

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP Model Plan Template

Note: This template cannot be submitted as an application for LIHEAP funding. The template is for demonstration purposes only. A complete LIHEAP Model Plan must be submitted in the Online Data Collection System (OLDC) to be considered for funding. Formatting within OLDC may appear different than this document.



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: 02/28/2027

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

| | | | |
|---|--|---|--|
| * 1.a. Type of Submission: <input checked="" type="checkbox"/> Plan | * 1.b. Frequency: <input checked="" type="checkbox"/> Annual | * 1.c. Consolidated Application/Plan/Funding Request? Explanation: | * 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update |
| | | 2. Date Received: | State Use Only: |
| | | 3. Applicant Identifier: | |
| | | 4a. Unique Entity Identifier (UEI): NJEKQK2U8ZJ5 | 5. Date Received By State: |
| | | 4b. Federal Award Identifier: | 6. State Application Identifier: |

7. APPLICANT INFORMATION

***a. Legal Name:** Maine State Housing Authority

***b. Address:**

| | | | |
|-------------------|-----------------|--------------------------|------------|
| *Street 1: | 26 Edison Drive | Street 2: | |
| *City: | Augusta | County: | Kennebec |
| *State: | Maine | Province: | |
| *Country: | United States | *Zip/Postal Code: | 04330-4633 |

c. Organizational Unit:

| | | | |
|-------------------------|-----------------------------|-----------------------|--|
| Department Name: | Energy and Housing Services | Division Name: | |
|-------------------------|-----------------------------|-----------------------|--|

d. Name and contact information of person to be contacted on matters involving this application (person will be listed on the Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list web page):

| | | | |
|--|-----------------|------------------------------------|---------|
| *First Name: | Sarah | *Last Name: | Johnson |
| Title: | Manager of HEAP | Organizational Affiliation: | |
| *Telephone Number: | 207-624-5777 | Fax Number: | |
| *Email: sjohnson@mainehousing.org | | | |

***8. TYPE OF APPLICANT:**

State Government

a. Is the applicant a Tribal Consortium:

No

If yes, please attach at least one of the following documents:

1. Current State-Tribe agreement between their state and the Consortium, signed by the State Chief Executive Officer (such as the Governor or the delegate) and the Consortium President;
2. Consortium letter listing the tribes, signed by the elected Tribal Chief or President of each tribe in the Consortium and signed by the Consortium President;
3. A current resolution letter from each tribe in the Consortium, signed by the elected Tribal Chief or President of that tribe. Each resolution letter needs to state that the Consortium has the tribes' permission to apply for, and administer, LIHEAP on their behalf and needs to designate a time period for the permission or until rescinded or revoked.

| | | |
|-----------------------------------|--|---|
| | Catalog of Federal Domestic Assistance Number | CFDA Title: |
| 9. CFDA NUMBERS AND TITLES | 93.568 | Low-Income Home Energy Assistance Program |

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

LIHEAP Administration

11. AREAS AFFECTED BY FUNDING:

| | |
|--|--|
| Statewide | |
| 12. CONGRESSIONAL DISTRICTS OF APPLICANT: | |
| 2 | |
| 13. FUNDING PERIOD: | |
| a. Start Date: 10/01/2025 | b. End Date: 09/30/2026 |
| *14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS? C | |
| a. This submission was made available to the State under Executive Order 12372 | |
| Process for review on: | |
| b. Program is subject to E.O. 12372 but has not been selected by State for review. | |
| c. Program is not covered by E.O. 12372. | |
| *15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| <input type="checkbox"/> YES | |
| <input checked="" type="checkbox"/> NO | |
| If yes, explain: | |
| 16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) | |
| <input type="checkbox"/> I AGREE | |
| **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | |
| 17a. Typed or Printed Name and Title of Authorized Certifying Official | 17c. Telephone (area code, number, and extension) |
| Daniel Brennan, Director | 207-626-4600 |
| 17b. Signature of Authorized Certifying Official on) | 17d. Email Address: |
| | dbrennan@mainehousing.org |
| 17e. Date Report Submitted (Month, Day, Year) | |
| Attach supporting documents as specified in agency instructions | |

Section 1 - Program Components

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-0075
Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 1 – Program Components

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. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Section 1 Program Components

Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)

1.1 Check which components you will operate under the LIHEAP program.

(Note: You must provide information for each component designated here as requested elsewhere in this plan.)

Dates of Operation

| | | Start Date: | End Date: |
|-------------------------------------|------------------------------|-------------|------------|
| <input checked="" type="checkbox"/> | Heating assistance | 10/1/2025 | 09/30/2026 |
| <input type="checkbox"/> | Cooling assistance | | |
| <input checked="" type="checkbox"/> | Weatherization assistance | 10/1/2025 | 03/31/2027 |
| <input type="checkbox"/> | Summer Crisis assistance | | |
| <input checked="" type="checkbox"/> | Winter Crisis assistance | 11/1/2025 | 04/30/2026 |
| <input type="checkbox"/> | Year-round crisis assistance | | |

Provide further explanation for the dates of operation, if necessary

Heating Assistance: For FFY2026, Subgrantees will begin taking applications on August 1, 2025 and will continue taking applications through May 29, 2026.

Weatherization Assistance: Funding for the Weatherization Assistance components is made available to Subgrantees during the program year and is obligated for use through 3/31/2027 or as extended by contract.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%

| | Percentage (%): | Prior year totals (auto-populate) |
|--|-----------------|-----------------------------------|
| Heating assistance | 63.00% | 59.00% |
| Cooling assistance | 0.00% | 0.00% |
| Summer crisis assistance | 0.00% | 0.00% |
| Winter crisis assistance | 5.00% | 10.00% |
| Year-round crisis assistance | 0.00% | 0.00% |
| Weatherization assistance | 15.00% | 15.00% |
| Carryover to the following federal fiscal year | 4.00% | 7.00% |
| Administrative and planning costs | 10.00% | 8.00% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 3.00% | 1.00% |
| Used to develop and implement leverages activities | 0.00% | 0.00% |
| TOTAL: | 100.00% | 100.00% |

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative costs in excess of these limits must be paid from non-federal sources.

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

1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:

| | | | | | | | | |
|---|---|--|------------------------------|--|---|--|---|--|
| <input checked="" type="checkbox"/> | Heating assistance | <input type="checkbox"/> | Cooling assistance | | | | | |
| <input checked="" type="checkbox"/> | Weatherization assistance | <input type="checkbox"/> | Other (specify): | | | | | |
| Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8 | | | | | | | | |
| 1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below? | | | | | | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | |
| If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6. | | | | | | | | |
| | Heating | | Cooling | | Crisis | | Weatherization | |
| TANF | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| SSI | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| SNAP | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Means-tested Veterans programs | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 1.4 a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e., do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process. | | | | | | | | |
| Maine utilizes the above categories of benefits to determine if a Household is Categorical Income Eligibility. Households who enroll using Categorical Income Eligibility will have their benefit calculated based on the highest FPL allowable for each benefit type above. A Household may still choose to provide actual income documentation for benefit determination. From Chapter 24 Home Energy Assistance Program Rule: "Categorical Income Eligibility" means Household Members who are included on a Maine Department of Health and Human Services ("Maine DHHS") Notice of Decision for TANF or SNAP assistance will be considered income eligible for HEAP, as the Household Members' incomes have already been vetted. Household Members who are not included on the Notice of Decision must provide income documentation as outlined in this Rule and the HEAP Handbook. | | | | | | | | |
| 1.5 Do you automatically enroll households without a direct annual application? | | | | | | | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | | | | |
| If Yes, explain: | | | | | | | | |
| 1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts? | | | | | | | | |
| All applicants must provide the required application documentation regardless of receipt of other means of public assistance. Households who currently participate in one of the means-tested programs in section 1.3 have the option of utilizing Categorical Income Eligibility when applying for LIHEAP. Households who enroll using Categorical Income Eligibility will have their benefit calculated based on the highest FPL allowable for each benefit type above. A Categorically Income Eligible Household may still choose to provide actual income documentation for benefit determination. | | | | | | | | |
| SNAP Nominal Payments | | | | | | | | |
| 1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? | | | | | | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | |
| If you answered "yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c and 1.7d. | | | | | | | | |
| 1.7b Amount of Nominal Assistance: | | | | | \$21.00 | | | |
| 1.7c Frequency of Assistance | | | | | | | | |
| <input checked="" type="checkbox"/> | Once per year | | | | | | | |
| <input type="checkbox"/> | Once every five years | | | | | | | |
| <input type="checkbox"/> | Other – Describe: | | | | | | | |
| 1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need? | | | | | | | | |
| Applicants residing in subsidized housing with heat included must provide documentation to verify the applicant has an indirect energy cost. This documentation may include a copy of a current lease or a copy of a current electric bill. | | | | | | | | |
| Determination of Eligibility - Countable Income | | | | | | | | |
| 1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income? | | | | | | | | |
| <input checked="" type="checkbox"/> | Gross Income | | | | | | | |

