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

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|---|---|-----------------------------|---|--|-----------|---------------|---|--|
| | | * 1.b. Frequency: • Annual | | * 1.c. Consolidated Application/Plan/Funding Request? Explanation: | | | * 1.d. Version: Initial Resubmission Revision Update | |
| | | | | 2. Date Receive | .d. | | State Use Only: | |
| | | | | | | | State Use Omy. | |
| | | | | 3. Applicant Id | | • 6• | 5 Data Bassina I Bassina | |
| | | | | 4a. Federal En | | | 5. Date Received By State: | |
| | | | | 4b. Federal Aw | vara 1den | uner: | 6. State Application Identifier: | |
| 7. APPLICANT | INFORMATION | | | | | | | |
| * a. Legal Nam | e: Colorado Department o | of Human Services | | | | | | |
| * b. Employer/ | Taxpayer Identification ! | Number (EIN/TIN): 84 | 10644739C3 | * c. Organizati | onal DUN | NS: 87814760 | 2 | |
| * d. Address: | | | | | | | | |
| * Street 1: | 1120 LINCOL | N STREET, SUITE 1007 | | Street 2: | | | | |
| * City: | DENVER | | | County: | | | | |
| * State: | СО | | | Province: | | | | |
| * Country: | United States | | | * Zip / Posta | al Code: | 80203 - | | |
| e. Organization | al Unit: | | | | | , | | |
| Department Na Colorado Depa | ame: artment of Human Services | 3 | | Division Name: Food and Energy Assistance | | | | |
| f. Name and con | ntact information of pers | on to be contacted on m | atters involving t | his application: | | | | |
| Prefix: | * First Name: Aggie | | Middle Name: | * Last Name: Berens | | | | |
| Suffix: | Title: LEAP Manager | | Organizational | l Affiliation: | | | | |
| * Telephone Number: (303) 861-0337 | Fax Number | | * Email: aggie.berens@ | * Email: aggie.berens@state.co.us | | | | |
| * 8a. TYPE OF A: State Govern | APPLICANT: | | 4 | | | | | |
| b. Additional | Description: | | | | | | | |
| * 9. Name of Fe | ederal Agency: | | | | | | | |
| | | | log of Federal Dom Assistance Number | | | | CFDA Title: | |
| 10. CFDA Numb | ers and Titles | 93568 | | | Low-Inco | me Home Energ | gy Assistance | |
| | Title of Applicant's Proj nergy Assistance Program | | | | | | | |
| 12. Areas Affect Statewide | ted by Funding: | | | | | | | |
| 13. CONGRESS | SIONAL DISTRICTS O | F: | | | | | | |
| * a. Applicant | | | | b. Program/Project: Statewide | | | | |
| | | | | .II. | | | | |

| Attach an additional list of Program/Project Congressional Districts if needed. | | | | | | | |
|---|--|---------------------------|--|---------------------------------------|--|--|--|
| 14. FUNDING PERIOD: | | 15. ESTIMATED FUNDING: | | | | | |
| a. Start Date: 10/01/2015 | | * a. Federal (\$): \$0 | b. Match (\$): \$0 | | | | |
| * 16. IS SUBMISSION SUBJECT TO R | EVIEW BY STATE UNDER EXECUTIV | VE ORDER 12 | 2372 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 C YES • NO | | | | | | | |
| Explanation: | | | | | | | |
| accurate to the best of my knowledge. I a | (1) to the statements contained in the list also provide the required assurances** are nents or claims may subject me to crimina | nd agree to con | nply with any resulting terms i | 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 announcemen | nt or agency specific instructions. | | | |
| 18a. Typed or Printed Name and Title o Levetta Love | f Authorized Certifying Official | | 18c. Telephone (area code, number and extension) (303) 866-2054 Ext. | | | | |
| | | | 18d. Email Address levetta.love@state.co.us | | | | |
| 18b. Signature of Authorized Certifying | Official | | 18e. Date Report Submitted (09/11/2015 | (Month, Day, Year) | | | |
| Attach supporting docum | Attach supporting documents as specified in agency instructions. | | | | | | |

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

Expiration Date: 06/30/2017

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

Department of Health and Human Services Administration for Children and Families Office of Community Services Washington, DC 20447

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

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

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.

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) 1.1 Check which components you will operate under the LIHEAP program. **Dates of Operation** (Note: You must provide information for each component designated here as requested elsewhere in this plan.) **Start Date End Date** 11/1/2015 4/30/2016 Heating assistance V Cooling assistance Crisis assistance 10/01/2015 09/30/2016 V 10/01/2015 9/30/2016 Weatherization assistance V Provide further explanation for the dates of operation, if necessary The year round Crisis Intervention Program (CIP) allows for the repair or replacement of inoperable primary fuel heating systems. Â The State contracts with Energy Outreach Colorado (EOC), Â a local non-profit agency, to manage this program. Â EOC coordinates with local weatherization agencies, which has provided the opportunity to repair and/or replace inoperable systems prior to the start of the cold weather season ensuring the health and safety of vulnerable households. Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to Percentage (%) Heating assistance 60.00% Cooling assistance 0.00% Crisis assistance 5.00% 15.00% Weatherization assistance Carryover to the following federal fiscal year 10.00% 10.00% Administrative and planning costs 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%

