# **DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance

Grantee Name: Hawaii

**Report Name:** DETAILED MODEL PLAN (LIHEAP) Revision # 3

**Report Period:** 10/01/2019 to 09/30/2020 **Report Status:** Submitted (Revision #3)

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- 20. Section 19: Certification Regarding Drug-Free Workplace Requirements
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# **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: 09/30/2020

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

|  |                                    |                             |              | SF  | - 424 - IVI                               | ANDATO                         | JRY   |               |                                  |  |
|--|------------------------------------|-----------------------------|--------------|---|---|--------------------------------|---|---------------|----------------------------------|--|
|  |                                    | * 1.b. Frequency:  • Annual |              | * 1.c. Consolidated Application/<br>Plan/Funding Request?<br>Explanation: |   |                                | * 1.d. Version:  Initial Resubmission Revision Update |               |                                  |  |
|  |                                    |                             |              |   |   | 2. Date Rece                   | eived:  |               | State Use Only:                  |  |
|  |                                    |                             |              |   |   | 3. Applicant                   | Identifie   | r:            |                                  |  |
|  |                                    |                             |              |   |   | 4a. Federal                    |   |               | 5. Date Received By State:       |  |
|  |                                    |                             |              |   |   | 4b. Federal                    | Award Id  | lentifier:    | 6. State Application Identifier: |  |
| 7. APPLICAN                                | T INFO                             | ORMATION                    |              |   |   | *                              |   |               |                                  |  |
| * a. Legal Nar                             | ne: Sate                           | e of Hawaii                 |              |   |   |                                |   |               |                                  |  |
| * <b>b. Employer</b><br>9960001081-A       |                                    | yer Identificati            | on Number    | (EIN/TIN  | ): I-                                     | * c. Organiz                   | ational D   | UNS: 82467    | 71176                            |  |
| * d. Address:                              | .,,                                |                             |              |   |   |                                |   |               |                                  |  |
| * Street 1:                                |                                    | P.O. BOX 33                 | 9            |   |   | Street 2:                      |   |               |                                  |  |
| * City:                                    |                                    | HONOLULU                    | ſ            |   |   | County:                        |   |               |                                  |  |
| * State:                                   |                                    | HI                          |              |   |   | Province                       |   |               |                                  |  |
| * Country:                                 |                                    | United States               |              |   |   | * Zip / Po<br>Code:            | ostal   | 95809 - 0339  |                                  |  |
| e. Organizatio                             |                                    | t:                          |              |   |   |                                |   |               |                                  |  |
| Department N<br>Human Servi                |                                    |                             |              |   |   | Division Nat<br>Benefit Em     |   | and Support S | ervices                          |  |
| f. Name and c                              | ontact ir                          | nformation of p             | person to be | contacted   | on matters in                             | volving this a                 | pplication  | n:            |                                  |  |
| Prefix:<br>Ms                              | * First<br>Elisa                   | Name:                       |              |   | Middle Name                               | * Last Name:<br>Furtado-Fisher |   |               |                                  |  |
| Suffix:                                    | Title:<br>Progra                   | am Specialist               |              |   | Organization                              | onal Affiliation:              |   |               |                                  |  |
| * Telephone<br>Number:<br>(808)<br>5865734 | * Telephone Number: (808) 586-5744 |                             |              | * Email:<br>EFurtado-Fis  | Email:<br>EFurtado-Fischer@dhs.hawaii.gov |                                |   |               |                                  |  |
| * 8a. TYPE O<br>A: State Gover             |                                    | JCANT:                      |              |   |   |                                |   |               |                                  |  |
| b. Addition                                | al Descr                           | iption:                     |              |   |   |                                |   |               |                                  |  |
| * 9. Name of I                             | Federal .                          | Agency:                     |              |   |   |                                |   |               |                                  |  |
|  |                                    |                             |              |   | g of Federal Don<br>sistance Number       |                                |   |               | CFDA Title:                      |  |
| 10. CFDA Num                               | bers and                           | Titles                      | 9356         | 58  |   |                                | Low-Inc   | ome Home En   | ergy Assistance                  |  |
| 11. Descriptiv<br>LIHEAP                   | e Title o                          | f Applicant's l             | Project      |   |   |                                |   |               |                                  |  |
| 12. Areas Affe<br>State of Hawa            | -                                  | Funding:                    |              |   |   |                                |   |               |                                  |  |

| 13. CONGRESSIONA   | L DISTRICTS OF:  |  |  |  |
|--|--|--|--|--|
| * a. Applicant   |  | b. Program/Project:<br>Statewide   |  |  |
| Attach an additional li  | st of Program/Project Congressional Dis  | ricts if needed.   |  |  |
| 14. FUNDING PERIO  | D:   | 15. ESTIMATED FUNDING:   |  |  |
| a. Start Date:<br>10/01/2019   | <b>b. End Date:</b> 09/30/2020   | * a. Federal (\$): b. Match<br>\$0   |  |  |
| * 16. IS SUBMISSION  | SUBJECT TO REVIEW BY STATE U   | DER EXECUTIVE ORDER 12372 PROCESS?   |  |  |
| a. This submission   | was made available to the State under the  | Executive Order 12372  |  |  |
| Process for Rev  | iew on :   |  |  |  |
| b. Program is subje  | ct to E.O. 12372 but has not been selected   | by State for review.   |  |  |
| c. Program is not co   | overed by E.O. 12372.  |  |  |  |
| complete and accurate  | to the best of my knowledge. I also provi<br>aware that any false, fictitious, or fraudu | tained in the list of certifications** and (2) that the statements herein are tru<br>le the required assurances** and agree to comply with any resulting terms if<br>ent statements or claims may subject me to criminal, civil, or administrative |  |  |
| 3  | ions and assurances, or an internet site w   | nere you may obtain this list, is contained in the announcement or agency  |  |  |
| specific instructions.   |  |  |  |  |
| 18a. Typed or Printed<br>Elisa Furtado-Fisher  | Name and Title of Authorized Certifying  | Official 18c. Telephone (area code, number and extension)  |  |  |
| Elisa Furtado-Fisher   |  | 18d. Email Address<br>EFurtado-Fischer@dhs.hawaii.gov  |  |  |
| 18b. Signature of Authorized Certifying Official  18e. Date Report Submitted (Month, Day, Year) 08/19/2020 |  |  |  |  |
| Attach suppor  | ting documents as specifi  | ed in agency instructions.   |  |  |

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

Expiration Date: 09/30/2020

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

Department of Health and Human Services Administration for Children and Families Office of Community Services Washington, DC 20201

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

OMB Approval No. 0970-0075 Expiration Date: 09/30/2020

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

# **Section 1 Program Components**

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

| (No | Check which components you will operate under the LIHEAP program. te: You must provide information for each component designated here as requested elsewhere in plan.) | Dates of Operation |            |  |
|-----|--|--------------------|------------|--|
|     |  | Start Date         | End Date   |  |
| >   | Heating assistance   | 03/02/2020         | 09/30/2020 |  |
| >   | Cooling assistance   | 03/02/2020         | 09/30/2020 |  |
| >   | Crisis assistance  | 10/01/2019         | 09/30/2020 |  |
| >   | Weatherization assistance  | 10/01/2019         | 09/30/2020 |  |

# Provide further explanation for the dates of operation, if necessary

LIHEAP Program Timeline

Late September – Distribute policy and forms to CAP agencies for new FFY.

October 1, 2019 - New LIHEAP year begins with year-round Weatherization and Crisis assistance.

 $February\ to\ March\ 2020-Finalize\ training\ materials\ (presentations, handouts).\ CAP\ agency\ preparation\ begins\ including\ hiring\ seasonal\ staff.$ 

April 2020 – Training for year-round staff of CAP agencies that elect to do early outreach in May. CAP agencies schedule outreach sites and appointments.

May 2020 - Year-round staff conduct early outreach for Heating and Cooling Assistance. Training done for seasonal staff.

Applications for Heating and Cooling are done in the same period because the application period for these programs is only done in May

