | | |
| ✓ Citi | zens must provide a copy of the | eir birth certificate, n | aturalization papers | s, or passport | | | | | | | |
| ✓ Non | citizens are verified through th | ne SAVE system | | | | | | | | | |
| Tril | oal members are verified throu | gh Tribal enrollment | records/Tribal ID c | ard | | | | | | | |
| Oth | er - Describe: | | | | | | | | | | |
| 17.5. Income | e Verification | | | | | | | | | | |
| What metho | ds does your agency utilize to v | verify household incom | me? Select all that a | pply. | | | | | | | |
| ✓ Requ | ire documentation of income fo | or all adult household | members | | | | | | | | |
| ~ | Pay stubs | | | | | | | | | | |
| > | Social Security award letters | | | | | | | | | | |
| | Bank statements | | | | | | | | | | |
| | Tax statements | | | | | | | | | | |
| > | Zero-income statements | | | | | | | | | | |
| > | Unemployment Insurance let | ters | | | | | | | | | |
| ~ | Other - Describe: | | | | | | | | | | |
| Court docume | Court documents or government benefit statements as applicable. | | | | | | | | | | |
| Con | Computer data matches: | | | | | | | | | | |
| | Income information matched against state computer system (e.g., SNAP, TANF) | | | | | | | | | | |
| | Proof of unemployment benefits verified with state Department of Labor | | | | | | | | | | |
| | Social Security income verification | ed with SSA | | | | | | | | | |
| | Utilize state directory of new | hires | | | | | | | | | |
| | Other - Describe: | | | | | | | | | | |

| 17.6. l | Protection of Privacy and Confidentiality |
|-------------------------------|--|
| Descr | ibe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| ~ | Policy in place prohibiting release of information without written consent |
| | Grantee LIHEAP database includes privacy/confidentiality safeguards |
| ~ | Employee training on confidentiality for: |
| | ✓ Grantee employees |
| | ✓ Local agencies/district offices |
| | Employees must sign confidentiality agreement |
| | Grantee employees |
| | Local agencies/district offices |
| ~ | Physical files are stored in a secure location |
| ~ | Other - Describe: |
| Grante | e contracts include the following section: |
| Section | n 9. Record Keeping Requirements |
| subject | cipient acknowledges that all information collected, assembled, or maintained by Subrecipient pertaining to this Contract, except records made confidential by law, is to the Texas Public Information Act (Chapter 552 of Texas Government Code) and must provide citizens, public agencies, and other interested parties with able access to all records pertaining to this Contract subject to and in accordance with the Texas Public Information Act. |
| Texas | Administrative Code, Title 10, Chapter 5, Subchapter A Section 5.22 requires that: |
| arrange privacy confide | epartment requires that Subrecipients that administer Community Affairs Programs and serve clients to document client services. Subrecipient organziations must e for the security of all computer files through a remote, online, or managed backup service. Confidential client files must be maintained in a manner to protect the y of each client and to maintain the same for future reference. Subrecipient organizations must store physical client files in a secure space in a manner that ensures entiality and in accordance with Subrecipient organization policies and procedures. To the extent that it is financially feasible, archived client files should be stored from Subrecipient headquarters, in a secure space and in a manner that ensures confidentiality and in accordance with organization policies and procedures. |
| 17.7. | Verifying the Authenticity |
| What | policies are in place for verifying vendor authenticity? Select all that apply. |
| | All vendors must register with the State/Tribe. |
| | All vendors must supply a valid SSN or TIN/W-9 form |
| | Vendors are verified through energy bills provided by the household |
| | Grantee and/or local agencies/district offices perform physical monitoring of vendors |
| | Other - Describe and note any exceptions to policies above: |
| | Benefits Policy - Gas and Electric Utilities |
| What | policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| | Applicants required to submit proof of physical residency |
| | Applicants must submit current utility bill |
| | Data exchange with utilities that verifies: |
| | Account ownership |
| | Consumption |
| | Balances |
| | Payment history |
| | Account is properly credited with benefit |
| | Other - Describe: |
| | Centralized computer system/database tracks payments to all utilities |
| | Centralized computer system automatically generates benefit level |
| ~ | Separation of duties between intake and payment approval |
| | |

| Payments coordinated among other energy assistance programs to avoid duplication of payments | | | | |
|--|---|--|--|--|
| ✓ Payments to utilities and invoices from utilities are reviewed for accuracy | _ | | | |
| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities | | | | |
| ✓ Direct payment to households are made in limited cases only | _ | | | |
| Procedures are in place to require prompt refunds from utilities in cases of account closure | | | | |
| ✓ Vendor agreements specify requirements selected above, and provide enforcement mechanism | _ | | | |
| Other - Describe: | | | | |
| Other - Describe. | | | | |
| 17.9. Benefits Policy - Bulk Fuel Vendors | | | | |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. | | | | |
| Vendors are checked against an approved vendors list | | | | |
| Centralized computer system/database is used to track payments to all vendors | | | | |
| ✓ Clients are relied on for reports of non-delivery or partial delivery | | | | |
| Two-party checks are issued naming client and vendor | | | | |
| ✓ Direct payment to households are made in limited cases only | | | | |
| Vendors are only paid once they provide a delivery receipt signed by the client | | | | |
| Conduct monitoring of bulk fuel vendors | | | | |
| Bulk fuel vendors are required to submit reports to the Grantee | | | | |
| ✓ Vendor agreements specify requirements selected above, and provide enforcement mechanism | | | | |
| Other - Describe: | | | | |
| 17.10. Investigations and Prosecutions | | | | |
| Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply. | | | | |
| ✓ Refer to state Inspector General | | | | |
| ➤ Refer to local prosecutor or state Attorney General | | | | |
| ➤ Refer to US DHHS Inspector General (including referral to OIG hotline) | | | | |
| ✓ Local agencies/district offices or Grantee conduct investigation of fraud complaints from public | | | | |
| Grantee attempts collection of improper payments. If so, describe the recoupment process | | | | |
| Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? | | | | |
| Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated | | | | |
| ✓ Vendors found to have committed fraud may no longer participate in LIHEAP | | | | |
| ✓ Other - Describe: | | | | |
| A Subrecipient made be referred to the Administrative Penalties Committee or proposed for debarment from administering Department programs. | | | | |

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

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

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.BrBbr.
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
- 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or

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

- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- 9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- 4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is

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

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

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

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- ✓ By checking this box, the prospective primary participant is providing the certification set out above.

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

- 1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
- 2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- 3. For grantees other than individuals, Alternate I applies.
- 4. For grantees who are individuals, Alternate II applies.
- 5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
- 6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
- 7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
- 8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the

Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:,

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction:
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; (f)Taking one of the following actions, within 30 calendar days of receiving notice under
- (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)

| 221 E 11th Street * Address Line 1 | | | | | |
|-------------------------------------|-------------------------|-------------------------------------|--|--|--|
| Address Line 2 | | | | | |
| Address Line 3 | | | | | |
| Austin <u>*</u> City | Texas <u>* State</u> | 78701-2410 <u>*</u> Zip Code | | | |

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

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

Section 20: Certification Regarding Lobbying

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

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

- (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 | | | |
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| 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). | | | |