| | | | |
|--|---|------------------------------|---|
| <input type="checkbox"/> | Net Income | | |
| <input type="checkbox"/> | Other – Describe: | | |
| 1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP | | | |
| <input checked="" type="checkbox"/> | Wages | | |
| <input checked="" type="checkbox"/> | Self - Employment Income | | |
| <input checked="" type="checkbox"/> | Contract Income | | |
| <input checked="" type="checkbox"/> | Payments from mortgage or Sales Contracts | | |
| <input checked="" type="checkbox"/> | Unemployment insurance | | |
| <input checked="" type="checkbox"/> | Strike Pay | | |
| <input checked="" type="checkbox"/> | Social Security Administration (SSA) benefits | | |
| | <input checked="" type="checkbox"/> | Including Medicare deduction | <input type="checkbox"/> Excluding Medicare deduction |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI) | | |
| <input checked="" type="checkbox"/> | Retirement/pension benefits | | |
| <input type="checkbox"/> | General Assistance benefits | | |
| <input type="checkbox"/> | Temporary Assistance for Needy Families (TANF) benefits | | |
| <input type="checkbox"/> | Loans that need to be repaid | | |
| <input checked="" type="checkbox"/> | Cash gifts | | |
| <input type="checkbox"/> | Savings account balance | | |
| <input type="checkbox"/> | One-time lump sum payments, such as rebates or credits, winnings from lotteries, refund deposits, etc. | | |
| <input type="checkbox"/> | Jury duty compensation | | |
| <input checked="" type="checkbox"/> | Rental income | | |
| <input type="checkbox"/> | Income from employment through Workforce Investment Act (WIA) | | |
| <input type="checkbox"/> | Income from work study programs | | |
| <input checked="" type="checkbox"/> | Alimony | | |
| <input checked="" type="checkbox"/> | Child support | | |
| <input checked="" type="checkbox"/> | Interest, dividends, or royalties | | |
| <input checked="" type="checkbox"/> | Commissions | | |
| <input type="checkbox"/> | Legal settlements | | |
| <input type="checkbox"/> | Insurance payments made directly to the insured | | |
| <input type="checkbox"/> | Insurance payments made specifically for the repayment of a bill, debt, or estimate | | |
| <input checked="" type="checkbox"/> | Veterans Administration (VA) benefits | | |
| <input type="checkbox"/> | Earned income of a child under the age of 18 | | |
| <input type="checkbox"/> | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty | | |
| <input type="checkbox"/> | Income tax refunds | | |
| <input type="checkbox"/> | Stipends from senior companion programs, such as VISTA | | |
| <input type="checkbox"/> | Funds received by household for the care of a foster child | | |
| <input type="checkbox"/> | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid | | |
| <input type="checkbox"/> | Reimbursements (for mileage, gas, lodging, meals, etc.) | | |
| <input type="checkbox"/> | Other | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | |
| | | | |
| 1.10 Do you have an online application process? | | | |
| <input checked="" type="checkbox"/> | Yes | | <input type="checkbox"/> No |
| 1.10a If yes, describe the type of online application (select all boxes that apply) | | | |
| <input type="checkbox"/> | A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person, or faxed in for processing. | | |
| <input checked="" type="checkbox"/> | A state-wide online application that allows a customer to complete data entry and submit an | | |

| | | | |
|---|--|-------------------------------------|----|
| | application electronically for processing | | |
| <input type="checkbox"/> | One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing | | |
| <input checked="" type="checkbox"/> | Online application that is also mobile friendly | | |
| <input checked="" type="checkbox"/> | Other, please describe We have a paper application available that can be filled out, and mailed, emailed, dropped off in-person, or faxed in for processing. | | |
| <input checked="" type="checkbox"/> | Ecos.mainehousing.org | | |
| 1.10b Can all program components be applied for online? | | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| If no, explain which components can and cannot be applied for online: | | | |
| Households are able to apply online for Energy Assistance. Households will not be able to indicate that they are in need of crisis assistance and will be instructed to contact the subgrantee in their service area via messaging during the online application process. Households will also need to contact their Community Action Agency if they are interested in Assurance 16 or Weatherization services. | | | |
| 1.11 Do you have a process for conducting and completing applications by phone: | | | |
| Yes, Subgrantees have the capacity to conduct intake appointment over the phone, or in person. | | | |
| 1.12 Do you or any of your subrecipients require in person appointments in order to apply? | | | |
| No | | | |
| If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required. | | | |
| | | | |
| 1.13 How can applicants submit documentation for verification? Select all that apply: | | | |
| <input checked="" type="checkbox"/> | In-person | | |
| <input checked="" type="checkbox"/> | Mail | | |
| <input checked="" type="checkbox"/> | Email | | |
| <input checked="" type="checkbox"/> | Portal application | | |
| <input checked="" type="checkbox"/> | Other, describe: Fax | | |

Section 2 - HEATING 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

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 2 – Heating Assistance

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

2.1 Designate the income eligibility threshold used for the heating component:

| Add | Household Size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|-----------------------|-----------------------|
| | 1 | State Median Income | 60.00% |
| | 2 | State Median Income | 60.00% |
| | 3 | State Median Income | 60.00% |
| | 4 | State Median Income | 60.00% |
| | 5 | State Median Income | 60.00% |
| | 6 | State Median Income | 60.00% |
| | 7 | State Median Income | 60.00% |
| | 8 | State Median Income | 60.00% |
| | 9 | State Median Income | 60.00% |
| | 10 | HHS Poverty Guideline | 150.00% |
| | 11 | HHS Poverty Guideline | 150.00% |
| | 12 | HHS Poverty Guideline | 150.00% |

2.2 Do you have additional eligibility requirements for heating assistance?

☐ Yes ☒ No

2.3 Check the appropriate boxes below and describe the policies for each.

Do you require an Assets test? ☐ Yes ☒ No

If yes, describe:

Do you have additional or differing eligibility policies for:

Renters? ☐ Yes ☒ No

If yes, describe:

Renters living in subsidized housing? ☐ Yes ☒ No

If yes, describe:

Renters with utilities included in the rent? ☐ Yes ☒ No

If yes, describe:

Do you give priority in eligibility to:

Older adults? ☒ Yes ☐ No

If yes, describe:

Subgrantees will make a good faith effort during the first ninety (90) days to serve Households who have a direct energy cost and who contain a Household member who is an Older Adult, Individual with a disability or a Household that contains a young (6 years of age or younger) child.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Subgrantees will make a good faith effort during the first ninety (90) days to serve Households who have a direct energy cost and who contain a Household member who is an Older Adult, Individual with a disability or a Household that contains a young (6 years of age or younger) child.

Young children? ☒ Yes ☐ No

If yes, describe:

Subgrantees will make a good faith effort during the first ninety (90) days to serve Households who have a direct energy cost and who contain a Household member who is an Older Adult, Individual with a disability or a Household that contains a young (6 years of age or younger) child.

Households with high energy burdens? ☐ Yes ☒ No

If yes, describe:

| | | | | | | | |
|--|--|---------|--|--------------------------|-----|-------------------------------------|----|
| Other? | | | | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| If yes, describe: | | | | | | | |
| Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | |
| 2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc. | | | | | | | |
| <p>Intake/Application prioritization: Subgrantees will make a good faith effort during the first ninety (90) days to serve Households who have a direct energy cost and who contain a Household member who is an Older Adult, Individual with a disability or a Household that contains a young (6 years of age or younger) child.</p> <p>Benefit Amount: Households where a member is an Older Adult, Individual with a disability or have a young child will be awarded additional priority points during benefit determination.</p> | | | | | | | |
| 2.5 Check the variables you use to determine your benefit levels. (Check all that apply): | | | | | | | |
| <input checked="" type="checkbox"/> | Income | | | | | | |
| <input checked="" type="checkbox"/> | Family (household) size | | | | | | |
| <input checked="" type="checkbox"/> | Home energy cost or need: | | | | | | |
| <input checked="" type="checkbox"/> | Fuel type | | | | | | |
| <input checked="" type="checkbox"/> | Climate/region | | | | | | |
| <input type="checkbox"/> | Individual bill | | | | | | |
| <input checked="" type="checkbox"/> | Dwelling type | | | | | | |
| <input type="checkbox"/> | Energy burden (% of income spent on home energy) | | | | | | |
| <input type="checkbox"/> | Energy need | | | | | | |
| <input type="checkbox"/> | Other - Describe: | | | | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | | | | |
| 2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix. | | | | | | | |
| Minimum Benefit | | \$88.00 | | Maximum Benefit | | \$1,012.00 | |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits? | | | | | | | |
| <input checked="" type="checkbox"/> | Yes | | | <input type="checkbox"/> | No | | |
| If yes, describe. | | | | | | | |
| Subgrantees provide a number of in-kind and/or other benefits including private contributions for fuel assistance. | | | | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | | | | |
| | | | | | | | |

Section 3 - COOLING ASSISTANCE

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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 3 – Cooling Assistance

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

3.1 Designate the income eligibility threshold used for the cooling component:

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|-----------------------|-----------------------|
| | | | |

3.2 Do you have additional eligibility requirements for cooling assistance?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

3.3 Check the appropriate boxes below and describe the policies for each.

| | | | | |
|---------------------------------------|--------------------------|-----|--------------------------|----|
| Do you require an Assets test? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---------------------------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

Do you have additional or differing eligibility policies for:

| | | | | |
|-----------------|--------------------------|-----|--------------------------|----|
| Renters? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-----------------|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|--|--------------------------|-----|--------------------------|----|
| Renters living in subsidized housing? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Renters with utilities included in the rent? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---|--------------------------|-----|--------------------------|----|

If yes, describe:

Do you give priority in eligibility to:

| | | | | |
|----------------------|--------------------------|-----|--------------------------|----|
| Older adults? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|----------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|---------------------------------------|--------------------------|-----|--------------------------|----|
| Individuals with a disability? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---------------------------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| Young children? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|------------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Households with high energy burdens? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|---------------|--------------------------|-----|--------------------------|----|
| Other? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---------------|--------------------------|-----|--------------------------|----|

If yes, describe:

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

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

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

| | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Income |
| <input type="checkbox"/> | Family (household) size |
| <input type="checkbox"/> | Home energy cost or need: |
| <input type="checkbox"/> | Fuel type |
| <input type="checkbox"/> | Climate/region |
| <input type="checkbox"/> | Individual bill |

| | | | |
|--|--|--------------------------|-----------------|
| <input type="checkbox"/> | Dwelling type | | |
| <input type="checkbox"/> | Energy burden (% of income spent on home energy) | | |
| <input type="checkbox"/> | Energy need | | |
| <input type="checkbox"/> | Other - Describe: | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | |
| 3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix. | | | |
| Minimum Benefit | | | Maximum Benefit |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, describe. | | | |
| | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | |
| | | | |

Section 4 - CRISIS 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

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 4 – Crisis Assistance

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

4.1 Designate the income eligibility threshold used for the cooling component:

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|------------------------|-----------------------|
| | 1 | State Median Income | 60.00% |
| | 2 | State Median Income | 60.00% |
| | 3 | State Median Income | 60.00% |
| | 4 | State Median Income | 60.00% |
| | 5 | State Median Income | 60.00% |
| | 6 | State Median Income | 60.00% |
| | 7 | State Median Income | 60.00% |
| | 8 | State Median Income | 60.00% |
| | 9 | State Median Income | 60.00% |
| | 10 | HHS Poverty Guidelines | 150.00% |
| | 11 | HHS Poverty Guidelines | 150.00% |
| | 12 | HHS Poverty Guidelines | 150.00% |

4.2 Provide your LIHEAP program's definition for determining a crisis. If you administer multiple crisis assistance programs (i.e. winter, summer, or year-round), include all program definitions.

From Chapter 24 Home Energy Assistance Program Rule: Energy Crisis shall have the same meaning as set forth in 42 U.S.C.A. §8622(3), as same may be amended from time to time.

Section 7.A. A Household may be eligible for ECIP if a Household Member's health and safety is threatened by an Energy Crisis situation on the Date of Application and the Household does not have the financial means to avert the Energy Crisis. The Household will not be eligible if: they have any other Heating System that is safe and operable and has a supply of product; they reside in Subsidized Housing with heat included or a Rental Unit with heat included; or they have an overpayment balance and have not entered into or complied with a repayment agreement. An Eligible Household under HEAP is income eligible for ECIP.

Section 7.B. An Energy Crisis includes:

- Reading of ¼ tank or less on a standard 275 gallon heating oil tank;
- Reading of 25% or less on a propane tank;
- 7-day or less supply for other delivered Home Energy types; and
- A utility disconnection notice that relates to the operation of the Heating System

4.3 What constitutes a life-threatening crisis?

From Chapter 24 Home Energy Assistance Program Rule:

“Life Threatening Crisis” means the household is currently without heat or utility service to operate a Heating Source or a Heating System.

Crisis Requirement, 2604(c)

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

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

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

| | Winter Crisis | Summer Crisis | Year-Round Crisis |
|--|-------------------------------------|--------------------------|--------------------------|
| 4.6 Do you have additional eligibility requirements for crisis assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 Check the appropriate boxes below to indicate type(s) of assistance provided | | | |
| Do you require an assets test? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you give priority in eligibility to: | | | |
| Older adults? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individuals with a disability? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Young children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Households with high energy burdens? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Order to receive crisis assistance: | | | |
| Must the household have received a shut-off notice or have a near empty tank? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have been shut off or have an empty tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have exhausted their regular heating benefit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must renters with heating costs included in their rent have received an eviction notice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must heating or cooling be medically necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have non-working heating or cooling equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have additional or differing eligibility policies for: | | | |
| Renters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters living in subsidized housing? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters with utilities included in the rent? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanations of policies for each "yes" checked above: | | | |

Section 7.B. An Energy Crisis includes:

- Reading of ¼ tank or less on a standard 275 gallon heating oil tank;
- Reading of 25% or less on a propane tank;
- 7-day or less supply for other delivered Home Energy types; and
- A utility disconnection notice that relates to the operation of the Heating System

Crisis funds cannot be used to pay for Home Energy deliveries or Heating System repairs if the Applicant resides in Subsidized Housing with heat included or a Rental Unit with heat included.

| | | | |
|---|--|-------------------------------------|--------------------------|
| Determination of Benefits | | | |
| 4.8 How do you handle crisis situations? | | | |
| <input type="checkbox"/> | Separate component. | | |
| <input type="checkbox"/> | Benefit Fast Track, no separate amount of crisis funds is issued. Rather, benefits are issued to crisis customers within crisis response time frames. | | |
| <input checked="" type="checkbox"/> | Other - Describe: If a household is in a crisis situation, and they have not yet had a LIHEAP Intake appointment, the application is fast tracked. Crisis is also offered as a separate component in the event that a LIHEAP benefit does not provide enough to resolve the crisis, or the LIHEAP Benefit has been exhausted. The crisis benefit is offered one time per Program Year. | | |
| 4.9 If you have a separate component, how do you determine crisis assistance benefits? | | | |
| <input type="checkbox"/> | Amount to resolve the crisis. | \$TBD | |
| <input checked="" type="checkbox"/> | Other - Describe: The maximum crisis benefit amount is determined annually based on economic conditions, available funding, and the average cost of a minimum delivery of home energy. The amount the Household will receive will be the amount necessary to resolve the energy crisis up to the annual maximum Crisis benefit amount. | | |
| Crisis Requirements, 2604(c) | | | |
| 4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Explain. | | | |
| Subgrantees maintain offices in all counties across the state as well as alternative remote offices, they offer services to homebound applicants, have the ability to take applications over the phone and accept documentation electronically. | | | |
| 4.11 Do you provide individuals with a disability the means to: | | | |
| Submit applications for crisis benefits without leaving their homes? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If no, explain. | | | |
| Travel to the sites at which applications for crisis assistance are accepted? | | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| If no, explain. | | | |
| In person applications for crisis assistance are not necessary, an applicant may seek assistance with the crisis over the phone. | | | |
| If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled? | | | |
| Benefit Levels, 2605(c)(1)(B) | | | |
| 4.12 Indicate the maximum benefit for each type of crisis assistance offered. | | | |
| Winter Crisis | Maximum Benefit | \$500.00 | |
| Summer Crisis | Maximum Benefit | \$0.00 | |
| Year-Round Crisis | Maximum Benefit | \$0.00 | |
| 4.13 Do you provide in-kind (e.g., blankets, space heaters, fans) or other forms of benefits? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, describe. | | | |
| If the crisis cannot be resolved within the required timeframe, space heaters may be provided for the household's use until such time as a fuel delivery can be made or the heating system repaired. | | | |
| 4.14 Do you provide for equipment repair or replacement using crisis funds? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If you answered "Yes" to question 4.14, you must complete question 4.15. | | | |
| 4.15 Check appropriate boxes below to indicate type(s) of assistance provided. | | Winter Crisis | Summer Crisis |
| Heating system repair | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heating system replacement | | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system repair | | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system replacement | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Wood stove purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar panel(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility poles/gas line hook-ups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If you responded "Yes" to question 4.16, you must respond to question 4.17. | | | |
| 4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period. | | | |
| <p>Maine Statute Title 35-A, §718: Winter terminations</p> <p>A. "Disconnection prohibition period" means any time between November 15th and April 15th, or during any other period when, pursuant to rules adopted under section 704, the commission has prohibited a transmission and distribution utility from disconnecting residential customers or prohibited such disconnections without the permission from the consumer assistance and safety division. [PL 2021, c. 347, §1 (NEW); RR 2021, c. 1, Pt. A, §36 (RAL).]</p> <p>B. "Residential customer" includes any customer account to which electric service is provided for residential purposes, regardless of whether the electricity received under that account is also used for business purposes. [PL 2021, c. 347, §1 (NEW); RR 2021, c. 1, Pt. A, §36 (RAL).]</p> <p>[PL 2021, c. 347, §1 (NEW); RR 2021, c. 1, Pt. A, §36 (RAL).]</p> <p>2. Notice of winter disconnection. During a disconnection prohibition period, a transmission and distribution utility may not send or deliver, orally, on paper or electronically, to any residential customer of the utility any notice or communication that:</p> <p>A. Provides for disconnection of the customer's electric service on a specified date or within a specified interval of time during a disconnection prohibition period, unless the utility has received the prior permission of the consumer assistance and safety division to make the disconnection on the specified date or within the specified interval of time; or [PL 2021, c. 347, §1 (NEW); RR 2021, c. 1, Pt. A, §36 (RAL).]</p> <p>B. Makes any reference to disconnection or involuntary termination of the customer's electric service during a disconnection prohibition period, unless the notice or communication includes a prominent statement that disconnection of a residential customer's electric service during the disconnection prohibition period cannot take place without the advance permission of the consumer assistance and safety division, that the customer will be notified of any request for such permission and that the customer will have the opportunity to be heard by the consumer assistance and safety division. [PL 2021, c. 347, §1 (NEW); RR 2021, c. 1, Pt. A, §36 (RAL).]</p> <p>[PL 2021, c. 347, §1 (NEW); RR 2021, c. 1, Pt. A, §36 (RAL).]</p> <p>3. Past due accounts; assistance programs. Notwithstanding any provision of law to the contrary, the notice permitted under subsection 2 to a residential customer from a transmission and distribution utility is deemed a notice of disconnection for the purpose of establishing eligibility for certain emergency assistance programs, including, but not limited to, the emergency general assistance described in Title 22, chapter 1161 and the fuel assistance described in Title 30-A, chapter 201, subchapter 13.</p> <p>[PL 2021, c. 347, §1 (NEW); RR 2021, c. 1, Pt. A, §36 (RAL).]</p> | | | |
| 4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? | | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| If yes, describe: | | | |
| | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | |
| | | | |