|  | and June. Benefit determination<br>graphical climates, some resid  |                       |   |   |  | lovemb                      | er or December.                      | . Als            | o, because of differing                      |
|--|--|-----------------------|---|---|--|-----------------------------|--------------------------------------|------------------|--|
| Estimated Funding Allo   | ocation, 2604(C), 2605(k)(1),  | , 2605                | (b)(9), 2605(b)(16)   | ) - Assurance                                     | s 9 and 16                                 |                             |                                      |                  |  |
| 1.2 Estimate what amount must add up to 100%.  | of available LIHEAP funds wi   | ll be u               | sed for each compo  | nent that you v                                   | vill operate                               | : The to                    | tal of all percent                   | ages             | Percentage ( % )                             |
| Heating assistance   |  |                       |   |   |  |                             |                                      |                  | 50.00%                                       |
| Cooling assistance   |  |                       |   |   |  |                             |                                      |                  | 5.00%  |
| Crisis assistance  |  |                       |   |   |  |                             |                                      |                  | 15.00%                                       |
| Weatherization assistar  | nce  |                       |   |   |  |                             |                                      |                  | 10.00%                                       |
| Carryover to the follow  | ing federal fiscal year  |                       |   |   |  |                             |                                      |                  | 10.00%                                       |
| Administrative and pla   | nning costs  |                       |   |   |  |                             |                                      |                  | 10.00%                                       |
| Services to reduce hom   | e energy needs including needs   | assess                | ment (Assurance 16  | 6)  |  |                             |                                      |                  | 0.00%  |
| Used to develop and im   | plement leveraging activities  |                       |   |   |  |                             |                                      |                  | 0.00%  |
| TOTAL  |  |                       |   |   |  |                             |                                      |                  | 100.00%                                      |
| 1.3 The funds reserved   | Assistance Funds, 2605(c)(1  |                       | ave not been expe   |   | ch 15 will                                 | be rep                      |                                      |                  |  |
| >  | Heating assistance   |                       |   | ~   |  |                             | Cooling assista                      | ince             |  |
| <b>&gt;</b>  | Weatherization assistanc   | e                     |   |   |  |                             | Other (specify:                      | :)               |  |
|  | 2605(b)(2)(A) - Assurance 2  |                       |   |   |  | follow                      | ing categories (                     | of he            | nefits in the left                           |
| column below?  Yes   |  | 10 11 01              | ne nousenoid men  | ibei receives                                     | one or the                                 | 10110 11                    | mg categories (                      | J1 DC            | ments in the left                            |
| If you answered "Yes"  | to question 1.4, you must co   | mplet                 | e the table below   | and answer o                                      | uestions 1                                 | .5 and                      | 1.6.                                 |                  |  |
|  |  | Ť                     | Heating   | Cool  | ing  |                             | Crisis                               |                  | Weatherization                               |
| TANF   |  | 0                     | Yes O No  | ⊙ Yes C   | No   | $\odot_{Y}$                 | es CNo                               | О                | Yes ONo                                      |
| SSI  |  | 0                     | Yes O No  | ⊙ Yes C   | No   | ⊙ y.                        | es C No                              | О                | Yes O No                                     |
| SNAP   |  | 0                     | Yes O No  | ⊙ <sub>Yes</sub> C                                | No   | Θv                          | es CNo                               | О                | Yes O No                                     |
| Means-tested Veterans Pro  | ograms   |                       | Yes O No  | C Yes G   |  |                             | es 🖸 No                              | _                | Yes O No                                     |
|  | Program Name   |                       | Heating   | <u></u>   | Cooling                                    |                             | Crisis                               | _                | Weatherization                               |
| Other(Specify) 1   |  |                       | C Yes C No  |   | s C No                                     | (                           | Yes O No                             |                  | CYes ONo                                     |
|  | ly enroll households without   | t a dir               | .!!   |   | _  |                             |                                      |                  |  |
| If Yes, explain:   | y car ou nousenorus (minous  |                       | есс шиши пррисс   |   |  |                             |                                      |                  |  |
| when determining eligil<br>Eligibility determination<br>the same for all househol<br>difference is made in pay | there is no difference in the<br>bility and benefit amounts?<br>and benefit amounts are deter<br>ids. There is no differentiation<br>rment amounts. In crisis assist<br>same maximum payment for i | rmined<br>in potance, | d based on a point s<br>int assignments am<br>payment is issued | system which<br>nong income e<br>according to the | is used for<br>ligible hou<br>he alleviati | all hou<br>sehold<br>on amo | seholds. Basic e<br>s and categorica | eligib<br>lly el | ility requirements are igible households. No |
| 1.7a Do you allocate LI  | HEAP funds toward a nomi   | nal pa                | nyment for SNAP   | households?                                       | O Yes 6                                    | No                          |                                      |                  |  |
|  | to question 1.7a, you must p   |                       |   |   |  |                             |                                      |                  |  |
| 1.7b Amount of Nomina  |  |                       |   |   |  |                             |                                      |                  |  |
| 1.7c Frequency of Assis  | tance  |                       |   |   |  |                             |                                      |                  |  |
| Once Per Year  |  |                       |   |   |  |                             |                                      |                  |  |
| Once every five y  | ears   |                       |   |   |  |                             |                                      |                  |  |
|  |  |                       |   |   |  |                             |                                      |                  |  |

| 1.7d        | How do you confirm that the household receiving a nominal payment has an energy cost or need?                     |
|-------------|---|
| Dete        | rmination of Eligibility - Countable Income   |
| 1.8. I      | n determining a household's income eligibility for LIHEAP, do you use gross income or net income ?                |
| >           | Gross Income  |
|             | Net Income  |
| 1.9. 8      | Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP |
| <b>~</b>    | Wages   |
| >           | Self - Employment Income  |
| <b>&gt;</b> | Contract Income   |
| *           | Payments from mortgage or Sales Contracts   |
| <b>*</b>    | Unemployment insurance  |
| <b>*</b>    | Strike Pay  |
| <b>~</b>    | Social Security Administration (SSA ) benefits  |
|             | Including MediCare deduction   Excluding MediCare deduction   Excluding MediCare deduction                        |
| ✓           | Supplemental Security Income (SSI )   |
| <b>*</b>    | Retirement / pension benefits   |
| <b>~</b>    | General Assistance benefits   |
| <b>~</b>    | Temporary Assistance for Needy Families (TANF) benefits   |
|             | Supplemental Nutrition Assistance Program (SNAP) benefits   |
|             | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits  |
|             | Loans that need to be repaid  |
| <b>V</b>    | Cash gifts  |
|             | Savings account balance   |
| <b>V</b>    | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.               |
| <b>~</b>    | Jury duty compensation  |
| <b>*</b>    | Rental income   |
| <b>*</b>    | Income from employment through Workforce Investment Act (WIA)   |
|             | Income from work study programs   |

| >           | Alimony  |
|-------------|--|
| *           | Child support  |
| *           | Interest, dividends, or royalties  |
| <b>*</b>    | Commissions  |
| <b>&gt;</b> | Legal settlements  |
| <b>*</b>    | Insurance payments made directly to the insured  |
|             | Insurance payments made specifically for the repayment of a bill, debt, or estimate  |
| <b>*</b>    | Veterans Administration (VA) benefits  |
| <b>&gt;</b> | Earned income of a child under the age of 18   |
|             | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.   |
|             | Income tax refunds   |
| <b>*</b>    | Stipends from senior companion programs, such as VISTA   |
| *           | Funds received by household for the care of a foster child   |
| *           | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid   |
|             | Reimbursements (for mileage, gas, lodging, meals, etc.)  |
| *           | Other  |
| F.          | Adoption Assistance  |
| ┝━┦         |  |
|             | ny of the above questions require further explanation or clarification that could not be made in fields provided, attach a document with said explanation here |

# **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: 09/30/2020

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

| Section 2 - Heating Assistance   |  |                             |                       |                       |  |  |  |  |
|--|--|-----------------------------|-----------------------|-----------------------|--|--|--|--|
| Eligibility, 2605  | 5(b)(2) - Assurance 2                        |                             |                       |                       |  |  |  |  |
| 2.1 Designate th   | ne income eligibility threshold used for th  | e heating c                 | omponent:             |                       |  |  |  |  |
| Add  | Household size                               |                             | Eligibility Guideline | Eligibility Threshold |  |  |  |  |
| 1  | All Household Sizes                          | HHS Poverty Guidelines 150. |                       |                       |  |  |  |  |
| 2.2 Do you have additional eligibility requirements for HEATING ASSITANCE? |  | <b>⊙</b> Yes                | C No                  |                       |  |  |  |  |
| 2.3 Check the a  | ppropriate boxes below and describe the      | policies for                | · each.               |                       |  |  |  |  |
| Do you require   | an Assets test ?                             | C Yes                       | ⊙ No                  |                       |  |  |  |  |
| Do you have ad   | ditional/differing eligibility policies for: | •                           |                       |                       |  |  |  |  |
| Renters?   |  | CYes                        | ⊙ No                  |                       |  |  |  |  |
| Renters I  | iving in subsidized housing?                 | Oyes                        | ⊙ No                  |                       |  |  |  |  |
| Renters v  | vith utilities included in the rent ?        | C Yes                       | ⊙ No                  |                       |  |  |  |  |
| Do you give pri  | ority in eligibility to:                     | •                           |                       |                       |  |  |  |  |
| Elderly?   |  | CYes                        | ⊙ No                  |                       |  |  |  |  |
| Disabled?  |  | C Yes                       | ⊙ No                  |                       |  |  |  |  |
| Young children?  |  | C Yes                       | <b>⊙</b> No           |                       |  |  |  |  |
| Househol   | ds with high energy burdens ?                | C Yes                       | <b>⊙</b> No           |                       |  |  |  |  |
| Other? Other requirements listed below                                     |  |                             | C <sub>No</sub>       |                       |  |  |  |  |

Explanations of policies for each "yes" checked above:

Additional eligibility requirements for Heating Assistance:

- 1. A household must submit an application.
- 2. A household must be interviewed.
- 3. A household must provide a current utility expense from a P.U.C. regulated company and proof of residence. Applications must be submitted by the person whose name appears on the utility bill or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for applying the cost of energy for the household. Service address and residential address shall be the same. Service for the account must be identified on the utility bill as a residential rate as designated by the respective utility company.
- 4. When a payment for energy undesignated in the form of rent, the household shall submit a current utility bill and a bona fide rental or lease agreement or Hawaii Housing Authority statement for the address listed on the utility bill.
- 5. Identification for all adults in the household is required. If the utility bill is not in the applicant's name, identification of the individual on the utility bill be required; unless the provider is the Hawaii Housing Authority or any other known private vendor. i.e. Hale Mahaolu
- 6. All household members must be a U.S. Citizen or a Qualified Alien (Alien Lawfully Admitted for Permanent Residence, Asylee, Refugee, Alien Paroled into the U.S for at least One Year, Alien Whose Deportation or Removal Was Withheld, Alien Granted Conditional Entry, or Cuban/Haitian Entrant).
- · Applicants, self-declaration of U. S. citizenship is acceptable, unless such declaration is questionable, then verification shall be requested.
- Applicants or household members who do not meet the citizenship requirements will disqualify the individual from the program, but the income
  of the individual will continue to count against the household size less the disqualified individual.
  - 7. Applicant and household members older than one year must provide and verify their social security numbers.