| 1.3 Th | 1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to: | | | | | | | | | | | |
|---------------|--|---|------------|-------------|---|---------------------|---------|----------------------|--------|--------------------------|---------|-------------------|
| | Heating assista | ince | | Cooling | Cooling assistance | | | | | | | |
| | Weatherization | n assistance | > | Other (| Other (specify:) These funds are utilized year round for furnace/repair replacement services. | | | | | | | |
| Categ | Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8 | | | | | | | | | | | |
| 1.4 Do Yes | you consider hou No | iseholds categorical | ly eligibl | le if one l | house | ehold member rec | eives o | ne of the following | catego | ories of benefits in the | he left | t column below? 🗖 |
| If you | answered "Yes" | to question 1.4, you | must co | mplete t | he ta | ble below and ans | wer qu | estions 1.5 and 1.6. | , | | | |
| | | | | | | Heating | | Cooling | | Crisis | | Weatherization |
| TANF | | | | | 0 | Yes O No | 0 | Yes O No | 0 | Yes O No | 0 | Yes O No |
| SSI | | | | | 0 | Yes O No | 0 | Yes O No | 0 | Yes O No | 0 | Yes O No |
| SNAP | | | | | 0 | Yes O No | 0 | Yes O No | 0 | Yes O No | 0 | Yes O No |
| Means- | tested Veterans Pro | ograms | | | 0 | Yes O No | 0 | Yes O No | 0 | Yes O No | 0 | Yes O No |
| | | Progr | am Name |) | | Heating | ., | Cooling | 3, | Crisis | * | Weatherization |
| Other(| Specify) 1 | | | | | Oyes ONo | | C Yes C No | | O Yes O No | | C Yes C No |
| 1.5 Do | you automatical | y enroll households | without | a direct | annı | ıal application? (| Yes | ⊙ No | | · · | | |
| | , explain: | - | | | | | | | | | | |
| 1.6 Ho | ow do you ensure nining eligibility a | there is no difference and benefit amounts | ce in the | treatmei | nt of | categorically eligi | ble hou | seholds from those | not r | eceiving other publi | ic assi | istance when |
| SNAP | Nominal Payment | ·s | | | | | | | | | | |
| | | HEAP funds toward | l a nomi | nal navn | nent f | for SNAP househo | olds? (| Yes O No | | | | |
| | | to question 1.7a, yo | | | | | | | | | | |
| | mount of Nomina | | | | | 1 | | , | | | | |
| 1.7c F | 1.7c Frequency of Assistance | | | | | | | | | | | |
| | Once Per Year | | | | | | | | | | | |
| | Once every five | years | | | | | | | | | | |
| | Other - Describe | : | | | | | | | | | | |
| 1.7d F | low do you confir | m that the househol | ld receiv | ing a nor | minal | payment has an o | energy | cost or need? | | | | |
| Deterr | nination of Eligibi | lity - Countable Inco | me | | | | | | | | | |
| 10 1 | dotomnining a ho | vuashald'a inaoma a | licibility | fon I III | EAD | do vou uso suoss | incom | o on not income ? | | | | |
| I.o. II | Gross Income | ousehold's income e | iigibiiity | TOF LIFE | EAF, | , uo you use gross | incom | e or net income : | | | | |
| | Net Income | | | | | | | | | | | |
| 1.9. Se | 1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP | | | | | | | | | | | |
| > | | | | | | | | | | | | |
| > | Self - Employme | nt Income | | | | | | | | | | |
| V | Contract Income | 2 | | | | | | | | | | |
| ~ | Payments from r | nortgage or Sales C | ontracts | . | | | | | | | | |
| ~ | Unemployment i | nsurance | | | | | | | | | | |
| ~ | Strike Pay | | | | | | | | | | | |

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

| Funds received by household for the care of a foster child |
|---|
| Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
| Reimbursements (for mileage, gas, lodging, meals, etc.) |
| Other |
| 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 2 - Heating Assistance | | | | | | | |
|---|--|-----------------|--|--|--|--|--|--|
| Eligibility, 2605(b)(| (2) - Assurance 2 | | | | | | | |
| 2.1 Designate the in | ncome eligibility threshold used for the heat | ting compone | net: | | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | | | |
| 1 | All Household Sizes | | HHS Poverty Guidelines | 165.00% | | | | |
| 2.2 Do you have ad HEATING ASSITA | Iditional eligibility requirements for ANCE? | • Yes | C _{No} | | | | | |
| 2.3 Check the appr | ropriate boxes below and describe the polici | es for each. | | | | | | |
| Do you require an | Assets test ? | C Yes | € No | | | | | |
| Do you have additi | ional/differing eligibility policies for: | | | | | | | |
| Renters? | | C Yes | ⊙ No | | | | | |
| Renters Livi | ng in subsidized housing ? | O Yes | ⊙ No | | | | | |
| | utilities included in the rent ? | C Yes | | | | | | |
| Do you give priorit | ty in eligibility to: | | | | | | | |
| Elderly? | | © Yes | C _{No} | | | | | |
| Disabled? | | © Yes | | | | | | |
| Young childs | ren? | © Yes | | | | | | |
| | with high energy burdens ? | Oyes | | | | | | |
| Other? | | | C Yes ⊙ No | | | | | |
| Explanations of po | olicies for each "yes" checked above: | | | | | | | |
| Preference is given | • | oung children | by allowing local agencies to accept applications from | these households prior to the official | | | | |
| Determination of Be | enefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B | 3) | | | | | | |
| 2.4 Describe how you prioritize the provision of heating assistance tovulnerable populations, e.g., benefit amounts, early application periods, etc. Colorado LIHEAP coordinates a mass mailing of applications including instructions and self- addressed, stamped envelopes to all previous year LIHEAP recipients including households with elderly, disabled and young children prior to the start of the season. This early application period allows for local agencies to expedite the eligibility determination process for vulnerable households. | | | | | | | | |
| 2.5 Check the varia | ables you use to determine your benefit leve | els. (Check all | that apply): | | | | | |
| ✓ Income | | | | | | | | |
| Family (hous | sehold) size | | | | | | | |
| | v cost or need: | | | | | | | |
| ✓ Fuel ty | ype | | | | | | | |
| Clima | ite/region | | | | | | | |
| ✓ Indivi | dual bill | | | | | | | |
| ✓ Dwelli | ing type | | | | | | | |
| Energ | sy burden (% of income spent on home energ | gy) | | | | | | |
| Energy need | | | | | | | | |

| ✓ Other - Describe: | | | | | | |
|---|------------------------|---------------------|-------|--|--|--|
| Actual home heating costs for primary fuel are utilized to determine each applicant household's benefit from the previous November through April heating season. These costs are provided by each applicant household's utility company. | | | | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | |
| 2.6 Describe estimated benefit levels for FY 2016: | | | | | | |
| Minimum Benefit | \$200 | Maximum Benefit | \$700 | | | |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) ar | nd/or other forms of b | enefits? • Yes O No | | | | |
| If yes, describe. | | | | | | |
| The State's contracted project managment organization for the Crisis Intervention Program (CIP), Energy Outreach Colorado, is required through the terms of the contract to provide blankets, space heaters, and optional shelter, if applicable, to those households who are without heat due to an inoperable furnace or unable to access the primary heating source due to severe weather. | | | | | | |

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

Section 3 - Cooling Assistance Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2 3.1 Designate The income eligibility threshold used for the Cooling componenet: Eligibility Guideline Add Household size Eligibility Threshold 0.00% 3.2 Do you have additional eligibility requirements for C Yes O No COOLING ASSITANCE? 3.3 Check the appropriate boxes below and describe the policies for each. O Yes O No Do you require an Assets test? Do you have additional/differing eligibility policies for: Renters? O Yes O No Oyes Ono Renters Living in subsidized housing? O Yes O No Renters with utilities included in the rent? Do you give priority in eligibility to: Oyes Ono Elderly? O Yes O No Disabled? O Yes O No Young children? Households with high energy burdens? O Yes O No Other? O Yes O No Explanations of policies for each "yes" checked above: 3.4 Describe how you prioritize the provision of cooling assistance tovulnerable populations, e.g., benefit amounts, early application periods, etc. Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B) 3.5 Check the variables you use to determine your benefit levels. (Check all that apply): Income Family (household) size Home energy cost or need: ☐ Fuel type Climate/region Individual bill Dwelling type Energy burden (% of income spent on home energy) Energy need Other - Describe:

| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | |
|---|-------------------|---|-------------|
| 3.6 Describe estimated benefit levels for FY 2016: | | | |
| Minimum Benefit | \$0 | Maximum Benefit | \$0 |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or of | ther forms of bei | nefits? Oyes Ono | |
| If yes, describe. | | | |
| If any of the above questions require further exattach a document with said explanation here. | xplanation o | r clarification that could not be made in the field | s provided, |