Section 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

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 5 – Weatherization Assistance

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

5.1 Designate the income eligibility threshold used for the Weatherization component

| Add | Household Size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|------------------------|-----------------------|
| | 1 | State Median Income | 60.00% |
| | 2 | State Median Income | 60.00% |
| | 3 | State Median Income | 60.00% |
| | 4 | State Median Income | 60.00% |
| | 5 | State Median Income | 60.00% |
| | 6 | State Median Income | 60.00% |
| | 7 | State Median Income | 60.00% |
| | 8 | State Median Income | 60.00% |
| | 9 | State Median Income | 60.00% |
| | 10 | HHS Poverty Guidelines | 150.00% |
| | 11 | HHS Poverty Guidelines | 150.00% |
| | 12 | HHS Poverty Guidelines | 150.00% |

5.2 Do you enter into an interagency agreement to have another government agency administer a Weatherization component?

☐ Yes ☒ No

5.3 If yes, name the agency and attach a copy of the internal agreement or contract.

5.4 Is there a separate monitoring protocol for weatherization?

☒ Yes ☐ No

Weatherization - Types of Rules

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

☐ Entirely under LIHEAP (not DOE) rules
☐ Entirely under DOE WAP (not LIHEAP) rules

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply): |
| <input type="checkbox"/> | Income Threshold |
| <input type="checkbox"/> | Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- and 4-unit buildings) are eligible units or will become eligible within 180 days. |
| <input type="checkbox"/> | Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities) |
| <input type="checkbox"/> | Other - Describe: |
| <input checked="" type="checkbox"/> | Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.) |
| <input type="checkbox"/> | Income threshold |
| <input checked="" type="checkbox"/> | Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit |
| <input checked="" type="checkbox"/> | Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards. |
| <input type="checkbox"/> | Other - Describe: <ul style="list-style-type: none"> Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days. Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities). Health & Safety and Incidental costs are not subject to DOE rules. |

Eligibility, 2605(b)(5) - Assurance 5

5.6 Do you require an assets test?

| | | | |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

5.7 Do you have additional or differing eligibility policies for:

| | | | | |
|--------------------------------|-------------------------------------|-----|--------------------------|----|
| Do you require an assets test? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------------|-------------------------------------|-----|--------------------------|----|

Do you have additional or differing eligibility policies for:

| | | | | |
|--|-------------------------------------|-----|-------------------------------------|----|
| Renters? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Renters living in subsidized housing? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Renters with utilities included in the rent? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

Do you give priority in eligibility to:

| | | | | |
|--------------------------------------|-------------------------------------|-----|-------------------------------------|----|
| Older adults? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Individuals with a disability? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Young children? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Households with high energy burdens? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.

5.6 Asset test: Applies to heating system replacement under the Central Heating Improvement Program activities Program Guidance rev 09012023

F. Asset Test (Heating System Replacements Only)

1. Asset Limits

The Applicant household will be required to contribute toward the cost of a Heating System replacement if the Applicant household has Countable Assets in excess of \$5,000 or \$50,000 if a member of the Applicant household is 60 years of age or older (or 55 years or older if the member is a member of an Indian Tribe). The same guidelines apply to non-occupying co-owner's countable assets. If there is a penalty to withdraw funds from an account the funds will not be part of the Countable Asset. Ex: funds from a retirement account when the declarant is younger than the age to withdraw (account documentation will be needed).

5.7 Renters and Renters living in subsidized housing with heat included (see attached - Section 5B Multifamily Weatherization - revised)WAP Program Guidance rev 03052024

B. 2-4 Unit Dwellings

A rental dwelling containing 2 to 4 rental units is eligible for WAP if it is occupied by an eligible Household(s). Prior to conducting the energy audit, the CAA must verify the ownership of the unit/building and secure confirmation from the property owner.

(1) WAP funds may be used to weatherize rental dwellings provided at least 66 percent of residents in a three (3) unit property and 50 percent in a two (2) or four (4) unit property (determined on a building-by-building basis) meet WAP income guidelines.

(2) 2-4 unit dwellings are those with four (4) or less units, and three (3) stories or less.

(3) 2-4 unit dwellings will be prioritized similar to single-family: tenants with the highest energy use and highest energy burden (as a percentage of income) will receive priority.

1. Written Permission

Secure owner's and tenant's consent on the *WAP Consent* form to proceed with weatherization measures. Additionally, the owner and tenant are required to sign MaineHousing's *Weatherization Rental Agreement* before the CAA can proceed with weatherization.

5.8 Priority Applicant WAP Program Guidance rev 03052024

SECTION 3: PRIORITIZATION AND WAIT LIST REQUIREMENTS

A. Prioritization

Priority for weatherization services is identified through HEAT Enterprise,¹ based on household composition, annual energy consumption usage for heat (cost), and poverty level. Households with an older adult person, a person with disabilities, and/or a child younger than six (6) years of age are given priority for weatherization services.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?

| | | | |
|------------------------------|-----|-------------------------------------|----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| If yes, what is the maximum: | | \$ | |

Types of Assistance, 2605(c)(1), (B) & (D)

5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)

| | | | |
|-------------------------------------|--|-------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | Weatherization needs assessments/audits | <input checked="" type="checkbox"/> | Energy-related roof repair |
| <input checked="" type="checkbox"/> | Caulking and insulation | <input checked="" type="checkbox"/> | Major appliance Repairs |
| <input checked="" type="checkbox"/> | Storm windows | <input checked="" type="checkbox"/> | Major appliance replacement |
| <input checked="" type="checkbox"/> | Furnace/heating system modifications/repairs | <input checked="" type="checkbox"/> | Windows/sliding glass doors |
| <input checked="" type="checkbox"/> | Furnace replacement | <input checked="" type="checkbox"/> | Doors |
| <input type="checkbox"/> | Cooling system modifications/repairs | <input checked="" type="checkbox"/> | Water Heater |
| <input type="checkbox"/> | Water conservation measures | <input type="checkbox"/> | Cooling system replacement |
| <input checked="" type="checkbox"/> | Compact florescent light bulbs | <input type="checkbox"/> | Community Solar projects |
| <input type="checkbox"/> | Rooftop solar | <input type="checkbox"/> | Other - Describe: |

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

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

U.S. Department of Health and Human Services
Administration for Children and Families

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 6 – Outreach

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:

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. |
| <input type="checkbox"/> | Publish articles in local newspapers or broadcast media announcements. |
| <input checked="" type="checkbox"/> | Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. |
| <input type="checkbox"/> | Mass mailing(s) to prior-year LIHEAP recipients |
| <input checked="" type="checkbox"/> | Inform low-income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. |
| <input type="checkbox"/> | Execute interagency agreements with other low-income program offices to perform outreach to target groups. |
| <input checked="" type="checkbox"/> | Web posting |
| <input type="checkbox"/> | Email |
| <input type="checkbox"/> | Texting |
| <input checked="" type="checkbox"/> | Events |
| <input checked="" type="checkbox"/> | Social Media |
| <input type="checkbox"/> | Other (specify): |

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 7 - Coordination, 2605(b)(4) - Assurance 4

U.S. Department of Health and Human Services
Administration for Children and Families

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 7 – Coordination

Section 7: Coordination, 2605(b)(4) - Assurance 4

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

☐ Joint application for multiple programs

Indicate programs included:

☒ Intake referrals to or from other programs

Indicate programs included:

☒ One-stop intake centers

☐ Other - Describe:

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

Section 8 - Agency Designation, 2605(b)(6) - Assurance 6

U.S. Department of Health and Human Services
Administration for Children and Families

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 8 – Agency Designation

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

8.1 How would you categorize the primary responsibility of your state agency?

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Administration Agency |
| <input type="checkbox"/> | Commerce Agency |
| <input type="checkbox"/> | Community Services Agency |
| <input type="checkbox"/> | Energy/Environment Agency |
| <input checked="" type="checkbox"/> | Housing Agency |
| <input type="checkbox"/> | State Department of Welfare Agency (administers TANF, SNAP, and/or Medicaid) |
| <input type="checkbox"/> | Economic Development Agency |
| <input type="checkbox"/> | 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?

Subgrantees partner with community-based programs including social service organizations and town offices to provide applicants with alternate venues to apply for heating assistance.

8.3 How do you provide alternate outreach and intake for cooling assistance?

Not applicable.

8.4 How do you provide alternate outreach and intake for crisis assistance?

Subgrantees have other funds (non-LIHEAP) funds available to provide crisis assistance. Additionally, the subgrantees keep community partners informed about the availability of crisis assistance funds.

| 8.5 LIHEAP Component Administration | Heating | Cooling | Crisis | Weatherization |
|--|----------------------|----------------|----------------------|----------------|
| 8.5a Who determines client eligibility? | Subgrantees | Not Applicable | Subgrantees | Subgrantees |
| 8.5b Who processes benefit payments to gas and electric vendors? | State Housing Agency | Not Applicable | State Housing Agency | |
| 8.5c Who processes benefit payments to bulk fuel vendors? | State Housing Agency | Not Applicable | State Housing Agency | |
| 8.5d Who performs installation of weatherization measures? | | | | Other |

Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.

If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.