- 8. All adult household members must sign the application.
- 9. Households must declare and provide verification of annual income in a reasonable amount greater than their expenditures for the same period. The contracted provider shall assist the household to develop the verification.
- 10. Households must keep their utility account active at the utility company for which they are requesting assistance until the day the utility company posts the credit to their account. If for any reason the utility company cannot locate or identify an active account for the household in its computer files, assistance shall not be issued, and the household shall be ineligible for assistance.
  - 11. All applications must be submitted by the last work day of the application period.
  - 12. Households shall not be entitled to receive more than one LIHEAP payment (crisis or credit) per federal fiscal year.
- 13. Applicant and other adult household member(s) may be sanctioned for mis-representing their household circumstances that resulted in the household's ineligibility for one benefit year. Household circumstances include but are not limited to household composition/size and income.
  - 14. The applicant must have a charge for kilowatt usage on a net metering bill to be eligible for a LIHEAP credit.
  - 15. Households shall not have an existing utility credit which exceeds their annual usage at the time of application.

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

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

Households in elderly and disabled buildings have an early application period. The CAP agencies do outreach one month prior to the regular application period by going to each public/subsidized housing buildings. The CAP agencies provide assistance in the application process for the vulnerable and take applications onsite.

| 2.5 Check the variables you use to determine your benefit levels. (Check all that apply): |  |
|---|--|
| <b>✓</b> Income   |  |
| Family (household) size   |  |
| Home energy cost or need:   |  |
| ☐ Fuel type   |  |
| ☑ Climate/region  |  |
| ☐ Individual bill   |  |
| <b>✓</b> Dwelling type  |  |
| Energy burden (% of income spent on home energy)  |  |
| Energy need   |  |
| Other - Describe:   |  |
|   |  |

Benefit level for households in public/subsidized housing will be based on their household size as follows:

Household size 1-2 \$350

Household size 3-5 \$400

Household size 6 + \$450

\* Benefits are subject to change in the event federal appropriations are increased or decreased.

Benefit level for households with a photovoltaic system (PV) whose net metering bill reflects kilowatt usage in excess of generation will be based on their household size as follows:

Household size 1-2 \$350

Household size 3-5 \$400

Household size 6 + \$450

\* Benefits are subject to change in the event federal appropriations are increased or decreased.

The level of benefit for eligible households who pay "zero" rent, such as a resident manager who receives free rent in exhange for work completed on the property, will be based on their household size as follows:

Household size 1-2 \$350

Household size 3-5 \$400

Household size 6 + \$450

\* Benefits are subject to change in the event federal appropriations are increased or decreased.

Benefit levels for households not in public/subsidized housing, PV and "zero" rent, are varied according to points assigned to a household based on three income levels; three levels of household size; two levels or regions; energy burden; and vulnerability of household members.

Income Limits:

1 point for income up to 150% of the FPL;

2 points for income up to 100% of the FPL;

3 points for income up to 50% of the FPL

Household size:

1 point: 1-2 persons

2 points: 3-5 persons

3 points: 6 + persons

Regions:

1 point for Oahu

2 points for Kauai, Maui (Molokai and Lanai) and Hawaii Island

Energy Burden: 1 point for Households whose energy cost is 30% of their income.

Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)

# 2.6 Describe estimated benefit levels for FY 2020:

| Minimum Benefit | \$350 | Maximum Benefit | \$1,410 |
|-----------------|-------|-----------------|---------|
|-----------------|-------|-----------------|---------|

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? lacktriangle Yes lacktriangle No

If yes, describe.

# **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: 09/30/2020

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

| Section 3 - Cooling Assistance   |  |              |                        |                       |  |  |  |  |
|--|--|--------------|------------------------|-----------------------|--|--|--|--|
| Eligibility, 2605(   | (c)(1)(A), 2605 (b)(2) - Assurance 2         |              |                        |                       |  |  |  |  |
| 3.1 Designate Th   | ne income eligibility threshold used for th  | ne Cooling   | component:             |                       |  |  |  |  |
| Add  | Household size                               |              | Eligibility Guideline  | Eligibility Threshold |  |  |  |  |
| 1  | All Household Sizes                          |              | HHS Poverty Guidelines | 150.00%               |  |  |  |  |
| 3.2 Do you have additional eligibility requirements for COOLING ASSITANCE? |  | CYes         | € No                   |                       |  |  |  |  |
| 3.3 Check the ap   | propriate boxes below and describe the       | policies for | · each.                |                       |  |  |  |  |
| Do you require a   | an Assets test ?                             | C Yes ⊙ No   |                        |                       |  |  |  |  |
| Do you have add  | litional/differing eligibility policies for: | *            |                        |                       |  |  |  |  |
| Renters?   |  | Oyes         | ⊙ No                   |                       |  |  |  |  |
| Renters Li   | iving in subsidized housing ?                | Oyes         | ⊙ No                   |                       |  |  |  |  |
| Renters w  | ith utilities included in the rent ?         | C Yes ⊙ No   |                        |                       |  |  |  |  |
| Do you give prio   | ority in eligibility to:                     |              |                        |                       |  |  |  |  |
| Elderly?   |  | C Yes        | ⊙ No                   |                       |  |  |  |  |
| Disabled?  |  | C Yes        | ⊙ No                   |                       |  |  |  |  |
| Young chi  | ldren?                                       | C Yes        | ⊙ No                   |                       |  |  |  |  |
| Household  | ls with high energy burdens ?                | C Yes        | ⊙ No                   |                       |  |  |  |  |
| Other? of  | her requirements listed below                | ⊙ Yes        | C <sub>No</sub>        |                       |  |  |  |  |
| Explanations of  | policies for each "yes" checked above:       |              |                        |                       |  |  |  |  |

Additional eligibility requirements for Cooling Assistance:

- 1. A household must submit an application.
- 2. A household must be interviewed.
- 3. A household must provide a current utility expense from a P.U.C. regulated company and proof of residence. Applications must be submitted by the person whose name appears on the utility bill or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for applying the cost of energy for the household. Service address and residential address shall be the same. Service for the account must be identified on the utility bill as a residential rate as designated by the respective utility company.
- 4. When a payment for energy undesignated in the form of rent, the household shall submit a current utility bill and a bona fide rental or lease agreement or Hawaii Housing Authority statement for the address listed on the utility bill.
- 5. Identification for all adults in the household is required. If the utility bill is not in the applicant's name, identification of the individual on the utility bill be required; unless the provider is the Hawaii Housing Authority or any other known private vendor. i.e. Hale Mahaolu
- 6. All household members must be a U.S. Citizen or a Qualified Alien (Alien Lawfully Admitted for Permanent Residence, Asylee, Refugee, Alien Paroled into the U.S for at least One Year, Alien Whose Deportation or Removal Was Withheld, Alien Granted Conditional Entry, or Cuban/Haitian Entrant).
- · Applicants, self-declaration of U. S. citizenship is acceptable, unless such declaration is questionable, then verification shall be requested.
- Applicants or household members who do not meet the citizenship requirements will disqualify the individual from the program, but the income
  of the individual will continue to count against the household size less the disqualified individual.
  - 7. Applicant and household members older than one year must provide and verify their social security numbers.

- 8. All adult household members must sign the application.
- 9. Households must declare and provide verification of annual income in a reasonable amount greater than their expenditures for the same period. The contracted provider shall assist the household to develop the verification.
- 10. Households must keep their utility account active at the utility company for which they are requesting assistance until the day the utility company posts the credit to their account. If for any reason the utility company cannot locate or identify an active account for the household in its computer files, assistance shall not be issued, and the household shall be ineligible for assistance.
  - 11. All applications must be submitted by the last work day of the application period.
  - 12. Households shall not be entitled to receive more than one LIHEAP payment (crisis or credit) per federal fiscal year.
- 13. Applicant and other adult household member(s) may be sanctioned for mis-representing their household circumstances that resulted in the household's ineligibility for one benefit year. Household circumstances include but are not limited to household composition/size and income.
  - 14. The applicant must have a charge for kilowatt usage on a net metering bill to be eligible for a LIHEAP credit.
  - 15. Households shall not have an existing utility credit which exceeds their annual usage at the time of application.

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

Housholds residing in elderly/disabled residences have an early application period. As part of ourtreach services the CAP agencies go to the residents to take their applications and provide personalized assistance.

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

| 3.5 | Спеск тпе | variables | you use to | determine | your | benefit fevers. | (Спеск ап | tnat apply): |
|-----|-----------|-----------|------------|-----------|------|-----------------|-----------|--------------|
|     |           |           |            |           |      |                 |           |              |

| 4        | Income   |
|----------|--|
| >        | Family (household) size                          |
| <b>V</b> | Home energy cost or need:                        |
|          | Fuel type  |
|          | ✓ Climate/region                                 |
|          | Individual bill                                  |
|          | <b>✓</b> Dwelling type                           |
|          | Energy burden (% of income spent on home energy) |
|          | Energy need                                      |
|          | <b>V</b> Other - Describe:                       |

Benefit level for public/subsidized housing is based on household size as follows:

- 1. Household size 1-2 \$350
- 2. Household size 3-5 \$400
- 3. Household size 6 + \$450

Benefit level for household's with a photovoltaic system (PV) whose net metering bill reflects kilowatt usage in excess of generation will be based on their household size as follows:

- 1. Household size 1-2 \$350
- 2. Household size 3-5 \$400
- 3. Household size 6 + \$450

The level of benefits for eligile households who pay "zero"rent, such as a residnet manager who pasys "zero" rent in exchange for work done on property, will be based on their household size as follows:

- 1. Household size 1-2 \$350
- 2. Household size 3-5 \$400
- 3. Household size 6 + \$450

An eligible high burdended household not in public/subsidized housing or PV, have varied benefits according to points assigned to a household based on three income levels; three levels of household size; two levels or regions; energy burden; and vulnerablility of household members.

Income Limits:

<sup>\*</sup>Benefit amount is subject to change in the event of federal appropriation increase or decrease.

<sup>\*</sup>Benefit amount is subject to change in the event of federal appropriation increase or decrease.

<sup>\*</sup>Benefit amount is subject to change in the event of federal appropriation increase or decrease.