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| | Section 4: CRISIS ASSISTANCE | | | | | | |
|--|--|---|---------------------------------|--|--|--|--|
| Eligibility - 2604(c) | , 2605(c)(1)(A) | | | | | | |
| 4.1 Designate the in | ncome eligibility threshold used for the crisis component | | | | | | |
| Add | Add Household size Eligibility Guideline Eligibility Threshold | | | | | | |
| 1 | All Household Sizes | HHS Poverty Guidelines | 165.00% | | | | |
| 4.2 Provide your L | IHEAP program's definition for determining a crisis. | | | | | | |
| | is is one where service has been discontinued or is threatened trent and has received an eviction notice. A crisis also include tre weather. | | | | | | |
| 4.3 What constitute | es a <u>life-threatening crisis?</u> | | | | | | |
| A life threatening cr primary heating sou | risis means a household whose members' health and/or well-be- rce is not provided. | eing would likely be endangered if energy assistance | or repair or replacement of the | | | | |
| Crisis Requiremen | t, 2604(c) | | | | | | |
| 4.4 Within how ma | my hours do you provide an intervention that will resolve t | the energy crisis for eligible households? 48Hour | rs | | | | |
| 4.5 Within how ma | my hours do you provide an intervention that will resolve t | the energy crisis for eligible households in life-thr | reatening situations? 18Hours | | | | |
| Crisis Eligibility, 26 | 505(c)(1)(A) | | | | | | |
| 4.6 Do you have ad | ditional eligibility requirements for CRISIS ASSISTANC | E? • Yes O No | | | | | |
| 4.7 Check the appr | ropriate boxes below and describe the policies for each | | | | | | |
| Do you require an | Assets test ? | C Yes ⊙ No | | | | | |
| Do you give priorit | ty in eligibility to : | | | | | | |
| Elderly? | | ○ Yes No | | | | | |
| Disabled? | | C Yes O No | | | | | |
| Young Child | ren? | C Yes O No | | | | | |
| Households v | with high energy burdens? | C Yes © No | | | | | |
| Other? | | C Yes 6 No | | | | | |
| In Order to receive | e crisis assistance: | JI. | | | | | |
| Must the hou tank? | sehold have received a shut-off notice or have a near empt | ty S Yes O No | | | | | |
| Must the hou | sehold have been shut off or have an empty tank? | € Yes C No | | | | | |
| Must the hou | sehold have exhausted their regular heating benefit? | C Yes 6 No | | | | | |
| Must renters eviction notice ? | with heating costs included in their rent have received an | ⊙ Yes C No | | | | | |
| Must heating/cooling be medically necessary? C Yes O No | | | | | | | |
| Must the hou | sehold have non-working heating or cooling equipment? | • Yes • No | | | | | |
| Other? | | C Yes C No | | | | | |
| Do you have additi | ional / differing eligibility policies for: | | | | | | |
| Renters? | | C Yes No | | | | | |

| Renters living in subsidized housin | ıg? | | C Yes O No | | | | |
|--|---|-----------------------------------|------------------------------------|--|--|--|--|
| Renters with utilities included in the | ne rent? | | | C Yes ⊙ No | | | |
| Explanations of policies for each "yes" c | hecked above: | | | | | | |
| health and safety of the household. 1. A shu of services has occurred; 2. A written decla | ut-off notice or or tration by the hou | ther document isehold that the | ation of intent e fuel supply h | is situation at which point the case will be processed expeditiously to assure the to terminate heating services by the heating supplier or landlord or that termination as been or will be depleted within the next two weeks and the specific amount that the client will not be evicted for thirty (30) days for those households where | | | |
| Determination of Benefits | | | | | | | |
| 4.8 How do you handle crisis situations? | | | | | | | |
| Separate of | Separate component | | | | | | |
| Fast Track | k | | | | | | |
| Other - Do | escribe: | | | | | | |
| 4.9 If you have a separate component, ho | ow do you deteri | mine crisis ass | sistance benef | its? | | | |
| Amount to | o resolve the cris | sis. | | | | | |
| Other - De | escribe: | | | | | | |
| <u></u> | | | | | | | |
| Crisis Requirements, 2604(c) | | | | | | | |
| | gy crisis assistan | nce at sites tha | t are geograp | hically accessible to all households in the area to be served? | | | |
| ⊙ Yes ○ No Explain. | | | | | | | |
| | nich is maintaine | d by Energy O | utreach Colora | In addition, households facing an emergency due to an inoperable primary heating ido. The customer service representative completes the application with the client ng system. | | | |
| 4.11 Do you provide individuals who are | physically disal | bled the mean | s to: | | | | |
| Submit applications for crisis benefits | without leaving | their homes? | 1 | | | | |
| Yes O No If No, explain. | | | | | | | |
| Travel to the sites at which application | ns for crisis assis | stance are acc | epted? | | | | |
| Yes O No If No, explain. | | | | | | | |
| If you answered "No" to both options in | question 4.11, p | olease explain | alternative m | eans of intake to those who are homebound or physically disabled? | | | |
| Benefit Levels, 2605(c)(1)(B) | | | | | | | |
| 4.12 Indicate the maximum benefit for ea | ach type of crisis | s assistance of | fered. | | | | |
| Winter Crisis \$700 maximum | n benefit | | | | | | |
| Summer Crisis \$0 maximum b | enefit | | | | | | |
| Year-round Crisis \$3,300 maximu | | | | | | | |
| 4.13 Do you provide in-kind (e.g. blanket | ts, space heaters | s, fans) and/or | other forms | of benefits? | | | |
| Yes No If yes, Describe | | | | | | | |
| Colorado LIHEAP requires that Energy Outreach Colorado, the agency responsible for the management of the Crisis Intervention Program, make blankets, space heaters, and alternative lodging available if deemed necessary to assure the health and saftey of the eligible LIHEAP households where the primary heating source is inoperable or when a fuel tank cannot be accessed due to severe weather. | | | | | | | |
| 4.14 Do you provide for equipment repair or replacement using crisis funds? | | | | | | | |
| € Yes C No | | | | | | | |
| If you answered "Yes" to question 4.14, | | • | | | | | |
| 4.15 Check appropriate boxes below to in | nuicate type(s) o | 1 | | v 1011 | | | |
| | | Winter Crisis | Summer Crisis | Year-round Crisis | | | |
| Heating system repair | | | | ✓ | | | |
| | | | | | | | |

| Heating system replacement | | | ▽ | | |
|--|----------------|----------------|--|--|--|
| Cooling system repair | | | | | |
| Cooling system replacement | | | | | |
| Wood stove purchase | | | V | | |
| 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 moratoriui | n on shut offs | 's? | | |
| ⊙ Yes ○ No | | | | | |
| If you responded "Yes" to question 4.16, you must respo | nd to questio | n 4.17. | | | |
| 4.17 Describe the terms of the moratorium and any speci | ial dispensati | on received by | oy LIHEAP clients during or after the moratorium period. | | |
| The Colorado Public Utilities Commission set forth the following mandate for the state's five regulated utility providers: Medical Certificates - a customer who has a medical certificate may not be shut off for 60 days with a potential 30 day extension. In addition, Xcel Energy (serves the largest number of LIHEAP households) has the following moratorium: Xcel Energy will not shut off a customer 55 or older that lives alone during the winter months. Xcel offers a company sponsored program for customers who are on ventilators whereby electric service will not be discontinued for 12 | | | | | |
| months with potential for re-certification each year. | | | · | | |
| Regulated utility providers who enter into agreement with Colorado LIHEAP agree to provide continuous service for 60 days to LIHEAP households from the date of approval. Households that have been disconnected, will have service restored within 24 hours of approval and will continue utility services for at least 60 days. | | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | | |

Section 5 - WEATHERIZATION ASSISTANCE

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

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| Se | Section 5: WEATHERIZATION ASSISTANCE | | | | | | | |
|---|--|--|---------------------------------------|--|--|--|--|--|
| Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance | e 2 | | | | | | | |
| 5.1 Designate the income eligibility threshold used for the Weatherization component | | | | | | | | |
| Add Househ | old Size | Eligibility Guideline | Eligibility Threshold | | | | | |
| 1 All Household Sizes | All Household Sizes HHS Poverty Guidelines 200.00% | | | | | | | |
| 5.2 Do you enter into an interagency agreement | to have another government | t agency administer a WEATHERIZATION comp | oonent? • Yes • No | | | | | |
| 5.3 If yes, name the agency. Colorado Energy Of | ffice | | | | | | | |
| 5.4 Is there a separate monitoring protocol for v | weatherization? • Yes 🔘 | No | | | | | | |
| WEATHERIZATION - Types of Rules | | | | | | | | |
| 5.5 Under what rules do you administer LIHEA | AP weatherization? (Check or | nly one.) | | | | | | |
| Entirely under LIHEAP (not DOE) rules | | | | | | | | |
| Entirely under DOE WAP (not LIHEAP) | rules | | | | | | | |
| Mostly under LIHEAP rules with the follo | owing DOE WAP rule(s) who | ere LIHEAP and WAP rules differ (Check all that | t apply): | | | | | |
| ✓ Income Threshold | | · | | | | | | |
| | ily housing structure is permi | itted if at least 66% of units (50% in 2- & 4-unit b | ouildings) are eligible units or will | | | | | |
| Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities). | | | | | | | | |
| Other - Describe: | | | | | | | | |
| The use of administrative definintions per DOE W | AP rules. | | | | | | | |
| Mostly under DOE WAP rules, with the f | following LIHEAP rule(s) wh | ere LIHEAP and WAP rules differ (Check all tha | at apply.) | | | | | |
| Income Threshold | | | | | | | | |
| Weatherization not subject to DOE | WAP maximum statewide a | verage cost per dwelling unit. | | | | | | |
| Weatherization measures are not su | bject to DOE Savings to Inv | estment Ration (SIR) standards. | | | | | | |
| Other - Describe: | Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards. Other - Describe: | | | | | | | |
| Eligibility, 2605(b)(5) - Assurance 5 | | | | | | | | |
| 5.6 Do you require an assets test? | C Yes O No | | | | | | | |
| 5.7 Do you have additional/differing eligibility p | oolicies for : | | | | | | | |
| Renters | C Yes O No | | | | | | | |
| Renters living in subsidized housing? | C Yes O No | | | | | | | |
| 5.8 Do you give priority in eligibility to: | | | | | | | | |
| Elderly? © Yes © No | | | | | | | | |
| Disabled? | ⊙ Yes O No | | | | | | | |
| Young Children? | ⊙ Yes ○ No | | | | | | | |
| House holds with high energy burdens? | O Yes O No | | | | | | | |
| Other? | | | | | | | | |

| C Yes O No | | |
|---|--|--|
| If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must p | provide further explanation of these policies in the text field below. | |
| Colorado LIHEAP provides a data transfer of all approved LIHEAP households to the Colorado Energy Office (CEO) on a weekly basis during the program year for the purpose of outreach. CEO targets households with elderly, disabled and young children to assure that these vulnerable populations are the first to receive weatherization services. In addition, CEO will be providing weatherization services to high energy burden households in selected counties through a pilot project that will be coordinated with the State LIHEAP office. A pre and post evaluation will be conducted to determine the effect of weatherization services on energy burden. | | |
| Benefit Levels | | |
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per hou | sehold? O Yes O No | |
| 5.10 If yes, what is the maximum? \$0 | | |
| Types of Assitance, 2605(c)(1), (B) & (D) | | |
| 5.11 What LIHEAP weatherization measures do you provide? (Check all categori | es that apply.) | |
| Weatherization needs assessments/audits | Energy related roof repair | |
| Caulking and insulation | Major appliance Repairs | |
| Storm windows | Major appliance replacement | |
| Furnace/heating system modifications/ 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: | |
| 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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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

| Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A) |
|--|
| 6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available: |
| ▶ Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. |
| ✓ Publish articles in local newspapers or broadcast media announcements. |
| ✓ Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. |
| Mass mailing(s) to prior-year LIHEAP recipients. |
| ☑ Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. |
| Execute interagency agreements with other low-income program offices to perform outreach to target groups. |
| ✓ Other (specify): |
| A media campaign is conducted each year that includes paid advertising on television including call-in sessions to major news stations, interviews on a Spanish speaking network, and ads on radio stations. The State maintains a website that provides eligibility information, a current application, and instructions on the application process. Colorado LIHEAP also maintains a toll-free phone line, which is highly publicized. The customer service representatives provide information on the LIHEAP application process, answer questions and will mail applications to interested households. |
| |

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

The State LIHEAP office coordinates with Colorado's five regulated utilities in the delivery of percentage of income payment plans (PIPP) that provide energy assistance to low income gas and electric consumers pursuant to rules established by the Colorado Public Utilities Commission. The PIPP program is offered to LIHEAP recipients that are customers of Atmos Gas, Black Hills Utilities, Colorado Natural Gas, Xcel Energy, and Source Gas. Black Hills Utilities will offer their electric program to non-LIHEAP low income customers as well as LIHEAP customers and the gas program only to customers receiving LIHEAP. The State LIHEAP office provides LIHEAP eligibility criteria to the utilities through a secure automated transmission method for participating PIPP households upon written consent of the PIPP applicant. Utilities will calculate the "affordable" part of the bill as a prescribed percentage of the total household income as defined in the PUC ruling. The residual difference between the "affordable" portion and the annual bill will become the "non-affordable" portion. The LIHEAP benefit will be applied to the "non-affordable" portion of the bill for all the plans that are offered to LIHEAP eligible customers. Black Hills Utilities will apply the LIHEAP benefit to the "affordable" portion of the bill for those customers enrolled in their electric program because it is being offered to non-LIHEAP low-income customers. Utilities must treat any individual LIHEAP benefit amounts that are in total greater than the amount applied to the "unaffordable" portion of the utility bill by applying it first to pre-existing arrearages, and secondly, to the account of the program participant. For Black Hills Utilities electric program participants, any LIHEAP benefit amounts that are in total greater than the amount applied to the "affordable" portion of the utility bill will first be applied to the pre-existing arrearages and secondly to the account of the program participant.