8.6 What is your process for selecting local administering agencies?

Subgrantees will be selected annually based on the following criteria:

- Experience with providing Fuel Assistance or similar programs to low-income persons;
- Capacity to administer a timely and effective Fuel Assistance program for the intended Service Area;

| | | | |
|---|---|-------------------------------------|----|
| 3. | Demonstrated capacity to adequately serve low-income persons residing in their Service Areas; | | |
| 4. | The availability of other qualified entities to service a particular area; | | |
| 5. | The geographic area customarily serviced by the potential subgrantee; | | |
| 6. | Cost efficiency in administering a Fuel Assistance program; | | |
| 7. | The ability to enhance accessibility to other low-income programs administered by the Subgrantee; | | |
| 8. | Acceptable schedule for taking Applications; and | | |
| 9. | The ability to perform outreach activities and serve homebound recipients. | | |
| Subgrantee shall make annual, written applications to MaineHousing that address each of the above criteria. Subgrantee applications must be received no later than June 1st of each year. | | | |
| 8.7 How many local administering agencies do you use? 1 1 | | | |
| 8.8 Have you changed any local administering agencies in the last year? | | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 8.9 If so, why? | | | |
| <input type="checkbox"/> | Agency was in non-compliance with grant recipient requirements for LIHEAP - | | |
| <input type="checkbox"/> | Agency is under criminal investigation. | | |
| <input type="checkbox"/> | Added agency | | |
| <input type="checkbox"/> | Agency closed | | |
| <input type="checkbox"/> | Other – describe | | |
| 8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8.10a If yes, please explain: | | | |
| | | | |
| 8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8.10c if yes, please explain: | | | |
| | | | |
| 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 9 - Energy Suppliers, 2605(b)(7) - Assurance 7

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 9 – Energy Suppliers

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

9.1 Do you make payments directly to home energy suppliers?

| | | | | |
|-----------------------|-------------------------------------|-----|-------------------------------------|----|
| Heating | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cooling | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Crisis | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are there exceptions? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If yes, Describe.

MaineHousing may issue direct checks to LIHEAP recipients who do not have a designated vendor in their area, who pay rent with heat included, or who receive their benefit for firewood, wood pellets, corn, coal, or bio-fuels.

MaineHousing and Subgrantees encourage recipients to apply their benefits to their electric utility account if their benefit cannot be used for their primary or secondary heating system and the eligible household is responsible for their electric utility bill. Benefits are determined based on a household's selected fuel type.

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

Once the client's application has been approved for payment, MaineHousing mails a benefit notification letter to the Primary Applicant. The benefit notification letter shall:

- State the Benefit amount;
- State the date the Benefit was sent to the Vendor;
- State the approved Home Energy type;
- State the time period for the Benefit; and State the manner by which the Primary Applicant can request an informal review.

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?

Vendor performance is ensured through Vendor Agreements, annual reports provided by contracted vendors, and on-site or desk monitoring. Additionally, vendors must submit detailed transaction reports with benefit returns to show delivery and payment activity/history for the LIHEAP client's account and must maintain a daily cash price log while an active vendor.

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 contract between MaineHousing and the vendor explicitly prohibits discrimination. Participating vendors must agree not to discriminate against any eligible household regarding the extension of credit to purchase Home Energy or other services, the price of Home Energy or other services, or the terms or conditions of the delivery of Home Energy or other services solely on the basis of its being an eligible household. Any accusations of discrimination are investigated.

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

☐ Yes ☒ No

If so, describe the measures unregulated vendors may take.

Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10U.S. Department of Health and Human Services
Administration for Children and Families

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**MODEL PLAN****Section 10 – Program, Fiscal Monitoring, and Audit****Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)****10.1. How do you ensure proper fiscal accounting and tracking of funds? Be specific about tracking of grant award, tracking of expenditures, tracking vendor (benefit) refunds, fiscal reporting process, and fiscal software systems being used.**

In order to ensure good fiscal accounting and tracking of all grants including LIHEAP, MaineHousing performs onsite and desk reviews of each subgrantee which include a review of agency fiscal policies and procedures; a reconciliation of billings submitted to agency general ledger detail and supporting documentation; and an examination of each subgrantee's Uniform Grant Guidance Audit (2CFR 200). Additionally, six-month Corrective Action Reviews are required in the event MaineHousing identifies significant compliance concerns with an individual subgrantee.

Each onsite visit may include an entrance and exit interview. Onsite monitoring includes but is not limited to: review of the previous audit report to identify focus areas for the review; analyzing the data used by each subgrantee to determine client income eligibility and benefit determination; observation of the applicant intake process; and other monitoring steps to ensure overall program compliance. Additionally, desk reviews will be completed periodically and include such things as checking application data residing in MaineHousing's centralized database for anomalies using pre-determined indicators or specific data points (i.e. duplicate addresses, certification outside the required 30 business day period, etc.).

The fair hearing process in place at MaineHousing provides an opportunity to conduct additional in-depth client file monitoring because a thorough analysis is completed by staff of each filed complaint to ensure that the subgrantee followed program rules in determining client eligibility and benefit determination.

The monitoring of energy suppliers is conducted in a number of ways:
Onsite visits to vendors (those deemed high risk as well as a sampling of others);
Desk reviews of vendors: a random sample of client accounts are reviewed to assess the vendor practices and determine vendor risk rating;
Review of submitted annual vendor reports using data points to identify anomalies;
Review of transaction reports (delivery and payment activity) from May 1st forward for the benefit year(s) being returned.

After each conducted monitoring, MaineHousing issues a written report containing all findings to the subgrantee/vendor. The report will establish a reasonable time period for comment and the required corrective action(s) by the subgrantee/vendor.

Upon request from the subgrantee/vendor, MaineHousing will provide technical assistance in all areas needing corrective action.

Depending upon the significance of the issue(s), failure to comply with the required corrective action plans could result in a notice of termination of the contract.

Management of Vendor Refunds (Benefit Returns):

All benefit returns must be submitted to MaineHousing. Benefit returns are tracked and reconciled to the appropriate fiscal year. Any expired funds or any amounts exceeding the 10% carryover limit will be returned to DHHS.

10.1a Provide Definitions for the following:

| | |
|------------------------|---|
| Obligation: | A contractually legal commitment for funding, payment, services or activities. |
| Expenditures: | The action of expending funds, something expended, disbursement, or expense for the purposes of acquiring goods or services. |
| Expenditure timeframe: | The allowable time period to perform an obligation as set forth in contractual agreements. |
| Administrative costs: | Necessary costs incurred performing activities for the program that are not directly related to processing of clients requested services. Typical examples would be preparing budgets, creating policies and procedures, attending planning meetings or |

| | | | | |
|--|--|---|-------------------------------------|--------------|
| | | professional development related to the program as well as indirect costs proportionally charged in relation to a cost allocation plan or fiscal policies. | | |
| Audit Process | | | | |
| 10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133? | | | | |
| <input type="checkbox"/> | Yes | | <input checked="" type="checkbox"/> | No |
| 10.2a If yes, describe your auditor selection process. | | | | |
| | | | | |
| 10.3. Describe any audit findings of the grant recipient (i.e., state, tribe, territory) rising to the level of a material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year. | | | | |
| | | | | |
| <input checked="" type="checkbox"/> | No Findings | | | |
| Finding | Type | Brief Summary | Resolved? | Action Taken |
| 1. | | | | |
| 10.4. Audits of Local Administering Agencies | | | | |
| What types of annual audit requirements do you have in place for local administering agencies or district offices? Select all that apply. | | | | |
| <input checked="" type="checkbox"/> | Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133. | | | |
| <input type="checkbox"/> | Local agencies and district offices are required to have an annual audit (other than A-133). | | | |
| <input checked="" type="checkbox"/> | Local agencies or district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process. | | | |
| <input checked="" type="checkbox"/> | Grant recipient conducts fiscal and program monitoring of local agencies or district offices. | | | |
| <input type="checkbox"/> | Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133. | | | |
| Compliance Monitoring | | | | |
| 10.5. Describe your monitoring process for compliance at each level below. Check all that apply. | | | | |
| Grant recipient employees: | | | | |
| <input checked="" type="checkbox"/> | Internal program review | | | |
| <input checked="" type="checkbox"/> | Departmental oversight | | | |
| <input checked="" type="checkbox"/> | Secondary review of invoices and payments | | | |
| <input type="checkbox"/> | Other program review mechanisms are in place. Describe: | | | |
| Local Administering Agencies or District Offices: | | | | |
| <input checked="" type="checkbox"/> | On-site evaluation | | | |
| <input checked="" type="checkbox"/> | Annual program review | | | |
| <input checked="" type="checkbox"/> | Monitoring through central database | | | |
| <input checked="" type="checkbox"/> | Desk reviews | | | |
| <input checked="" type="checkbox"/> | Client File Testing/Sampling | | | |
| <input type="checkbox"/> | Other program review mechanisms are in place. Describe: | | | |
| 10.6 Explain or attach a copy of your local agency monitoring schedule and protocol. | | | | |
| <p>MaineHousing's staff perform onsite and desk review audits of the subgrantees. These onsite audits allow for first-hand observation of program activity. Monitoring tasks include:</p> <p>Reviewing procedures and client file documentation</p> <p>Confirming and evaluating use of LIHEAP statewide database</p> <p>Verifying subgrantees are knowledgeable of regulations</p> <p>Confirming that quality of work meets minimum program standards</p> | | | | |
| 10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized. | | | | |
| Site Visits: | | Onsite program and fiscal monitoring reviews are conducted annually at all local agencies. Additional reviews may be conducted if major issues are identified during the annual review. | | |

| | |
|--|---|
| Desk Reviews: | <p>MaineHousing conducts desk reviews throughout the program year to ensure compliance with program requirements. MaineHousing's staff conduct desk audits of the following application files:</p> <ul style="list-style-type: none"> •Informal Reviews or Fair Hearing Requests: applicant submitted requests for an informal review or fair hearings will require that an individual, other than the one who made or approved the decision, review the file and documentation provided to determine accuracy. •Computer generated reports: MaineHousing generates periodic healthy data queries to identify and resolve potential compliance issues, for example, duplicate social security numbers, applicant/landlord same address, and medical deduction for analysis. The Program Officers review these reports and application files as necessary. •Files involving reports of alleged fraud. •Files where questions arise during billing reviews of weatherization or Central Heating Improvement Program jobs. |
| 10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed. | |
| <input checked="" type="checkbox"/> | Annually |
| <input type="checkbox"/> | Biannually |
| <input type="checkbox"/> | Triannually |
| <input type="checkbox"/> | Other, |
| 10.9. How many local agencies are currently on corrective action plans? 0 | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | |
| | |