- 1 point for income up to 150% of the FPL
- · 2 points for income up to 100% of the FPL
- 3 points for income up to 50% of the FPL

An eligible high burdended household not in public/subsidized housing or PV, have varied benefits according to points assigned to a household based on three income levels; three levels of household size; two levels or regions; energy burden; and vulnerablility of household members.

Income Limits:

- 1 point for income up to 150% of the FPL
- 2 points for income up to 100% of the FPL
- 3 points for income up to 50% of the FPL

# Household size:

- 1 point: 1-2 persons
- 2 points: 3-5 persons
- 3 points: 6 + persons

# Regions:

- 1 point Oahu
- 2 points Hawaii Island, Maui, Molokai, Lanai, Kauai

# Energy Burden:

• 1 point for Households whoses energy cost is 30% of their income.

Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)

3.6 Describe estimated benefit levels for FY 2020:

Minimum Benefit \$350 Maximum Benefit \$1,410

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? Yes No

If yes, describe.

# **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

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

| Section 4: CRISIS ASSISTANCE           |  |   |                                   |
|--|--|---|-----------------------------------|
| Eligibility - 2604                     | (c), 2605(c)(1)(A)   |   |                                   |
| 4.1 Designate the                      | e income eligibility threshold used for the crisis compo   | nent  |                                   |
| Add                                    | Household size   | Eligibility Guideline                           | Eligibility Threshold             |
| 1                                      | All Household Sizes H  | HS Poverty Guidelines                           | 150.00%                           |
| 4.2 Provide your                       | LIHEAP program's definition for determining a crisis   | S.  |                                   |
|  | ility power at the household's current residence has been to<br>f nonpayment of bill.                                    | erminated or will be terminated within seven of | days from the date of application |
| 4.3 What constitu                      | utes a <u>life-threatening crisis?</u>   |   |                                   |
|  | ility power at the household's current residence will be ter<br>in a medical crisis leading to the endangerment of life. | minated within seven days of the date of apple  | ciation and termination of power  |
| Crisis Requireme                       | ent, 2604(c)   |   |                                   |
| 4.4 Within how n                       | many hours do you provide an intervention that will re   | solve the energy crisis for eligible househol   | ds? 48Hours                       |
| 4.5 Within how n situations? 18Ho      | many hours do you provide an intervention that will re<br>ours   | solve the energy crisis for eligible househol   | ds in life-threatening            |
| Crisis Eligibility,                    | , 2605(c)(1)(A)  |   |                                   |
| 4.6 Do you have a<br>ASSISTANCE?       | 4.6 Do you have additional eligibility requirements for CRISIS  ASSISTANCE?  O Yes O No                                  |   |                                   |
| 4.7 Check the ap                       | propriate boxes below and describe the policies for each   | ch  |                                   |
| Oo you require an Assets test?         |  |   |                                   |
| Do you give prior                      | rity in eligibility to :   |   |                                   |
| Elderly?                               |  | ○ Yes  No                                       |                                   |
| Disabled?                              |  | C Yes ⊙ No                                      |                                   |
| Young Chi                              | ildren?  | C Yes No  |                                   |
| Households                             | s with high energy burdens?  | C Yes O No                                      |                                   |
| Other?                                 |  | C Yes O No                                      |                                   |
| In Order to receive crisis assistance: |  |   |                                   |
| Must the he empty tank?                | ousehold have received a shut-off notice or have a near  | Yes O No  |                                   |
| Must the h                             | ousehold have been shut off or have an empty tank?   | € Yes € No                                      |                                   |
| Must the h                             | ousehold have exhausted their regular heating benefit  | ? C Yes O No                                    |                                   |
|  | Must renters with heating costs included in their rent have received an eviction notice?                                 |   |                                   |
| Must heati                             | ing/cooling be medically necessary?  | C Yes No  |                                   |
| Must the h                             | ousehold have non-working heating or cooling   | C Ves © No                                      |                                   |

| equipment?   |            |
|--|------------|
| Other?   | C Yes No   |
| Do you have additional / differing eligibility policies for: | ·          |
| Renters?   | C Yes O No |
| Renters living in subsidized housing?                        | C Yes No   |
| Renters with utilities included in the rent?                 | C Yes No   |
| Explanations of policies for each "yes" checked above:       |            |

Additional eligibility requirements for Crisis:

- 1. A household must submit an application.
- 2. A household must be interviewed.
- 3. Households shall provide a current shut-off notice from a P.U.C. regulated company as well as documented verification that as of the date of application the household resides at the service address on the shut-off notice.
- 4. An application must be submitted by the person whose name appears on the utility bill or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for paying the cost of energy for the household. Service address and residential address shall be the same. Service for the account must be identified on the utility bill as a residential rate as designated by the respective utility company.
- 5. When a payment for energy is undesignated in the form of rent, the household shall submit a current utility bill and a bona fide rental or lease agreement or Hawaii Public Housing Authority, hence forth known as HPHA, statement for the address listed on the utility bill.
- 6. Identification for all adults in the household is required. If the utility bill is not in the applicant's name, identification of the individual on the utility bill is required; unless the provider is the Hawaii Public Housing Authority (HPHA) or any other known private vendor. i.e. Hale Mahaolu
- 7. All household members must be a U.S. Citizen or a Qualified Alien (Alien Lawfully Admitted for Permanent Residence, Asylee, Refugee, Alien Paroled into the U.S for at least One Year, Alien Whose Deportation or Removal Was Withheld, Alien Granted Conditional Entry, or Cuban/Haitian Entrant).
- 8. Applicants, self-declaration of U.S. citizenship is acceptable, unless such declaration is questionable, then verification shall be requested.
- 9. Applicants or household members who do not meet the citizenship requirements will disqualify the individual from the program, but the income of the individual will continue to count against the household size less the disqualified individual.
- 10. Applicants and household members older than one year must provide and verify their social security numbers.
- 11. All adults 18 and over must sign the application.
- 12. Households must declare and provide verification of annual income in a reasonable amount greater than their expenditures for the same period. The contacted provider shall assist the household to develop the verification.
- 13. The household must have an approved payment plan with the Utility Company for any outstanding balance in excess of LIHEAP's maximum payment of \$650.
- 14. The Utility Company agrees that utility power would be restored at the current residence address of the household if crisis assistance is approved.
- 15. Applications for Crisis Assistance may be submitted year round.
- 16. Households shall not be entitled to receive more than one LIHEAP payment (crisis or credit) per federal fiscal year.
- 17. The applicant and other adult household member(s) may be sanctioned for mis-representing their household circumstances that resulted in the household's ineligibility for one benefit year per infraction. Household circumstances include but are not limited to household composition/size and income.
- 18. The applicant must have a charge for kilowatt usage on a net metering bill to the eligible for a LIHEAP credit.
- 19. Households shall not have an existing utility credit which exceeds their annual usage at the time of application.

# Determination of Benefits 4.8 How do you handle crisis situations? Separate component Fast Track Other - Describe: Determine crisis situations by the amount needed to resolve the crisis up to a maximum dollar amount. 4.9 If you have a separate component, how do you determine crisis assistance benefits? Amount to resolve the crisis. Other - Describe: Payments are based upon the past due amount and any current outstanding charge, not to exceed the maximum of \$650\*. This payment does not have any exclusions. If the amount of bill exceeds the maximum payment allowable, the applicant must meet with utility company to work out a payment plan. The utility company must sign an agreement before crisis assistance is approved. \*This payment is subject to change according to increases or reductions of federal appropriations. Payments shall be issued to the utility company.

| Crisis Requirements, 2604(c)  |                  |                  |   |  |
|---|------------------|------------------|---|--|
| 4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?  |                  |                  |   |  |
| <b>⊙</b> Yes <b>○</b> No <b>Explain.</b>  |                  |                  |   |  |
| All CAP agencies have offices in various geographic areas to service the households. If needed the CAP agencies will provide service to the household via a home visit or communicate via electronic means. |                  |                  |   |  |
| 4.11 Do you provide individuals who are physically  | y disabled th    | ne means to:     |   |  |
| Submit applications for crisis benefits without le  | eaving their     | homes?           |   |  |
| <b>⊙</b> Yes <b>○</b> No <b>If No, explain.</b>   |                  |                  |   |  |
| Travel to the sites at which applications for crisi   | is assistance    | are accepte      | d?  |  |
| CYes No If No, explain.   |                  |                  |   |  |
| If you answered "No" to both options in question disabled?  | 4.11, please     | explain alter    | rnative means of intake to those who are homebound or physically        |  |
| Applicants can submit an application  | n via email,     | fax, or USP      | S.  |  |
| No travel services provided for the a   | nnlicant to      | come to the      | office, but the local office stafff will go to the applicant if needed. |  |
| ivo traver services provided for the a  | ррпсанс то       | come to the      | office, but the local office staff will go to the applicant if needed.  |  |
| Benefit Levels, 2605(c)(1)(B)   |                  |                  |   |  |
| 4.12 Indicate the maximum benefit for each type o   | f crisis assis   | tance offere     | d.  |  |
| Winter Crisis \$0.00 maximum benefit  |                  |                  |   |  |
| Summer Crisis \$0.00 maximum benefit  |                  |                  |   |  |
| Year-round Crisis \$650.00 maximum benef  | ît               |                  |   |  |
| 4.13 Do you provide in-kind (e.g. blankets, space h   | eaters, fans     | ) and/or oth     | er forms of benefits?   |  |
| C Yes No If yes, Describe   |                  |                  |   |  |
|   |                  |                  |   |  |
| 4.14 Do you provide for equipment repair or repla   | cement usin      | g crisis fund    | ls?   |  |
| C Yes ⊙ No  |                  |                  |   |  |
| If you answered "Yes" to question 4.14, you must  | complete qu      | estion 4.15.     |   |  |
|   |                  |                  |   |  |
| 4.15 Check appropriate boxes below to indicate ty   |                  |                  |   |  |
|   | Winter<br>Crisis | Summer<br>Crisis | Year-round Crisis   |  |
| Heating system repair   |                  |                  |   |  |
| Heating system replacement  |                  |                  |   |  |
| Cooling system repair   |                  |                  |   |  |
| Cooling system replacement  |                  |                  |   |  |
| Wood stove purchase   |                  |                  |   |  |
| Pellet stove purchase   |                  |                  |   |  |
| Solar panel(s)  |                  |                  |   |  |
| Utility poles / gas line hook-ups   |                  |                  |   |  |
| Other (Specify):  |                  |                  |   |  |
| 4.16 Do any of the utility vendors you work with e  | nforce a mo      | ratorium on      | shut offs?  |  |
| C Yes ⊙No   |                  |                  |   |  |
| If you responded "Yes" to question 4.16, you must respond to question 4.17.   |                  |                  |   |  |
| ii you responded 165 to question 1110, you must respond to question 1111.   |                  |                  |   |  |