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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 would you categorize the primary responsibility of your State agency? **Administration Agency** Commerce Agency Community Services Agency **Energy / Environment Agency** Housing Agency Welfare Agency ٧ Other - Describe: Alternate Outreach and Intake, 2605(b)(15) - Assurance 15 If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable. 8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE? County and state offices mail or deliver outreach materials to a number of community agencies. These same community agencies, as well as utility companies, receive LIHEAP application forms, which interested parties may pick up, complete and mail in. Colorado LIHEAP and Energy Outreach Colorado maintain websites from which interested parties can print an application, complete it and mail it in. Colorado LIHEAP also maintains a toll-free phone line, which is highly publicized. People can call in, receive advice on how to apply for LIHEAP, and get an application mailed to their home. The State maintains an online service for Coloradans to screen and apply for benefits for medical, food, and cash assistance benefits known as Colorado Program Eligibility and Application Kit (PEAK). Coloradans may also screen for LIHEAP benefits and programming for the online application option has been completed and will be activated when the program migrates to a new system, which should take place within the next couple of years. In addition, clients who are approved for other benefits through PEAK will be informed on their notice that they also may be eligible for LIHEAP and will be directed to a website to access information and an application. **8.3 How do you provide alternate outreach and intake for** COOLING ASSISTANCE? 8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE? Information on the Crisis Intervention Program (CIP) is provided through various methods. Each approved household is informed of the service on his or her approval notice and is provided the toll-free number dedicated to the program. All information sheets that accompany LIHEAP applications provide information about (CIP). In addition, information about CIP is publicized in newspaper columns as well as tv ads and information is maintained on both the Colorado Department of Human Services' website and Energy Outreach Colorado's website.

| 8.5 LIHEAP Component Administration. | Heating | Cooling | Crisis | Weatherization |
|--|--------------------------------|---------|--------------------------------|----------------------------|
| 8.5a Who determines client eligibility? | Local County Government | | Local County Government | Local County Government |
| 8.5b Who processes benefit payments to gas and electric vendors? | State Administration Agency | | State Administration Agency | |
| 8.5c who processes benefit payments to bulk fuel vendors? | State Administration Agency | | State Administration Agency | |
| 8.5d Who performs installation of weatherization | | | | Local County |

| measure | es? Government | | | | |
|-----------------------|--|--|--|--|--|
| • | If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9. | | | | |
| 8.6 Wha | at is your process for selecting local administering agencies? | | | | |
| LIHEAP | o LIHEAP is a state supervised and county administered program. The State is represented by 64 county offices who are responsible for the administration of 2. Counties have the choice to sub-contract with another entity for LIHEAP eligbility determination. Currently 32 counties contract with Discover Goodwill, a fit agency, based in Colorado. | | | | |
| 8.7 How | v many local administering agencies do you use? 64 | | | | |
| 8.8 Have Yes No | 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 | | | | |
| | Other - describe | | | | |
| | | | | | |
| | of the above questions require further explanation or clarification that could not be made in the fields provided, a document with said explanation here. | | | | |

attach a document with said explanation here.

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7 | | | |
|--|--|--|--|
| 9.1 Do you make payments directly to home energy suppliers? | | | |
| Heating Yes C No | | | |
| Cooling C Yes C No | | | |
| Crisis • Yes O No | | | |
| Are there exceptions? • Yes O No | | | |
| If yes, Describe. | | | |
| The State maintains a centralized LIHEAP eligibility system whereby local agencies determine eligibility and the State processes payment, which is sent directly to vendors through an electronic transfer of funds. | | | |
| The State processes payments directly to a client's Electronic Benefit Transfer (EBT) card when heat is included in rent and/or the client utilizes a vendor who has not entered into an agreement with the State. | | | |
| 9.2 How do you notify the client of the amount of assistance paid? | | | |
| A notice is generated from the LIHEAP computer system detailing the benefit amount that is paid on behalf of the applicant household to the specified utility provider. A notice is also generated with the benefit amount for those clients that will receive a direct payment on their EBT card when heat is included in rent or they use a vendor who has not entered into agreement with the State. The county administering agencies are responsible for mailing notices to applicant households. | | | |
| 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment? | | | |
| The State has included a provision in the LIHEAP vendor agreement that requires the vendor to charge the eligibile household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment. By signing the LIHEAP vendor agreement, the vendor agrees to implement this provision. | | | |
| 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance? | | | |
| The vendor agrees that there will be no adverse treatment of a household due to receipt of LIHEAP assistance upon signing of the LIHEAP vendor agreement. The State will terminate a vendor agreement if it is determined that a vendor has treated LIHEAP households adversely and inactivate the vendor account in the LIHEAP eligibility system. | | | |
| 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? • Yes O No | | | |
| If so, describe the measures unregulated vendors may take. | | | |
| Yes, unregulated utilities are required to sign a vendor agreement in order to serve LIHEAP households and receive payment from the State. | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, | | | |

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| | Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10) | | | |
|--|--|--|---|------------------------------------|
| State auditor | rs conduct annual fiscal review | counting and tracking of LIHEAP funds? ws. The auditors prepare a report detailing co | | |
| accounting of LIHEAP fur | | , the program has implemented a fiscal review | w process for sub-grantees to assure proper | spending and accounting of Federal |
| Audit Proce | ess | | | |
| 10.2. Is you • Yes | | annually under the Single Audit Act and | OMB Circular A - 133? | |
| | | to the level of material weakness or repor ernment agency reviews of the LIHEAP ag | | |
| No Finding | s 🔽 | | | |
| Finding | Туре | Brief Summary | Resolved? | Action Taken |
| 1 | ĺ | | | |
| 10.4. Audits | of Local Administering Ag | encies | | |
| What types Select all th | _ | ts do you have in place for local adminster | ring agencies/district offices? | |
| ✓ L | ocal agencies/district offices | are required to have an annual audit in co | ompliance with Single Audit Act and OM | B Circular A-133 |
| ✓ L | ocal agencies/district offices | are required to have an annual audit (othe | er than A-133) | |
| ✓ L | ocal agencies/district offices' | A-133 or other independent audits are re- | viewed by Grantee as part of compliance | process. |
| ✓ G | rantee conducts fiscal and p | rogram monitoring of local agencies/distri | ct 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 em | ployees: | | | |
| ✓ In | ✓ Internal program review | | | |
| ✓ D | ☑ Departmental oversight | | | |
| Secondary review of invoices and payments | | | | |
| Other program review mechanisms are in place. Describe: | | | | |
| | | | | |
| Local Adminstering Agencies / District Offices: | | | | |
| ✓ On - site evaluation | | | | |
| ✓ A | Annual program review | | | |
| ✓ M | Monitoring through central database | | | |
| ✓ D | Desk reviews | | | |