Section 11 - Timely and Meaningful Public Participation, 2605(b)(12) - Assurance 12, 2605(c)(2)U.S. Department of Health and Human Services
Administration for Children and Families

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**MODEL PLAN****Section 11 – Timely and Meaningful Public Participation****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 LIHEAP plan? Select all that apply. Note: Tribes do not need to hold a public hearing but must ensure participation through other means.**

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Tribal Council meeting(s) |
| <input checked="" type="checkbox"/> | Public Hearing(s) |
| <input checked="" type="checkbox"/> | Draft Plan posted to website and available for comment. |
| <input checked="" type="checkbox"/> | Hard copy of plan is available for public view and comment. |
| <input type="checkbox"/> | Comments from applicants are recorded. |
| <input checked="" type="checkbox"/> | Request for comments on draft Plan is advertised. |
| <input checked="" type="checkbox"/> | Stakeholder consultation meeting(s) |
| <input type="checkbox"/> | Comments are solicited during outreach activities. |
| <input type="checkbox"/> | Other - Describe: |

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 proposed use and distribution of your LIHEAP funds?**

| | Date | Event Description |
|---|------------|--|
| 1 | 05/20/2025 | Public Hearing for Maine Chapter 24 HEAP Rule for the Low Income Home Energy Assistance Program held during the MaineHousing monthly board meeting both virtually and in person at 26 Edison Dr. Augusta ME. |
| 2 | 05/20/2025 | Public Hearing for State Model plan held during the MaineHousing monthly Board meeting both virtually and in person at 26 Edison Dr., Augusta, ME. |

11.4. How many parties commented on your plan at the hearing(s)? tbd**11.5 Summarize the comments you received at the hearing(s).**

tbd

11.6 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?

tbd

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 12 - Fair Hearings, 2605(b)(13) - Assurance 13

U.S. Department of Health and Human Services
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN****Section 12 – Fair Hearings****Section 12: Fair Hearings, 2605(b)(13) - Assurance 13****12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year?**

0

12.2 How many of those fair hearings resulted in the initial decision being reversed?

none

12.3 Describe any policy or procedural changes made in the last federal Fiscal Year as a result of fair hearings?

No policies or procedures were changed as a result of fair hearings.

12.4 Describe your fair hearing procedures for households whose applications are denied or not acted upon in a timely manner.

A denial for missing information will be rescinded if the required information is received by the Subgrantee within (15) fifteen business days from the written notification of denial. The Applicant may submit a written request for a Fair Hearing, but only in the following limited circumstances: the Applicant's claim for assistance was denied or not acted upon with reasonable promptness; the Applicant disputes the criteria used to calculate the amount of their Benefit; or the Applicant is required to refund an Overpayment.

Pursuant to the HEAP Act, 42 U.S.C. §8624(b)(13), MaineHousing will provide an Applicant an opportunity for a fair administrative hearing. Fair hearings shall be conducted in accordance with the Maine Administrative Procedures Act, Title 5, Chapter 375 by the Director of MaineHousing (or their designee) or such other contractor selected by MaineHousing. The parties may receive a transcript of the hearing upon payment of the reasonable cost for the production thereof.

Within thirty (30) calendar days of the hearing's conclusion the hearing officer will prepare a recommended hearing decision. Copies of the recommended decision will be provided to the Applicant.

A final decision and order will be made by the Director of MaineHousing in writing within sixty (60) calendar days of receipt of the hearing officer's recommendation. In the event the Director of MaineHousing presides over a hearing, they shall render their decision and order within sixty (60) calendar days of the hearing's conclusion or sixty (60) calendar days of the recommended decision. The Director's decision and order shall include findings of fact sufficient to apprise the parties of its basis. A copy of the decision and order will be provided promptly to each party to the proceeding or their representative of record. Written notice of the party's right to appeal the decision and other relevant information will be provided to the parties at the time of the decision and order. The decision and order will be implemented by the Subgrantee no later than ten (10) calendar days after receipt if it is in the Applicant's favor and otherwise forty-five (45) calendar days unless stayed on appeal.

12.5 When and how are applicants informed of these rights?

Applicants are notified of their fair hearing rights at the time of application. Fair hearing rights information is also provided to the applicant at the time of application, as part of the benefit notification, or as part of the denial notice.

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

U.S. Department of Health and Human Services
Administration for Children and Families

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 13 – Reduction of Home Energy Needs

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?

Subgrantees may submit annual proposals for MaineHousing's consideration, describing their planned activities and expenses associated with providing services to applicants pursuant to Assurance 16 of the LIHEAP Act. Assurance 16 funds may only be used to fund activities that encourage and enable eligible households to reduce their home energy needs and thereby the need for energy assistance.

Only LIHEAP eligible households may receive Assurance 16 services. The services being funded by Assurance 16 must be energy related and may include family development case management and education activities. Subgrantees are required to have proper fiscal controls to ensure the LIHEAP funds are expended proportional to the overall funding sources using proper cost allocation methodology. There must be proper documentation of participation and a methodology to measure outcomes from the Assurance 16 activities.

Salaries and benefit costs for any staff providing services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance are allowable. Additionally, direct costs associated with providing these services, including supplies, equipment, postage, utilities, rental office space, and travel costs incurred for official business are also allowable.

Services that are already provided as part of the delivery of other federal programs cannot be charged to Assurance 16. Examples:

- Working with an electric utility to forestall a shut-off as part of providing an Energy Crisis Intervention Program (ECIP) benefit cannot be charged to Assurance 16 because this activity is already required and funded under ECIP.
- Outreach/Intake services, regardless of where they are provided, or who (which staff member/position) provides them, cannot be charged to Assurance 16. These activities are already required under HEAP fuel assistance, and therefore, do not provide an additional benefit to eligible households.
- Mailed out applications are not allowed to be charged to Assurance 16.
- Indirect charges cannot be charged to Assurance 16. Client referrals to other programs or resources that are not related to clients' home energy needs or do not reflect an additional net benefit for the client.

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

MaineHousing has established the following requirements to ensure compliance:

- Budget 5% of Maine's LIHEAP funds for Assurance 16 activities;
- Subgrant agreements specify the allocation amount for these activities;
- Subgrantees are required to submit budgets and work plans that outline their processes for administering these activities;
- Monitor subgrantees' expenditures monthly; and Subgrantee's record-keeping must demonstrate a direct link between services provided to clients and costs charged to Assurance 16. Salary costs for providing Assurance 16 services must be supported by timesheet documentation.

13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year? Impact can be measured in many different ways: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management for example.

MaineHousing provides its subgrantees with an opportunity to develop/submit proposals and funding requests for Assurance 16 (A16) initiatives. Six (6) subgrantees were awarded funds for Assurance 16 activities. Activities included short-term case management, comprehensive energy saving education/counseling, and providing participants with energy saving kits.

13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.

Some subgrantees offer incentives to households who complete milestones/modules of financial literacy education and demonstrate a reduction in their home energy costs. Incentives range from \$50- \$425 (depending on the subgrantee's incentive model and the number of milestones achieved by a household) that are issued to the household's fuel or electricity vendor.

13.5 How many households received these services?

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 14 - Leveraging Incentive Program, 2607A

U.S. Department of Health and Human Services
Administration for Children and Families

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 14 – Leveraging Incentive Program

Section 14: Leveraging Incentive Program, 2607(A)

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

☐ Yes ☒ No

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

If leveraging awards become available, MaineHousing will collect leveraging information from subgrantees. Subgrantees will maintain and provide the following information:

1. Identify and describe each resource/benefit;
2. Identify the source(s) of each resource; and Describe the integration/coordination of each resource/benefit with the LIHEAP program, consistent with 1 or more of conditions A-H in 45 CFR 96.87(d)(2)(iii).