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

# **Section 5 - WEATHERIZATION ASSISTANCE**

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 SF - 424 - MANDATORY

| Section 5: WEATHERIZATION ASSISTANCE  |   |                          |  |                           |  |
|---|---|--------------------------|--|---------------------------|--|
| Eligibility, 2605(  | (c)(1)(A), 2605(b)(2) - Assu  | rance 2                  |  |                           |  |
| 5.1 Designate the   | e income eligibility thresho  | ld used for the Weather  | ization component                            |                           |  |
| Add   | Househ  | old Size                 | Eligibility Guideline                        | Eligibility Threshold     |  |
| 1   | All Household Sizes   |                          | HHS Poverty Guidelines                       | 200.00%                   |  |
| 5.2 Do you enter<br>No  | into an interagency agree   | ment to have another go  | vernment agency administer a WEATHER         | IZATION component? • Yes  |  |
| 5.3 If yes, name  | the agency. DLIR - Depart   | ment of Labor and Indust | rial Relations, Office of Community Services | Weatherization Program    |  |
| 5.4 Is there a sep  | parate monitoring protocol  | for weatherization? 💽    | Yes O No                                     |                           |  |
| WEATHERIZA  | TION - Types of Rules   |                          |  |                           |  |
| 5.5 Under what  | rules do you administer Ll  | HEAP weatherization?     | (Check only one.)                            |                           |  |
| Entirely u  | nder LIHEAP (not DOE)   | rules                    |  |                           |  |
| Entirely u  | nder DOE WAP (not LIH   | EAP) rules               |  |                           |  |
| Mostly un   | der LIHEAP rules with th  | e following DOE WAP r    | ule(s) where LIHEAP and WAP rules differ     | r (Check all that apply): |  |
| Inco  | me Threshold  |                          |  |                           |  |
|   | Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days |                          |  |                           |  |
| Wea care facilities).   | Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional   |                          |  |                           |  |
| Othe  | er - Describe:  |                          |  |                           |  |
| Mostly un   | Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)   |                          |  |                           |  |
| Income Threshold  |   |                          |  |                           |  |
| ✓ Wea   |   |                          |  |                           |  |
| ✓ Wea   |   |                          |  |                           |  |
| Other - Describe:   |   |                          |  |                           |  |
| Re-weatherization defined as; any home or dwelling unit that was previously weatherized, and there is no funding limit. Re-weatherization shall be allowed. |   |                          |  |                           |  |
| Eligibility, 2605(  | (b)(5) - Assurance 5  |                          |  |                           |  |
| 5.6 Do you require an assets test?  |   |                          |  |                           |  |
| 5.7 Do you have additional/differing eligibility policies for :   |   |                          |  |                           |  |
| Renters   |   | C Yes O No               |  |                           |  |
| Renters liv<br>housing?   | Renters living in subsidized housing?   |                          |  |                           |  |
| 5.8 Do you give priority in eligibility to:   |   |                          |  |                           |  |

| Elderly?  | C Yes O No                           |   |
|---|--------------------------------------|---|
| Disabled? C Yes O No  |                                      |   |
| Young Children?   | ○Yes •No                             |   |
| House holds with high energy burdens?   | C Yes O No                           |   |
| Other?  | ○Yes •No                             |   |
| If you selected "Yes" for any of the optio below.   | ons in questions 5.6, 5.7, or 5.8, y | ou must provide further explanation of these policies in the text field |
| Benefit Levels  |                                      |   |
| 5.9 Do you have a maximum LIHEAP wo   | eatherization benefit/expenditur     | e per household? CYes ONo   |
| 5.10 If yes, what is the maximum? \$0   |                                      |   |
| Types of Assistance, 2605(c)(1), (B) & (D   | ·)                                   |   |
| 5.11 What LIHEAP weatherization meas  | sures do you provide ? (Check a      | ll categories that apply.)  |
| Weatherization needs assessments  | s/audits                             | Energy related roof repair  |
| Caulking and insulation   |                                      | Major appliance Repairs   |
| Storm windows   |                                      | Major appliance replacement   |
| Furnace/heating system modificat  | tions/ repairs                       | Windows/sliding glass doors   |
| Furnace replacement   |                                      | <b>✓</b> Doors  |
| Cooling system modifications/ repairs   |                                      | Water Heater  |
| <b>₩</b> Water conservation measures  |                                      | Cooling system replacement  |
| Compact florescent light bulbs  |                                      | Other - Describe: repair wood burning stoves                            |
| 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. |                                      |   |

with the electric company in a community work group.

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

|                | Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)  |
|----------------|---|
| 6.1 S<br>avail | elect all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance able:   |
| >              | Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.  |
| >              | Publish articles in local newspapers or broadcast media announcements.  |
| <b>y</b>       | Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.  |
|                | Mass mailing(s) to prior-year LIHEAP recipients.  |
| >              | Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.   |
| >              | Execute interagency agreements with other low-income program offices to perform outreach to target groups.  |
| >              | Other (specify):  |
|                | <ol> <li>Send and provide LIHEAP flyers to all who are interested parties, non-profit organizations, elderly and disabled individuals and agencies servicing the vulnerable population.</li> <li>Provide LIHEAP flyers to electric company for distribution to customers.</li> <li>Request that the Utility Companies encourage their customers who are expressing difficulty paying their bills to apply for LIHEAP.</li> <li>Utility companies include LIHEAP reminders about LIHEAP by printing information on a monthly newsletter that is included with monthly bilsl, for two months. If space available on the bill they will print LIHEAP information regarding application period directly on the bill.</li> <li>Gas Company provided with posters to put in their offices for the gas customers.</li> <li>Utility companies will provide LIHEAP applications in their bill collection offices.</li> <li>Utility companies provide literature, freebies and personnel to assist CAPS in their efforts in promoting LIHEAP benefits and performance measures.</li> <li>Local CAPS, as part of their outreach efforts, provide public service announcements via their agency website, radio and newspapers.</li> </ol> |

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.

9. LIHEAP coordinator participates in interagency work groups, provides informational sessions to interested agencies and groups, and works

10. In remote areas, contracted community agencies will go door to door to speak with homebound residents.

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

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

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

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

Grantee coordinates LIHEAP with the SNAP, TANF, SSI and low-income weatherization programs. These programs are encouraged to inform, educate and refer their customers to LIHEAP. Grantee also works with the P.U.C. in coordinating their programs with LIHEAP. Grantee also works with the P.U.C. in coordinating their programs with LIHEAP, including Hawaii Energy and their efforts to curb consumption. Community Action provider agencies refer and coordinate with other existing federal, state, and local low income home energy related programs to share data when not prohibited by law for LIHEAP. Grantee works with the utility companies to coordinate programs that the utility company can establish to assist LIHEAP households.

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

| 8.1 Ho | 8.1 How would you categorize the primary responsibility of your State agency?  |  |  |
|--------|--|--|--|
| >      | Administration Agency  |  |  |
|        | Commerce Agency  |  |  |
|        | Community Services Agency  |  |  |
|        | Energy / Environment Agency  |  |  |
|        | Housing Agency   |  |  |
|        | Welfare Agency   |  |  |
| >      | Other - Describe: LIHEAP coordinator is administratively attached to the Department of Human Services, Benefit Employment & Support Services Division (BESSD) that is responsible for the State's welfare program. LIHEAP's policies and procedures are developed by the LIHEAP coordinator but the intake of applications and eligibility determination is completed by community agencies on each island. Payments are made by the State LIHEAP coordinator. |  |  |

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?

Contracted Community Service agencies provide information about the energy assistance program including basic eligiblity rules, assist applicants in completing the application, copy all required verifications and documentation, and make provisions for applicants who are homebound to recieve the same services by utilizing home visits. Community agencies will make arrangements with senior centers and community centers to intake applications on site as well as at Senior/Disbled Housing rental sites. Community agencies also go door to door in housing complexes to inform households of LIHEAP.

Aloha United Way, a non-profit organization provides a hotline/referral service. Volunteers manage a hotline which has a data base filled with helping agencies. So a peron seeking assistnace with heating/cooling needs can call "211" and they will search for local agencies who can assist. LIHEAP information is available for search on their data base.

8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?

Contracted Community Service agencies provide information about the energy assistance program including basic eligiblity rules, assist applicants in completing the application, copy all required verifications and documentation, and make provisions for applicants who are homebound to receive the same services by utilizing home visits. Community agencies will make arrangements with senior centers and community centers to intake applications on site as well as at Senior/Disbled Housing rental sites. Community agencies also go door to door in

housing complexes to inforrm households of LIHEAP.

Aloha United Way, a non-profit organization provides a hotline/referral service. Volunteers manage a hotline which has a data base filled with helping agencies. So a peron seeking assistnace with heating/cooling needs can call "211" and they will search for local agencies who can assist. LIHEAP information is available for search on their data base.