| Client File Testing / Sampling |
|--|
| ✓ Other program review mechanisms are in place. Describe: |
| State LIHEAP staff review various reports on a daily, weekly, and monthly basis to determine a pattern or trend that indicates an issue with an agency's performance in adequately determining eligibility within required timelines. Staff follow up with each agency to provide the necessary technical assistance to assure compliance. |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. |
| Please find an attached copy of the monitoring schedule and protocol. |
| 10.7. Describe how you select local agencies for monitoring reviews. |
| Site Visits: |
| Quality Assurance Division staff within the Colorado Department of Human Services monitors 64 agencies on a bi-annual basis. On-site visits are conducted each year with five of the agencies with the largest client base. In additon, staff conduct an on-site visit with a small and medium county each year and prioritizes these visits based on performance. |
| Desk Reviews: |
| Desk reviews are typically performed for the remaining 27 small and medium counties. In addition, a statistically valid sample is selected from the statewide database and desk reviews on approximately 350 cases are completed during the off season. |
| 10.8. How often is each local agency monitored ? |
| Local agencies are monitored on a bi-annual basis. However, a county will be reviewed again the following program year, if a 70% or lower error rate is indicated. |
| 10.9. What is the combined error rate for eligibility determinations? OPTIONAL |
| 10.10. What is the combined error rate for benefit determinations? OPTIONAL |
| The combined error rate for benefit determinations for counties reviewed during the FFY 2015 program year was 1.42%. |
| 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 |

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| Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2) | | | |
|---|---|---|--|
| 11.1 How did you obtain input from the public in the development of your Select all that apply. | LIHEAP plan? | | |
| Tribal Council meeting(s) | | | |
| ✓ Public Hearing(s) | | | |
| V Draft Plan posted to website and available for comment | | | |
| Hard copy of plan is available for public view and comment | | | |
| ☑ 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: | | | |
| Proposed program rules are presented annually before the Colorado Board of H are typically held in July and August to provide opportunity for public commer | | Prior to final approval two public hearings | |
| Colorado LIHEAP meets monthly with a stakeholders' group comprised of cou program development and implementation. | nty LEAP staff to discuss various issues, r | eview and develop rules and gather feedback on | |
| Colorado also has a Governor appointed Commission on Low-Income Energy Assistance. The Commission is represented by LIHEAP clients, utilities, partner agencies and the general public. The Commission advises the Governor and the State LIHEAP program and makes recommendations regarding program improvements through public participation. The State LIHEAP plan is presented to the Commission on Low-Income Energy Assistance for review and feedback each year. | | | |
| 11.2 What changes did you make to your LIHEAP plan as a result of this p | narticination? | | |
| There were no changes made to the LIHEAP plan. | an acquition. | | |
| Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto | Rico Only | | |
| 11.3 List the date and location(s) that you held public hearing(s) on the pro | oposed use and distribution of your LIH | EAP funds? | |
| | Date | Event Description | |
| 8/7/2015 | | The State Board of Human Services -Rule Making Session Sky Ute Casino Resort 14324 Hwy 172 North, Ignacio, CO 81137 | |
| 11.4. How many parties commented on your plan at the hearing(s)? 0 | | | |
| 11.5 Summarize the comments you received at the hearing(s). County stakeholders were included in the development of rules. The rule changes were presented to the larger stakeholder group on April 14, 2015. The attached document provides the stakeholder comments. | | | |
| County stakeholders were included in the development of rules. The rule change | ges were presented to the larger stakeholds | er group on April 14, 2015. The attached document | |

There were no changes made to the plan based on feedback from stakeholders.

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| | SF - 424 - MANDATORT |
|---|---|
| | 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? 16 |
| | 12.2 How many of those fair hearings resulted in the initial decision being reversed? 2 |
| | 12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings? |
| | The State updated Colorado's LIHEAP rules to clarify the publication date of the federal poverty guidelines that are utilized to determine the program income limits and clearly defined that credit card and bank statements are not allowable receipts for business related expenses for those individuals who are self-employed. |
| | |
| | |
| | 12.4 Describe your fair hearing procedures for households whose applications are denied. |
| | Applicant households denied a LIHEAP benefit are sent a notice immediately upon denial with information on appeal rights. |
| | Applicants are given the right to request a dispute resolution conference at the county department within 10 days from the date of the notice, if they disagree with the action |
| | Any applicant who chooses to bypass the local dispute resolution with the county or disagrees with the outcome of the local conference may request a State hearing within 90 days of the date of notice. |
| | |
| | |
| | 12.5 When and how are applicants informed of these rights? |
| | The local county agencies mail the notices immediately upon denial. |
| | 12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner. |
| | Applicant households may request a dispute resolution conference with the State LIHEAP office, if they believe the application was not acted upon in a timely manner. |
| ŕ | |

12.7 When and how are applicants informed of these rights?

Applicant households are informed of these rights on the LIHEAP information sheet, which is provided along with a LIHEAP application to every individual who is interested in applying for LIHEAP.

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| 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? |
| N/A |
| 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities? |
| N/A |
| 13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year. |
| N/A |
| 13.4 Describe the level ofdirect benefitsprovided to those households in the previous Federal fiscal year. |
| N/A |
| 13.5 How many households applied for these services? N/A |
| 13.6 How many households received these services? N/A |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided attach a document with said explanation here. |

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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.

Colorado LIHEAP instructs third parties and/or local agencies to keep detailed records on the services and the dollar amount of the benefits provided to each LIHEAP household for the fiscal year in which they were provided. Each agency is required to submit the information to the Colorado LIHEAP office on an annual basis.

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

| Resource | What is the type of resource or benefit ? | What is the source(s) of the resource ? | How will the resource be integrated and coordinated with LIHEAP? |
|----------|---|--|---|
| 1 | Payment Assistance for LIHEAP clients who are in need of assistance and for low income clients who exceed LIHEAP eligibility guidelines. The vast majority of assistance is provided during the months that LIHEAP is not in operation. | Energy Outreach Colorado | Energy Outreach Colorado staff and Colorado LIHEAP staff meet on a quarterly basis to assure coordination of services. |
| 2 | Weatherizaton services | Xcel Energy | Colorado LIHEAP coordinates with the Colorado Energy Office (CEO) by providing data on LIHEAP eligible households that are served by Xcel Energy. CEO then serves these households through coordination with local weatherization agencies. |
| 3 | Percent of Payment Income Plans offered by Colorado's 5 regulated utility companies for gas and electric customers. | Atmos Energy, Black Hills Utilities, Source Gas, Colorado Natural Gas, and Xcel Energy | Colorado LIHEAP coordinates with each utility by providing information on LIHEAP eligible households on a monthly basis for the purpose of outreach and the development of percentage of payment plans. |