14.3 For each type of resource or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96. 87(d)(2)(iii), describe the following:

| Resource | What is the type of resource benefit? | What is the source(s) of the resource? | How will the resource be integrated and coordinated with LIHEAP? |
|----------|---|---|---|
| | Home Repair | State funds | Home Repair funds are administered by the subgrantees operating the LIHEAP/Weatherization programs. MaineHousing's Home Repair Program funds may be used in conjunction with HEAP weatherization for repairs and weatherization measures. |
| | Heating Assistance | Local organizations/partnerships including United Way, fuel vendors and faith based organizations | Subgrantees appropriate and distribute these funds to low-income households as supplements and/or alternatives to the LIHEAP program. |
| | Discount rates and debt forgiveness for electricity | Maine's public utility companies | Coordinated through the utility company and subgrantee. Outreach and intake are incorporated in the LIHEAP application process. |
| | Winterization assistance | Donations from local faith-based organizations and other organizations. | Donated materials or volunteer labor for the installation of winterization measures. |
| | In-kind and other benefits, including blankets, sleepers, snow suits and sweatshirts which are intended to improve client | Fund-raising initiatives and drives; examples Coats for Kids and American Red Cross | Subgrantees ensure LIHEAP clients are aware of and have access to these benefits. |

| | | | |
|--|-----------------------------------|--|--|
| | comfort and reduce heating costs. | | |
| 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 15 - Training

U.S. Department of Health and Human Services
Administration for Children and Families

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP) MODEL PLAN Section 15 – Training

Section 15: Training

15.1 Describe the training you provide for each of the following groups:

a. Grant recipient Staff:

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other - Describe:

☒ Employees are provided with policy manual

☒ Other - Describe: MaineHousing's participation in monthly Maine Community Action Partner's Energy Council meetings provides a venue for additional training and feedback throughout the program year.

b. Local Agencies:

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other - Describe:

☒ Employees are provided with policy manual

☒ Other - Describe: MaineHousing provides annual LIHEAP training for Subgrantees. MaineHousing also provides training and technical assistance to all Subgrantees through regular monthly meetings and through monitoring visits. Additionally, MaineHousing will, upon request from the Subgrantee or in response to needs identified by MaineHousing, provide technical assistance.

c. Vendors

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☒ Annually

☐ Biannually

☐ As needed

☒ Other - Describe: MaineHousing provides annual training for vendors. MaineHousing also provides training and technical assistance to vendors through monitoring visits. Additionally, MaineHousing will, upon request from the vendor or in response to needs identified by MaineHousing, provide technical assistance.

☒ Policies communicated through vendor agreements

☒ Policies are outlined in a vendor manual

15.2 Does your training program address fraud reporting and prevention?

☒ Yes ☐ No

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

U.S. Department of Health and Human Services
Administration for Children and Families

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 16 – Performance Goals and Measures

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.

Energy Cost Data:

MaineHousing's centralized LIHEAP database and application documents require the following information:
Main fuel type and vendor account number;
As part of the application process applicants age 18 years or older are required to sign a release permitting the subgrantee and MaineHousing to provide information to and obtain information from other parties or agencies;
and Electric utility account information.

Home Energy Consumption: Per the vendor agreement, vendors are contractually obligated to submit Annual Consumption Reports to MaineHousing to report deliveries for a household's main fuel, from May 1 through April 30. The consumption data is entered/imported into MaineHousing's centralized LIHEAP database.

Electricity vendors are required to provide non-heat usage data for clients.

Household Income is entered into MaineHousing's centralized LIHEAP database.

LIHEAP benefits are calculated by and stored in Maine's centralized LIHEAP database.

Home Energy Status

Crisis Assistance: MaineHousing's centralized LIHEAP database and Crisis application documents capture the number of households without home energy service (disconnected, out of fuel, inoperable equipment) and the number of households at risk of losing home energy (past due/disconnect notice, nearly out of fuel, at risk equipment).

Heating Assistance: MaineHousing's centralized LIHEAP database system supports collection and reporting of the LIHEAP Performance Measures Restoration and Prevention data requirements.

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

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95,
03/96, 12/98, 11/01
OMB Clearance No.: 0970-0075
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 17 – Program Integrity

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

17.1 Fraud Reporting Mechanisms

a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Online Fraud Reporting |
| <input type="checkbox"/> | Dedicated Fraud Reporting Hotline |
| <input checked="" type="checkbox"/> | Report directly to local agency/district office or Grant recipient office |
| <input checked="" type="checkbox"/> | Report to State Inspector General or Attorney General |
| <input checked="" type="checkbox"/> | Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse |
| <input type="checkbox"/> | Posted in local administering agencies offices |
| | Other - Describe: |

b. Describe strategies in place for advertising the above referenced resources. Select all that apply

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Printed outreach materials |
| <input type="checkbox"/> | Addressed on LIHEAP application |
| <input checked="" type="checkbox"/> | Website |
| <input type="checkbox"/> | Printed outreach materials |
| <input checked="" type="checkbox"/> | Other - Describe: The LIHEAP Handbook for subgrantees and the Vendor guide, which are distributed annually and maintained on MaineHousing's website portal to accommodate real-time changes, include information about reporting suspected fraud, misuse, and abuse. |

17.2. Identification Documentation Requirements

a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.

| Type of Identification Collected | Collected from Whom? | | | | | |
|---|--------------------------|--------------------------|----------------------------------|-----------------------------------|-------------------------------------|---------------------------------|
| | Applicant Only | | All Adults in Household | | All Household Members | |
| Social Security card is photocopied and retained | <input type="checkbox"/> | Required | <input type="checkbox"/> | Required | <input checked="" type="checkbox"/> | Required |
| | <input type="checkbox"/> | Requested | <input type="checkbox"/> | Requested | <input checked="" type="checkbox"/> | Requested |
| Social Security number (Without actual Card) | <input type="checkbox"/> | Required | <input type="checkbox"/> | Required | <input type="checkbox"/> | Required |
| | <input type="checkbox"/> | Requested | <input type="checkbox"/> | Requested | <input type="checkbox"/> | Requested |
| Government-issued identification card (i.e., driver's license, state ID, Tribal ID, passport, etc.) | <input type="checkbox"/> | Required | <input type="checkbox"/> | Required | <input checked="" type="checkbox"/> | Required |
| | <input type="checkbox"/> | Requested | <input type="checkbox"/> | Requested | <input checked="" type="checkbox"/> | Requested |
| Other | Applicant Only Required | Applicant Only Requested | All Adults in Household Required | All Adults in Household Requested | All Household Members Required | All Household Members Requested |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

b. Describe any exceptions to the above policies.

- The Applicant must also verify their identity. All documentation must be valid. Expired or absent documentation is not acceptable. If the documentation provided by the Applicant to verify citizenship or legal status bears a photograph of the Applicant, this will be acceptable to verify identity. Otherwise, ONE of the following documents will be acceptable:

| | |
|---------------------------|--|
| Driver's license | SNAP electronic benefit transfer (EBT) card with photo |
| State issued ID card | U.S. Military ID |
| Passport or passport card | |

If the documentation listed above is unavailable for the Applicant the Subgrantee may allow the Applicant to verify identity by providing TWO of the following documents:

| | | |
|------------------------------|--|---------------------------------|
| Adoption Decree | Birth Certificate | Divorce Decree |
| Employer Identification Card | Foreign School Record that contains a photograph | High School or College Diploma |
| Marriage Certificate | Notice from a Public Benefits Agency (i.e. Notice of Decision from DHHS, Social Security Benefit Award Letter, MaineCare Award Letter) | Property Deed or Title Document |
| Social Security Card | Union or Worker's Center Identification Card | Voter Registration Card |

17.3 Identification Verification

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply |
| <input type="checkbox"/> | Verify SSNs with Social Security Administration |
| <input type="checkbox"/> | Match SSNs with death records from Social Security Administration or state agency |
| <input type="checkbox"/> | Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) |
| <input type="checkbox"/> | Match with state Department of Labor system |
| <input type="checkbox"/> | Match with state and/or federal corrections system |
| <input type="checkbox"/> | Match with state child support system |
| <input type="checkbox"/> | Verification using private software (e.g., The Work Number) |
| <input type="checkbox"/> | In-person certification by staff (for tribal grant recipients only) |
| <input type="checkbox"/> | Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only) |
| <input checked="" type="checkbox"/> | Other - Describe: All Applicants two years of age or older must provide proof of Social Security Number (SSN). Any documentation used to prove SSN must contain all nine (9) digits and the Applicant's full name. SSN documentation is saved in MaineHousing's centralized LIHEAP database. |

17.4. Citizenship or Legal Residency Verification

What are your procedures for ensuring that household members are U.S. citizens or qualified non-citizens who are qualified to receive LIHEAP benefits? Select all that apply.

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen. |
| <input checked="" type="checkbox"/> | Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen. |
| <input checked="" type="checkbox"/> | Non-citizens must provide documentation of immigration status. |
| <input checked="" type="checkbox"/> | Citizens must provide a copy of their birth certificate, naturalization papers, or passport. |
| <input type="checkbox"/> | Non-citizens are verified through the SAVE system. |
| <input type="checkbox"/> | Tribal members are verified through Tribal enrollment records/Tribal ID card. |
| <input type="checkbox"/> | Other - Describe: |

17.5. Income Verification

What methods does your agency utilize to verify household income? Select all that apply.