# 8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?

Contracted community service agencies provide information about the energy assistance program including basic eligility rules, assist applicants in completing the application, copy all required verifications and documentation, and make provisions for applicants who are homebound to receive the same services by utilizing home visits. Utility companies will also inform and refer customers to community agencies to apply.

Aloha United Way hotline/refereral service. Call "211" and volunteers will search a any providing assitance for what you are looking for. LIHEAP is listed in the Aloha United Way Database.

| 8.5 LIHEAP Component Administration.                             | Heating                        | Cooling                        | Crisis                         | Weatherization               |
|--|--------------------------------|--------------------------------|--------------------------------|------------------------------|
| 8.5a Who determines client eligibility?                          | Community Action<br>Agencies   | Community Action<br>Agencies   | Community Action<br>Agencies   | Community Action<br>Agencies |
| 8.5b Who processes benefit payments to gas and electric vendors? | State Administration<br>Agency | State Administration<br>Agency | State Administration<br>Agency |                              |
| 8.5c who processes benefit payments to bulk fuel vendors?        | Non-Applicable                 | Non-Applicable                 | Non-Applicable                 |                              |
| 8.5d Who performs installation of weatherization measures?       |                                |                                |                                | Other                        |

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?

LIHEAP has an exemption from the Hawaii procurement process as LIHEAP laws required a condition for State grantees to receive LIHEAP funds, the Governor shall assure that special consideration be given only to local non-profit agencies which 1) were receiving federal funds under any low income energy assistance or weatherization program under the Economic Opportunity Act of 1964, and 2) have the capacity to undertake a timely and effective energy crisis intervention program and the ability to carry out the program in the local community. There are the only four such community action agencies, Honolulu Community Action Program (HCAP) for Oahu, Hawaii County Economic Opportunity Council (HCEOC) for Hawaii Island, Kauai Economic Opportunity (KEO) on Kauai, and Maui Economic Opportunity (MEO) for Maui, Molokai, and Lanai. These are the agencies that meet the conditions and criteria to administer LIHEAP and were therefore selected.

| 8.7 Ho                 | 8.7 How many local administering agencies do you use? 4            |  |  |
|------------------------|--|--|--|
| 8.8 Ha<br>C Ye<br>• No |  |  |  |
| 8.9 If s               | o, why?  |  |  |
|                        | Agency was in noncompliance with grantee requirements for LIHEAP - |  |  |
|                        | Agency is under criminal investigation                             |  |  |
|                        | Added agency   |  |  |
|                        | Agency closed  |  |  |

| Other - describe  |
|---|
|   |
| ny of the above questions require further explanation or clarification that could not be made ne fields provided, attach a document with said explanation here. |

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# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN**

|  | SF - 424 - MANDATORY  |
|--|---|
|  | Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7   |
| 9.1 Do you make payme  | nts directly to home energy suppliers?  |
| Heating  | € Yes C No  |
| Cooling  | ⊙ Yes C No  |
| Crisis   | ⊙ Yes C No  |
| Are there exceptions?  | C Yes O No  |
| If yes, Describe.  |   |
| Energy Cro<br>the amount sent to<br>reviewing their ne                       | once the amount owed is confirmed with the utility company, a disposition notice is provided to the applicant and the utility   |
| For all cont of the home of For all contenergy in Hawaii. systems for subscr | hat the home energy supplier will charge the eligible household, in the normal billing process, the difference between the energy and the amount of the payment?  Inponents, heating, cooling and crisis, Vendor Agreements established with five Public Utility Companies supplying residential Utility companies use standard accounting payment processing systems for subscriber accounts, assuring payment processing iber accounts, and assuring payments are posted against utility expense4s with available balances for the following month's bill |
| The utility  | companies must also make staff available to assist LIHEAP customers with balance inquiries.   |
|  | e sent to eligible customers infroming them of their benefits amount. If the benefit amount is different from the credited amount ne number of the LIHEAP community agencies are listed on the notices for inquiries.   |
| assistance?  | that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP or Agreement states that no LIHEAP household shall be treated adversely nor be discriminated against in cost of goods or   |
| 9.5. Do you make payme households?   | ents contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible  |
| If so, describe the mea  | sures unregulated vendors may take.   |
| If any of the abo  | ve questions require further explanation or clarification that could not be made in   |

the fields provided, attach a document with said explanation here.

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

# Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)

# 10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?

Community Action provider agencies electronically submit names of eligible households to the State Office. Prior to sending the files they will check for duplicate applicants and household members. These files are then merged into a State master file for additional checks to determine if duplicates exist. After all checks are completed a listing of all eligible customers are sent to the Department's Fiscal Office and the State's Department of Budget and Finance office for processing.

This process is done monthly for all Crisis applicants and annually for all Heating and Cooling applicants.

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

| Department accounting staff is not part of LIHEAP. They also track expenditures and cost allocations. The LIHEAP budget is monitored by the LIHEAP Coordinator and reviewed monthly during budget meetings with fiscal staff.   |   |          |  |  |  |               |      |               |           |
|---|---|----------|--|--|--|---------------|------|---------------|-----------|
| I   | LIHEAP is also subject to state single audits.  |          |  |  |  |               |      |               |           |
| Audit Process  10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?  Yes No  10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year. |   |          |  |  |  |               |      |               |           |
|   |   |          |  |  |  | No Findings 🗹 |      |               |           |
|   |   |          |  |  |  | Finding       | Туре | Brief Summary | Resolved? |
| 1   |   |          |  |  |  |               |      |               |           |
| 10.4. Audits of   | Local Administering   | Agencies |  |  |  |               |      |               |           |
| What types of annual audit requirements do you have in place for local administering agencies/district offices?<br>Select all that apply.   |   |          |  |  |  |               |      |               |           |
| ✓ Local   | Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133 |          |  |  |  |               |      |               |           |
| Local agencies/district offices are required to have an annual audit (other than A-133)   |   |          |  |  |  |               |      |               |           |
| Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.   |   |          |  |  |  |               |      |               |           |
| Grantee conducts fiscal and program monitoring of local agencies/district offices   |   |          |  |  |  |               |      |               |           |
| Compliance Monitoring   |   |          |  |  |  |               |      |               |           |
| 10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply  |   |          |  |  |  |               |      |               |           |
| Grantee employees:  |   |          |  |  |  |               |      |               |           |
| ✓ Inter   | ☑ Internal program review   |          |  |  |  |               |      |               |           |

| Departmental oversight   |
|--|
| Secondary review of invoices and payments  |
| Other program review mechanisms are in place. Describe:  |
| The LIHEAP office in Hawaii is administratively attached to the Department of Human Services (DHS). LIHEAP consists of one Program Specialist (responsible for the program, payments, and budget) and a part-time clerk. All functions of LIHEAP are the responsibility of the Program Specialist. Supervision and support services, i.e. fiscal management, IT support, and investigation are supported by DHS staff. LIHEAP has many checks and balances to avoid fraud in each stage of the LIHEAP process; there is no one person or agency that determines eligibility and pays benefits. Community Action agencies determine eligibility, which is submitted to the state for final review and payment generation. The eligible households are also matched against utility accounts to ensure correct accounts are being credited. Hawaii has many internal layers of checks and balances before final payment is made, Hawaii fiscal requirements have multiple layers to clear prior to generation of payments. |
| Local Administering Agencies / District Offices:   |
| ☑ On - site evaluation   |
| Annual program review  |
| Monitoring through central database  |
| Desk reviews   |
| Client File Testing / Sampling   |
| Other program review mechanisms are in place. Describe:  |
| All applications and records are reviewed by the LIHEAP manager or designated worker in each contracted provider agency to ensure that a household or residence received the correct benefits. The contractors have internal steps to have an application be reviewed by more than one person to ensure proper determination is made. These reviews are also subject to review at the administrative level.  |
| All contract LIHEAP employee applications are processed by the contract manager.   |
| Annual case reviews are done by random case selection as well as applications for all LIHEAP employees. The review is done by the LIHEAP Coordinator.  |
| Unannounced site visits also occur during Heating and Cooling application period to inspect and observe the agencies' various locations statewide. Things such as ease of location, ease of application process, wait times, signage, confidentiality, and compliance with LIHEAP contract are part of the visit.  |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.  |
| LIHEAP Coordinator will conduct unscheduled site visits to monitor application processing. The dates and islands are selected randomly during the month of applications for Energy Credits.  |
| LIHEAP Coordinator conducts desk reviews of random sampling of cases for all islands.  |
| Reviews of cases are discussed with the contract managers for corrective action.   |
| Review of case process are also discussed for corrective action. i.e. making site more secure for employees and cases, posting signs visibly so applicants can locate the site, having a workflow to insure checks and balances are adhered to.  |
| Denials which lead to requests for Administrative Hearing are sent to the LIHEAP Coordinator, who reviews the decision and writes the branch report for the hearing, validating that the denial was correct and citing appropriate LIHEAP policies and procedures.   |
| 10.7. Describe how you select local agencies for monitoring reviews.   |
| Site Visits:   |
| All sites are monitored and reviewed.  |
| A special site visit may be scheduled if an agency is exhibiting problems, delays in submitting reports and data, or large influx of   |

A special visit may also be scheduled to assist with evaluations and suggestions if an agency has a new manager.

Unannounced site visits are scheduled by island on a rotation. The schedule may be amended, and sites re-visited if agency has experienced error and problems. These visits are scheduled and conducted by the LIHEAP coordinator to ensure that they are unannounced.

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

# **Desk Reviews:**

All sites are monitored and reviewed.

It is a random sampling of cases, numbers are set by contract.

Sampling will include approvals for EC and ECI, denials for EC and ECI, and all cases of employees applying for LIHEAP.

# 10.8. How often is each local agency monitored?

Unannounced site visits maybe once every three years or sooner.

All agencies are monitored annually.