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

Expiration Date: 06/30/2017

| 15.1 Describe the training you provide for each of the following groups: a. Grantee Staff: V Formal training on grantee policies and procedures How often? Annually Biannually V As needed Other - Describe: Employees are provided with policy manual Other-Describe: b. Local Agencies: Formal training conference How often? Annually Biannually Other - Describe: Other - Describe: Annually Biannually Other - Describe: Annually Biannually As needed Other - Describe: On-site training How often? |
|--|
| Formal training on grantee policies and procedures How often? Annually Biannually As needed Other - Describe: Employees are provided with policy manual Other-Describe: Formal training conference How often? Annually Biannually As needed Other - Describe: Other - Describe: Annually Annually Annually Annually As needed Other - Describe: On-site training How often? |
| How often? Annually Biannually As needed Other - Describe: Employees are provided with policy manual Other-Describe: Formal training conference How often? Annually Biannually As needed Other - Describe: On-site training How often? Annually |
| Annually Biannually ✓ As needed Other - Describe: ✓ Employees are provided with policy manual Other-Describe: b. Local Agencies: ✓ Formal training conference How often? ✓ Annually Biannually As needed Other - Describe: On-site training How often? Annually |
| Biannually ✓ As needed Other - Describe: ✓ Employees are provided with policy manual Other-Describe: b. Local Agencies: ✓ Formal training conference How often? ✓ Annually Biannually As needed Other - Describe: On-site training How often? |
| |
| Other - Describe: Employees are provided with policy manual Other-Describe: b. Local Agencies: Formal training conference How often? Annually Biannually As needed Other - Describe: On-site training How often? |
| Employees are provided with policy manual Other-Describe: b. Local Agencies: Formal training conference How often? Annually Biannually As needed Other - Describe: On-site training How often? Annually |
| Other-Describe: b. Local Agencies: ✓ Formal training conference How often? ✓ Annually ☐ Biannually ☐ As needed ☐ Other - Describe: ☐ On-site training How often? ☐ Annually |
| b. Local Agencies: Formal training conference How often? Annually As needed Other - Describe: On-site training How often? Annually |
| Formal training conference How often? Annually Biannually As needed Other - Describe: On-site training How often? Annually |
| How often? Annually Biannually As needed Other - Describe: On-site training How often? Annually |
| Annually Biannually As needed Other - Describe: On-site training How often? Annually |
| Biannually As needed Other - Describe: On-site training How often? Annually |
| As needed Other - Describe: On-site training How often? Annually |
| Other - Describe: On-site training How often? Annually |
| On-site training How often? Annually |
| How often? Annually |
| Annually |
| |
| Biannually |
| · |
| As needed |
| Other - Describe: |
| Employees are provided with policy manual |
| Other - Describe |
| c. Vendors |
| Formal training conference |
| How often? |
| ✓ Annually |
| Biannually |
| As needed |
| Other - Describe: |
| Policies communicated through vendor agreements |

| Policies are outlined in a vendor manual |
|---|
| Other - Describe: |
| 15.2 Does your training program address fraud reporting and prevention? Yes No |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |

August 1987, revised 05/92,02/95,03/96,12/98,11/01

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.

- 1. LIHEAP Bill Payment Assisted Households's Average Annual Usage of Main Fuel Heating, Electricity and Income The State has met with the top five gas and electric vendors and determined a method for the transfer of consumption and usage data. The State will be able to report this data in December 2015. The State is coordinating with the top ten propane companies to assure that a data mechanism is in place for mandatory reporting in December 2016. The metered and bulk fuel vendor agreements have been updated to include language regarding mandatory reporting. The State is looking at migrating to a new system within the next two years and will look to include capacity for this data collection. Colorado's LIHEAP application currently includes the necessary consent language authorizing the release of the utility information, which the applicant agrees to by signing the application.
- 2. Restoration of Home Energy Service The State has revised the LIHEAP application to gather this information and has enhanced the LIHEAP eligibility system to track this information. The State will be able to report this information in December 2015.
- 3. Prevention of Loss of Home Energy Service The State has revised the LIHEAP application to gather this information and made enhancements to the LEAP eligibility system to track this information. The State will be able to report this information in December 2015.

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

Expiration Date: 06/30/2017

| | | | Section 17 | : Program | Int | egrity, 2605(| b)(10) | | | | |
|--|---|--------|----------------------------|----------------------------|-------|--|---|------|--------------------------------------|---------------------------------------|--|
| 17.1 | Fraud Reporting Mechanisms | | | | | | | | | | |
| a. De | scribe all mechanisms available to | the | public for reporting o | ases of suspecte | d wa | ste, fraud, and abu | se. Select all that a | pply | 7. | | |
| | Online Fraud Reporting | | | | | | | | | | |
| • | Dedicated Fraud Reporting | Hot | line | | | | | | | | |
| • | Report directly to local ager | ncy/d | listrict office or Gran | tee office | | | | | | | |
| • | Report to State Inspector G | ener | al or Attorney Gener | al | | | | | | | |
| • | 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. 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 Req | quire | ments | | | | | | | | |
| a. In | dicate which of the following form | s of i | dentification are requ | iired or requesto | ed to | be collected from I | LIHEAP applicant | s or | their household me | mbers. | |
| Collected from Whom? | | | | | | | | | | | |
| Type of Identification Collected | | | Applicant Only | | | All Adults in Household | | | All Household Members | | |
| Social Security Card is photocopied and retained | | | Required | | | Required | | | Required | | |
| | | | | | | | | | | | |
| | | | Requested | | | Requested | | | Requested | | |
| Social Security Number (Without actual Card) | | | Required | | | Required | | > | Required | | |
| | | | Requested | | | Requested | | | Requested | | |
| Government-issued identification card | | V | Required | | | Required | | | Required | | |
| | driver's license, state ID, Tribal passport, etc.) | | Requested | | | Requested | | | Requested | | |
| | Other | | Applicant Only Required | Applicant Onl Requested | ly | All Adults in Household Required | All Adults in Household Requested | | All Household Members Required | All Household Members Requested | |
| | | | | | | | | | | | |