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Require documentation of income for all adult household members |
| <input checked="" type="checkbox"/> | Pay stubs |
| <input checked="" type="checkbox"/> | Social Security award letters |
| <input type="checkbox"/> | Bank statements |
| <input checked="" type="checkbox"/> | Tax statements |
| <input checked="" type="checkbox"/> | Zero income statements |

| | |
|--|--|
| <input checked="" type="checkbox"/> | Unemployment Insurance letters |
| <input checked="" type="checkbox"/> | Other - Describe: Self-Employment Worksheet is used for applicable situations. Department of Labor history report required for all applicants who self-declare receipt of unemployment benefits. Applicants who claim zero income or self-declare they are unemployed must sign an affidavit. Applicants who self-declare receipt of Social Security income and/or Supplemental Security Income are required to provide a copy of their Social Security award letter. |
| <input type="checkbox"/> | Computer data matches: |
| <input type="checkbox"/> | Income information matched against state computer system (e.g., SNAP, TANF) |
| <input type="checkbox"/> | Proof of unemployment benefits verified with state Department of Labor |
| <input type="checkbox"/> | Social Security income verified with SSA |
| <input type="checkbox"/> | Utilize state directory of new hires |
| <input type="checkbox"/> | Other - Describe: |
| 17.6. Protection of Privacy and Confidentiality | |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. | |
| <input checked="" type="checkbox"/> | Policy in place prohibiting release of information without written consent |
| <input checked="" type="checkbox"/> | Grant recipient LIHEAP database includes privacy/confidentiality safeguards. |
| <input checked="" type="checkbox"/> | Employee training on confidentiality for: |
| <input checked="" type="checkbox"/> | Grant recipient employees |
| <input checked="" type="checkbox"/> | Local agencies/district offices |
| <input checked="" type="checkbox"/> | Employees must sign confidentiality agreement |
| <input checked="" type="checkbox"/> | Grant recipient employees |
| <input checked="" type="checkbox"/> | Local agencies/district offices |
| <input checked="" type="checkbox"/> | Physical files are stored in a secure location. |
| <input checked="" type="checkbox"/> | Electronic files are protected in a secure location. |
| <input checked="" type="checkbox"/> | Other - Describe: Mandatory cybersecurity training for all users of MaineHousing's centralized LIHEAP database system. |
| 17.7. Verifying the Authenticity | |
| What policies are in place for verifying vendor authenticity? Select all that apply. | |
| <input checked="" type="checkbox"/> | All vendors must register with the state/tribe. |
| <input checked="" type="checkbox"/> | All vendors must supply a valid SSN or TIN/W-9 form. |
| <input type="checkbox"/> | Vendors are verified through energy bills provided by the household. |
| <input checked="" type="checkbox"/> | Grant recipient and/or local agencies/district offices perform physical monitoring of vendors. |
| <input checked="" type="checkbox"/> | Other - Describe and note any exceptions to policies above: MaineHousing runs a background check for all new vendors to verify there are no civil or federal judgments or bankruptcies. Contracts are made only with vendors who possess the ability to perform successfully under the terms and conditions of a proposed procurement with consideration given to matters such as vendor integrity, record of past performance, financial and technical resources or accessibility to other necessary resources. All vendors must supply valid TIN number, or Social Security number, in the contracting process. |
| 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. | |
| <input checked="" type="checkbox"/> | Applicants required to submit proof of physical residency. |
| <input checked="" type="checkbox"/> | Applicants must submit current utility bill. |
| <input checked="" type="checkbox"/> | Data exchange with utilities that verifies: |
| <input checked="" type="checkbox"/> | Account ownership |
| <input checked="" type="checkbox"/> | Consumption |
| <input checked="" type="checkbox"/> | Balances |
| <input checked="" type="checkbox"/> | Payment history |
| <input checked="" type="checkbox"/> | Account is properly credited with benefit |
| <input type="checkbox"/> | Other - Describe: |

| | |
|---|--|
| <input checked="" type="checkbox"/> | Centralized computer system/database tracks payments to all utilities. |
| <input checked="" type="checkbox"/> | Centralized computer system automatically generates benefit level. |
| <input checked="" type="checkbox"/> | Separation of duties between intake and payment approval. |
| <input type="checkbox"/> | Payments coordinated among other energy assistance programs to avoid duplication of payments. |
| <input type="checkbox"/> | Payments to utilities and invoices from utilities are reviewed for accuracy. |
| <input checked="" type="checkbox"/> | Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities. |
| <input checked="" type="checkbox"/> | Direct payment to households are made in limited cases only. |
| <input checked="" type="checkbox"/> | Procedures are in place to require prompt refunds from utilities in cases of account closure. |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above and provide enforcement mechanism. |
| <input type="checkbox"/> | Other - Describe: |
| 17.9. Benefits Policy - Bulk Fuel Vendors | |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. | |
| <input checked="" type="checkbox"/> | Vendors are checked against an approved vendor list. |
| <input checked="" type="checkbox"/> | Centralized computer system/database is used to track payments to all vendors. |
| <input checked="" type="checkbox"/> | Clients are relied on for reports of non-delivery or partial delivery. |
| <input type="checkbox"/> | Two-party checks are issued naming client and vendor. |
| <input checked="" type="checkbox"/> | Direct payment to households is made in limited cases only. |
| <input type="checkbox"/> | Vendors are only paid once they provide a delivery receipt signed by the client. |
| <input checked="" type="checkbox"/> | Conduct monitoring of bulk fuel vendors. |
| <input checked="" type="checkbox"/> | Bulk fuel vendors are required to submit reports to the grant recipient. |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> | Other - Describe: |
| 17.10. Investigations and Prosecutions | |
| Describe the Grant recipient's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. | |
| <input type="checkbox"/> | Refer to state Inspector General. |
| <input checked="" type="checkbox"/> | Refer to local prosecutor or state Attorney General. |
| <input type="checkbox"/> | Refer to U.S. DHHS Inspector General (including referral to OIG hotline). |
| <input checked="" type="checkbox"/> | Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public. |
| <input checked="" type="checkbox"/> | <p>Grant recipient attempts collection of improper payments. If so, describe the recoupment process. MaineHousing will investigate all reported Errors and Program Abuse. If there is documented information to indicate Errors and Program Abuse, MaineHousing will notify the Applicant and provide them an opportunity to respond. Based on the response, MaineHousing will determine what, if any, appropriate action should be taken.</p> <p>Once Errors and Program Abuse is confirmed or if an Applicant fails to respond to inquiries regarding suspected Errors and Program Abuse, an overpayment will be calculated and communicated to the Applicant. In addition to the overpayment, the communication will include: 1) the facts surrounding the decision, 2) the reason for the decision, and 3) the manner by which the Applicant can request an appeal. MaineHousing may investigate the previous three (3) Program Years from the Date of Discovery. The overpayment may include any or all of those three (3) years.</p> <p>An Applicant may request a Fair Hearing to dispute an Overpayment. The Applicant must submit to MaineHousing a written request for a fair hearing no later than thirty (30) calendar days from the postmark date of the first notification from MaineHousing of suspected Errors and Program Abuse.</p> <p>MaineHousing will pursue recoupment of Overpayments by any and all of the following: Applicant may pay MaineHousing the full amount of an Overpayment.</p> <ul style="list-style-type: none"> • Applicant may enter into a payment arrangement. Minimum monthly payment allowed will |

| | |
|---|---|
| | <p>be set at \$5.00 a month.</p> <ul style="list-style-type: none"> • <p>Despite the existence of a repayment agreement, MaineHousing will recoup 50% of any current Benefits and 50% future Benefits to offset against an overpayment balance until the overpayment has been paid in full.</p> <ul style="list-style-type: none"> • <p>MaineHousing will recoup Benefits on account with the Applicant's Vendor to offset against an overpayment balance.</p> <ul style="list-style-type: none"> • <p>When Applicant fails to repay overpayment, the case may be referred to other internal and external groups for additional action.</p> <p>MaineHousing may close an overpayment for any of the following reasons:</p> <p>Overpayment has been paid in full;</p> <ul style="list-style-type: none"> • <p>The overpayment is determined to be invalid based on a fair hearing decision or a court decision; or</p> <ul style="list-style-type: none"> • <p>All adult persons(s) responsible for overpayment are deceased.</p> |
| <input checked="" type="checkbox"/> | Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? Until a repayment agreement has been established and is current. |
| <input type="checkbox"/> | Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated. |
| <input checked="" type="checkbox"/> | Vendors found to have committed fraud may no longer participate in LIHEAP. |
| <input type="checkbox"/> | Other - Describe: |
| <p>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.</p> | |
| | |

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

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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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

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

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.**
- 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 a 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 | |
| <input type="checkbox"/> | By checking this box, the prospective primary participant is providing the certification set out above. |

Section 19: Certification Regarding Drug-Free Workplace Requirements

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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 19 – Certification Regarding Drug-Free Workplace Requirements

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 STATEWIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point 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 grant recipient 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 grant recipient 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 grant recipients other than individuals, Alternate I applies.
4. For grant recipients who are individuals, Alternate II applies.
5. Workplaces under grants, for grant recipients other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grant recipient does not identify the workplaces at the time of application, or upon award, if there is no application, the grant recipient 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 grant recipient'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 grant recipient shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grant recipients' 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 grant recipient 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 grant recipient's payroll. This definition does not include workers not on the payroll of the grant recipient (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grant recipient's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements Alternate I. (Grant

recipients Other Than Individuals)

The grant recipient 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 grant recipient'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 grant recipient's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs;and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The grant recipient 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)

* Address Line 1, do not enter P.O. Box

Address Line 2

Address Line 3

| | | |
|--|---|-----------|
| *City | *State | *Zip Code |
| | | |
| <p>Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients Who Are Individuals)</p> <p>(a) The grant recipient 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;</p> <p>(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.</p> <p>[55 FR 21690, 21702, May 25, 1990]</p> | | |
| <input type="checkbox"/> | <p>By checking this box, the prospective primary participant is providing the certification set out above.</p> | |

Section 20: Certification Regarding Lobbying

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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 20 – Certification Regarding Lobbying

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.

Section 21: Assurances

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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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

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; 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 grant recipients 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 disbursement 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.

| | |
|--------------------------|---|
| <input type="checkbox"/> | By checking this box, the prospective primary participant is providing the certification set out above. |
|--------------------------|---|

Plan Attachments

**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: 02/28/2027**

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN 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).

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for Tribes