10.9. What is the combined error rate for eligibility determinations? OPTIONAL

10.10. What is the combined error rate for benefit determinations? OPTIONAL

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues?

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

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

| SF - 424 - MANDATORY  |  |  |  |  |  |
|---|--|--|--|--|--|
| 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.  |  |  |  |  |  |
| Tribal Council meeting(s)   |  |  |  |  |  |
| ✓ Public Hearing(s)   |  |  |  |  |  |
| <b>☑</b> Draft Plan posted to website and available for comment   |  |  |  |  |  |
| Hard copy of plan is available for public view and comment  |  |  |  |  |  |
| Comments from applicants are recorded   |  |  |  |  |  |
| Request for comments on draft Plan is advertised  |  |  |  |  |  |
| Stakeholder consultation meeting(s)   |  |  |  |  |  |
| Comments are solicited during outreach activities   |  |  |  |  |  |
| <b>✓</b> Other - Describe:  |  |  |  |  |  |
| The State Plan was posted on the State of Hawaii Department of Human Services Website. To encourage participation, the posting also informed the public and interested parties to submit written testimony or attend a public hearing. All Utility companies were also invited to public hearing. LIHEAP coordinator sent personal emails to all vendors/utilty companies, CAP agencies, local DOE office. The Hawaiian Electric Industries had previously coordinated a meet and greet session with non-profit organizations, where more agencies were invited. Electric vendors invited personally on numerous occasions. During training and outreach sessions comments and program changes are discussed and comments encouraged. |  |  |  |  |  |
| Invitations sent to community agencies.  Followed up with personal email invitations to CAP agencies.   |  |  |  |  |  |
| Participated in a Hawaiian Electric lunch workshop, to promote LIHEAP and encourage participation in public hearing process, target group was major non-profit organizxations who work with vulnerable populations. Participated in the WAP Advisory Council to promote LIHEAP.  Try to work with CAP agencies throughout the year to gather data to improve LIHEAP, changes are communicated with the CAP agencies prior to the development of the State Plan so that they are aware of the changes. Perhaps that is why they are in agreement and feel that they do not need to attend the hearing.   |  |  |  |  |  |
| 11.2 What changes did you make to your LIHEAP plan as a result of this participation?  None   |  |  |  |  |  |
| 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 08/28/2019 LIHEAP Model Plan Public Hearing   |  |  |  |  |  |
| 11.4. How many parties commented on your plan at the hearing(s)? 0  |  |  |  |  |  |
| 11.5 Summarize the comments you received at the hearing(s).   |  |  |  |  |  |

None received

11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?

None

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

# Section 12: Fair Hearings, 2605(b)(13) - Assurance 13

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 1

12.2 How many of those fair hearings resulted in the initial decision being reversed? 0

12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

None

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

A household may request a hearing when:

- (1) Application for ECI or EC is denied;
- (2) Application is not acted upon with reasonable promptness.

The Department shall offer administrative hearings to all applicants of the program. The hearings are intended to give the household's the opportunity to explain their situation.

An applicant or recipient may request an administrative hearing with the provider agency within sixty days of the date of their notice of decision for ECI or EC. The request must be in writing, utilizing form DHS 1461, Request for Administrative Hearing. The provider agency shall provide the applicant with the Administrative Hearing Request form. Once the DHS 1461 is received, the provider agency shall forward the request for Administrative hearing to the State LIHEAP Coordinator within 3 calendar days of receipt of the written request. The State LIHEAP Coordinator completes the Administrative hearing Branch Report with supporting documents and represents the State at the hearing. A CAP representative must be present at the hearing. An Administrative/Fair Hearing shall be held in a place reasonably convenient to the household. Once the report is submitted a hearing is scheduled. A hearings officer is appointed by the Appeals Office and the Director of Human Services. The hearing officer shall be designated by the Administrative Appeals Office and shall be an individual not involved in the determination. After the hearing, the officer will render a decision which is binding. If any party disagrees with the decision an appeal may be filed with the first circuit court of Hawaii.

# 12.5 When and how are applicants informed of these rights?

Applicants are informed of their fair hearing rights at the point of application. It is printed on the application and the applicant must sign the application stating that they understand their rights and responsibilities.

They are also informed of their fair hearing rights on their notice of disposition.

They are also informed of the verbally when voicing disagreement with a decision.

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

Procedures are the same for all hearings, see item 12-4

# 12.7 When and how are applicants informed of these rights?

Applicants are informed of their fair hearing rights at the point of application. It is printed on the application and the applicant must sign the application stating that they understand their rights and responsibilities.

They are also informed of their fair hearing rights on their notice of disposition.

They are also informed of the verbally when voicing disagreement with a decision.

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

| Section 13: Reduction of home energy needs, 2605(b)(16) - Assurance 16  |
|---|
| 13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance? |
| 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?   |
| 13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.   |
| 13.4 Describe the level ofdirect benefitsprovided to those households in the previous Federal fiscal year.  |
| 13.5 How many households applied for these services?  |
| 13.6 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 SF - 424 - MANDATORY

# **Section 14:Leveraging Incentive Program, 2607(A)**

14.1 Do you plan to submit an application for the leveraging incentive program?  $\bigcirc$  Yes  $\bigodot$  No

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

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

| Resource | What is the type of resource or benefit? | What is the source(s) of the resource ? | How will the resource be integrated and coordinated with LIHEAP? |
|----------|--|---|--|
| 1        |  |   |  |

# **Section 15 - Training**

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

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| Section 15: Training   |  |  |  |  |
|--|--|--|--|--|
| 15.1 Describe the training you provide for each of the following groups:   |  |  |  |  |
| a. Grantee Staff:  |  |  |  |  |
| Formal training on grantee policies and procedures   |  |  |  |  |
| How often?   |  |  |  |  |
| Annually   |  |  |  |  |
| Biannually   |  |  |  |  |
| As needed  |  |  |  |  |
| Other - Describe:  |  |  |  |  |
| Employees are provided with policy manual  |  |  |  |  |
| Other-Describe:  As there is no grantee staff aside from the LIHEAP Coordinator and an part-time clerk, all training is completed by the LIHEAP Coordinator. Training is done in a formal setting. A Power Point presentation is used, training books are printed and issued, and the trainer is the LIHEAP coordinator. We review changes in a small group setting, LIHEAP Coordinator will either attend formal agency training and/or review the handbook that is issued to them each year. |  |  |  |  |
| b. Local Agencies:   |  |  |  |  |
| Formal training conference   |  |  |  |  |
| How often?   |  |  |  |  |
| Annually   |  |  |  |  |
| Biannually   |  |  |  |  |
| As needed  |  |  |  |  |
| Other - Describe:  |  |  |  |  |
| On-site training   |  |  |  |  |
| How often?   |  |  |  |  |
| ✓ Annually   |  |  |  |  |
| Biannually   |  |  |  |  |
| ✓ As needed  |  |  |  |  |
| Other - Describe:  |  |  |  |  |
| Employees are provided with policy manual  |  |  |  |  |
| Other - Describe  All employees are trained by the State LIHEAP Coordinator (Grantee). Each staff member is provided a handbook, containing policies, forms, samples and a copy of the training slide show. The training is formal but can be held on site. Training can be requested on demand, if the need arises.   |  |  |  |  |
| c. Vendors   |  |  |  |  |
| Formal training conference   |  |  |  |  |
| How often?   |  |  |  |  |
| Annually   |  |  |  |  |

| Biannually  |   |  |
|---|---|--|
| As needed   |   |  |
| Other - Desc  | ribe:   |  |
| Policies communicat   | ed through vendor agreements  |  |
| Policies are outlined   | in a vendor manual  |  |
| They are provided with a training   | A or a vendor agreement, outlining their role. They are all invited to attend, and they do attend the worker training and handbook, designed for their needs. Clarifications and guidelines are also provided to all vendors to maintain meetings are held with one utility company |  |
| 15.2 Does your training program address fraud reporting and prevention?  Yes No |   |  |
|   | questions require further explanation or clarification that could not be made in attach a document with said explanation here.  |  |

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

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

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

Expiration Date: 09/30/2020

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

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

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

Completed system changes to collect data for reporting requirements, completed vendor agreements to collect 12 month data on utility accounts. Amended applications asking questions to capture needed data. Working with APPRISE to better understand data collection and reporting requirement needs to ensure accurate data is collected and reported.

DHS is in the process of developing a new Eligibility System for TANF, SNAP, and LIHEAP. This new system will greatly resuce the manual data collection and calculation currently done to complete the Household Report and Performance Data Reports. It may also have the ability for us to include weatherization data for faster and more accurate data.

This new system will also have the capability to disburse Heating, Cooling, and Crisis benefits as quickly as the same day via interfaces with the utility companies, thus giving a more accurate picture of the LIHEAP budget on a daily basis.

The new Hawaii LIHEAP Coordinator is also working with Apprise to better understand data collection and calcualation in order to complete required reports. This includes attending webinars and one-on-one phone calls with Apprise staff to understand the process.