| 1 | Alien registration card | | | | | | <u>~</u> | |
|----------------------------------|---|-----------------------------|------------------------|-----------------------|------------------------|---------------------|-----------------|--|
| b. D | b. Describe any exceptions to the above policies. | | | | | | | |
| 17.3 Identification Verification | | | | | | | | |
| Des | Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply | | | | | | | |
| ~ | Verify SSNs with Social Security Administration | | | | | | | |
| ~ | Match SSNs with death records fro | om Social Security Ad | ministration or state | agency | | | | |
| V | Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) | | | | | | | |
| ~ | Match with state Department of La | abor system | | | | | | |
| | Match with state and/or federal corrections system | | | | | | | |
| ~ | Match with state child support system | | | | | | | |
| ~ | Verification using private software (e.g., The Work Number) | | | | | | | |
| | In-person certification by staff (for tribal grantees only) | | | | | | | |
| | Match SSN/Tribal ID number with | ı tribal database or en | rollment records (fo | r tribal grantees onl | y) | | | |
| | Other - Describe: | | | | | | | |
| 17.4 | l. Citizenship/Legal Residency Verifica | tion | | | | | | |
| | at are your procedures for ensuring th | at household member | s are U.S. citizens or | aliens who are qua | lified to receive LIHE | AP benefits? Select | all that apply. | |
| ~ | Clients sign an attestation of citize | enship or legal residen | cy | | | | | |
| | Client's submission of Social Secu | rity cards is accepted | as proof of legal res | idency | | | | |
| V | Noncitizens must provide docume | entation of immigratio | n status | | | | | |
| | Citizens must provide a copy of th | neir birth certificate, n | aturalization paper | s, or passport | | | | |
| ~ | Noncitizens are verified through t | he SAVE system | | | | | | |
| | Tribal members are verified throu | ugh Tribal enrollment | records/Tribal ID | ard | | | | |
| V | Other - Describe: | | | | | | | |
| Citiz | ens must provide a copy of their birth cer | rtificate, naturalization | papers or passport if | born outside of the U | nited States. | | | |
| All r | egistered aliens must provide a photocop | y of the alien registration | on card. | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 5. Income Verification at methods does your agency utilize to | varify household inco | ma? Salact all that a | nnly | | | | |
| ··· | | <u> </u> | | ppiy. | | | | |
| | Pay stubs | ior an addit nodschore | members | | | | | |
| | Tuy stabs | | | | | | | |
| | | <u>s</u> | | | | | | |
| | Bank statements | | | | | | | |
| | Tax statements Zero-income statements | | | | | | | |
| | | | | | | | | |
| _ | Chempioyment insurance is | etters | | | | | | |
| Ļ | Other - Describe: | | | | | | | |
| | Computer data matches: | | | | | | | |
| | Income information matche | d against state compu | ter system (e.g., SNA | AP, TANF) | | | | |
| | Proof of unemployment ben | efits verified with stat | e Department of La | bor | | | | |
| | Social Security income verified with SSA | | | | | | | |
| | Utilize state directory of new hires | | | | | | | |
| | | | | | | | | |

| 17.6. Protection of Privacy and Confidentiality Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. ✓ Policy in place prohibiting release of information without written consent ✓ Grantee LIHEAP database includes privacy/confidentiality safeguards ✓ Employee training on confidentiality for: ✓ Grantee employees ✓ Local agencies/district offices ✓ Employees must sign confidentiality agreement |
|---|
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. Policy in place prohibiting release of information without written consent Grantee LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grantee employees Local agencies/district offices |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. Policy in place prohibiting release of information without written consent Grantee LIHEAP database includes privacy/confidentiality safeguards Employee training on confidentiality for: Grantee employees Local agencies/district offices |
| ✓ 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 |
| ✓ Grantee LIHEAP database includes privacy/confidentiality safeguards ✓ Employee training on confidentiality for: ✓ Grantee employees ✓ Local agencies/district offices |
| Employee training on confidentiality for: Grantee employees Local agencies/district offices |
| ✓ Grantee employees ✓ Local agencies/district offices |
| Local agencies/district offices |
| |
| Fmplayees must sign confidentiality agreement |
| Employees must sign confidentiality agreement |
| ✓ Grantee employees |
| ✓ Local agencies/district offices |
| Physical files are stored in a secure location |
| Other - Describe: |
| |
| 17.7. Verifying the Authenticity |
| What policies are in place for verifying vendor authenticity? Select all that apply. |
| All vendors must register with the State/Tribe. |
| All vendors must supply a valid SSN or TIN/W-9 form |
| ✓ Vendors are verified through energy bills provided by the household |
| Grantee and/or local agencies/district offices perform physical monitoring of vendors |
| Other - Describe and note any exceptions to policies above: |
| 17.8. Benefits Policy - Gas and Electric Utilities |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| Applicants required to submit proof of physical residency |
| |
| Applicants must submit current utility bill |
| |
| Applicants must submit current utility bill |
| Applicants must submit current utility bill Data exchange with utilities that verifies: |
| ✓ Applicants must submit current utility bill ✓ Data exchange with utilities that verifies: ✓ Account ownership |
| ✓ Applicants must submit current utility bill ✓ Data exchange with utilities that verifies: ✓ Account ownership Consumption Balances |
| Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history |
| ✓ Applicants must submit current utility bill ✓ Data exchange with utilities that verifies: ✓ Account ownership Consumption Balances Payment history ✓ Account is properly credited with benefit |
| ✓ 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: |
| ✓ Applicants must submit current utility bill ✓ Data exchange with utilities that verifies: ✓ Account ownership Consumption Balances Payment history ✓ Account is properly credited with benefit |
| ✓ 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: The data exhange with utilities includes the actual home heating costs for each LIHEAP household for the previous year's heating season (November through April) for the |
| 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: The data exhange with utilities includes the actual home heating costs for each LIHEAP household for the previous year's heating season (November through April) for the purpose of calculating a LIHEAP benefit. |
| Applicants must submit current utility bill Data exchange with utilities that verifies: Consumption Balances Payment history Account is properly credited with benefit Other - Describe: The data exhange with utilities includes the actual home heating costs for each LIHEAP household for the previous year's heating season (November through April) for the purpose of calculating a LIHEAP benefit. |
| Applicants must submit current utility bill Data exchange with utilities that verifies: Consumption Balances Payment history Account is properly credited with benefit Other - Describe: The data exhange with utilities includes the actual home heating costs for each LIHEAP household for the previous year's heating season (November through April) for the purpose of calculating a LIHEAP benefit. Centralized computer system/database tracks payments to all utilities Centralized computer system automatically generates benefit level |
| Applicants must submit current utility bill Data exchange with utilities that verifies: Consumption Balances Payment history Account is properly credited with benefit Other - Describe: The data exhange with utilities includes the actual home heating costs for each LIHEAP household for the previous year's heating season (November through April) for the purpose of calculating a LIHEAP benefit. Centralized computer system/database tracks payments to all utilities Centralized computer system automatically generates benefit level Separation of duties between intake and payment approval |
| 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: The data exhange with utilities includes the actual home heating costs for each LIHEAP household for the previous year's heating season (November through April) for the purpose of calculating a LIHEAP benefit. 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 |
| 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: The data exhange with utilities includes the actual home heating costs for each LIHEAP household for the previous year's heating season (November through April) for the purpose of calculating a LIHEAP benefit. 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 |

ľ

| ~ | Vendor agreements specify requirements selected above, and provide enforcement mechanism |
|----------|---|
| | Other - Describe: |
| 17.9. I | Benefits Policy - Bulk Fuel Vendors |
| | 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 rs? 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 |
| | ibe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed 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 |
| progran | Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? one program year, 1st violation, 2 m years 2nd violation, permanently, for third violation |
| > | 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: |
| | y of the above questions require further explanation or clarification that could not be made in the fields provided, h a document with said explanation here. |

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

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

Instructions for Certification

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

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

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

| 1120 Lincoln Street, Sutie 1007 * Address Line 1 | | |
|---|----------------------------|----------------------------|
| Address Line 2 | | |
| Address Line 3 | | |
| Denver * City | Colorado <u>*</u> State | 80203 * 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 |
|---|
| 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). |