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

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

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

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

|   |                               | Section 17: Program                 | Int    | tegrity, 2605(b)(10)                |         |                                   |
|---|-------------------------------|-------------------------------------|--------|-------------------------------------|---------|-----------------------------------|
| 17.1 Fraud Reporting Mechanisms   | š                             |                                     |        |                                     |         |                                   |
| a. Describe all mechanisms availab  | ole to                        | the public for reporting cases of   | susp   | ected waste, fraud, and abuse. S    | elect   | all that apply.                   |
| Online Fraud Reportin   | g                             |                                     |        |                                     |         |                                   |
| Dedicated Fraud Repor   | rting                         | Hotline                             |        |                                     |         |                                   |
| Report directly to local agency/district office or Grantee office   |                               |                                     |        |                                     |         |                                   |
| Report to State Inspect   | or G                          | eneral or Attorney General          |        |                                     |         |                                   |
| Forms and procedures  | in pl                         | ace for local agencies/district off | ices a | and vendors to report fraud, was    | te, ar  | nd abuse                          |
| ✓ Other - Describe:   |                               |                                     |        |                                     |         |                                   |
| Contracted staff instructed to report all suspected emplyee fraud to their manager or LIHEAP coordinator.   |                               |                                     |        |                                     |         |                                   |
| b. Describe strategies in place for a   | ıdvei                         | rtising the above-referenced reso   | urces  | s. Select all that apply            |         |                                   |
| Printed outreach materials  |                               |                                     |        |                                     |         |                                   |
| Addressed on LIHEAP   | app                           | lication                            |        |                                     |         |                                   |
| Website   |                               |                                     |        |                                     |         |                                   |
| Other - Describe:   |                               |                                     |        |                                     |         |                                   |
| Agencies post fraud p in the community.   | oster                         | rs providing information on where   | to rep | oort LIHEAP fraud in their offixes, | , offic | ees for the utility companies and |
| 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. |                               |                                     |        |                                     |         |                                   |
| Collected from Whom?  Type of Identification Collected  |                               |                                     |        |                                     |         |                                   |
| Type of fucilimeation concered  | I I I                         |                                     |        |                                     |         | All Household Members             |
| Social Security Card is photocopied and retained  |                               | Required                            | >      | Required                            | >       | Required                          |
|   |                               | Requested                           |        | Requested                           |         | Requested                         |
| Social Security Number (Without actual Card)  |                               | Required                            |        | Required                            |         | Required                          |
|   | Requested Requested Requested |                                     |        | Requested                           |         |                                   |

|   |  |        | -11-                       |                           | 10       | 40-                                    |   |        |                                      |                                       |
|---|--|--------|----------------------------|---------------------------|----------|--|---|--------|--------------------------------------|---------------------------------------|
| card  |  |        | Required                   |                           | <b>V</b> | Required                               |   |        | Required                             |                                       |
|   | driver's license, state ID, al ID, passport, etc.)                           |        | Requested                  |                           |          | Requested                              |   |        | Requested                            |                                       |
|   |  |        |                            |                           |          |  |   |        |                                      |                                       |
|   | Other  |        | Applicant Only<br>Required | Applicant Or<br>Requested |          | All Adults in<br>Household<br>Required | All Adults in<br>Household<br>Requested |        | All Household<br>Members<br>Required | All Household<br>Members<br>Requested |
| 1   |  |        |                            |                           |          |  |   |        |                                      |                                       |
|   |  |        |                            |                           |          |  |   |        |                                      | <u> </u>                              |
| b. De   | escribe any exceptions to the a<br>Children under the ag                     |        | -                          | to submit a so            | cial s   | security card.                         |   |        |                                      |                                       |
| 17.3  | Identification Verification  |        |                            |                           |          |  |   |        |                                      |                                       |
|   | cribe what methods are used t  | o ve   | rify the authenticity      | of identificat            | ion (    | locuments provid                       | led by clients or                       | hou    | sehold members.                      | Select all that                       |
| V   |  | curi   | ty Administration          |                           |          |  |   |        |                                      |                                       |
| V   | Match SSNs with death re   | cord   | s from Social Secur        | ity Administr             | ation    | ı or state agency                      |   |        |                                      |                                       |
| V   | Match SSNs with state elig   | ibili  | ty/case managemen          | t system (e.g.,           | SNA      | AP, TANF)                              |   |        |                                      |                                       |
|   | Match with state Departm   | ent o  | of Labor system            |                           |          |  |   |        |                                      |                                       |
|   | Match with state and/or federal corrections system                           |        |                            |                           |          |  |   |        |                                      |                                       |
|   | Match with state child support system  |        |                            |                           |          |  |   |        |                                      |                                       |
|   | Verification using private   | softv  | vare (e.g., The Wor        | k Number)                 |          |  |   |        |                                      |                                       |
|   | In-person certification by   | staff  | (for tribal grantees       | only)                     |          |  |   |        |                                      |                                       |
|   | Match SSN/Tribal ID num  | ber    | with tribal databas        | e or enrollme             | nt re    | cords (for tribal g                    | grantees only)                          |        |                                      |                                       |
|   | Other - Describe:  |        |                            |                           |          |  |   |        |                                      |                                       |
| 17.4  | . Citizenship/Legal Residency  | Ver    | ification                  |                           |          |  |   |        |                                      |                                       |
|   | at are your procedures for ens<br>nat apply.                                 | urin   | g that household m         | embers are U              | .S. c    | itizens or aliens w                    | vho are qualified                       | d to 1 | receive LIHEAP                       | benefits? Select                      |
| V   |  | of o   | citizenship or legal 1     | residency                 |          |  |   |        |                                      |                                       |
|   | Client's submission of So  | cial S | Security cards is ac       | cepted as pro             | of of    | legal residency                        |   |        |                                      |                                       |
| V   | Noncitizens must provide documentation of immigration status                 |        |                            |                           |          |  |   |        |                                      |                                       |
| Citizens must provide a copy of their birth certificate, naturalization papers, or passport |  |        |                            |                           |          |  |   |        |                                      |                                       |
| Noncitizens are verified through the SAVE system  |  |        |                            |                           |          |  |   |        |                                      |                                       |
| V   | Tribal members are verified through Tribal enrollment records/Tribal ID card |        |                            |                           |          |  |   |        |                                      |                                       |
| V   | V Other - Describe:  |        |                            |                           |          |  |   |        |                                      |                                       |
|   | Match with State eligibility system for TANF and SNAP                        |        |                            |                           |          |  |   |        |                                      |                                       |
| 17.5. Income Verification   |  |        |                            |                           |          |  |   |        |                                      |                                       |
|   | at methods does your agency  | ıtiliz | e to verify househo        | ld income? Se             | lect :   | all that apply.                        |   |        |                                      |                                       |
| V   |  | inco   | me for all adult ho        | isehold memb              | ers      |  |   |        |                                      |                                       |
| _   | Pay stubs  |        |                            |                           |          |  |   |        |                                      |                                       |
|   | Social Security awa  | rd le  | etters                     |                           |          |  |   |        |                                      |                                       |
| <u> </u>  | Bank statements  |        |                            |                           |          |  |   |        |                                      |                                       |
|   | Tax statements   |        |                            |                           |          |  |   |        |                                      |                                       |
| _   | Zero-income staten   | ents   | 3                          |                           |          |  |   |        |                                      |                                       |
|   | ✓ Unemployment Insurance letters   |        |                            |                           |          |  |   |        |                                      |                                       |

| U Other - Describe:  |
|--|
| Computer data matches:   |
| Income information matched against state computer system (e.g., SNAP, TANF)  |
| Proof of unemployment benefits verified with state Department of Labor   |
| Social Security income verified with SSA   |
| Utilize state directory of new hires   |
| 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.  |
| Policy in place prohibiting release of information without written consent   |
| Grantee LIHEAP database includes privacy/confidentiality safeguards  |
| Employee training on confidentiality for:  |
| Grantee employees  |
| Local agencies/district offices  |
| Employees must sign confidentiality agreement  |
| Grantee employees  |
| Local agencies/district offices  |
| Physical files are stored in a secure location   |
| Other - Describe:  |
| 17.7. Verifying the Authenticity   |
| What policies are in place for verifying vendor authenticity? Select all that apply.   |
| All vendors must register with the State/Tribe.  |
| All vendors must supply a valid SSN or TIN/W-9 form  |
| 11.7   |
| ✓ Vendors are verified through energy bills provided by the household  |
|  |
| Vendors are verified through energy bills provided by the household  |
| Vendors are verified through energy bills provided by the household  Grantee and/or local agencies/district offices perform physical monitoring of vendors   |
| <ul> <li>✓ Vendors are verified through energy bills provided by the household</li> <li>☐ Grantee and/or local agencies/district offices perform physical monitoring of vendors</li> <li>✓ Other - Describe and note any exceptions to policies above:         <ul> <li>All utility companies are regulated by the State's Public Utilities Commission (PUC) and tariff law. As an orginaization regulated by the P.</li> </ul> </li> </ul>  |
| Vendors are verified through energy bills provided by the household  Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  All utility companies are regulated by the State's Public Utilities Commission (PUC) and tariff law. As an orginaization regulated by the P. U.C., all companies must provide monthly and annual financial and reliability reports.  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.  |
| Vendors are verified through energy bills provided by the household  Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  All utility companies are regulated by the State's Public Utilities Commission (PUC) and tariff law. As an orginaization regulated by the P. U.C., all companies must provide monthly and annual financial and reliability reports.  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   |
| Vendors are verified through energy bills provided by the household  Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  All utility companies are regulated by the State's Public Utilities Commission (PUC) and tariff law. As an orginaization regulated by the P. U.C., all companies must provide monthly and annual financial and reliability reports.  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.  |
| Vendors are verified through energy bills provided by the household  Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  All utility companies are regulated by the State's Public Utilities Commission (PUC) and tariff law. As an orginaization regulated by the P. U.C., all companies must provide monthly and annual financial and reliability reports.  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency   |
| Vendors are verified through energy bills provided by the household  Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  All utility companies are regulated by the State's Public Utilities Commission (PUC) and tariff law. As an orginaization regulated by the P. U.C., all companies must provide monthly and annual financial and reliability reports.  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  |
| <ul> <li>✓ Vendors are verified through energy bills provided by the household</li> <li>✓ Grantee and/or local agencies/district offices perform physical monitoring of vendors</li> <li>✓ Other - Describe and note any exceptions to policies above:         <ul> <li>All utility companies are regulated by the State's Public Utilities Commission (PUC) and tariff law. As an orginaization regulated by the P. U.C., all companies must provide monthly and annual financial and reliability reports.</li> </ul> </li> <li>17.8. Benefits Policy - Gas and Electric Utilities</li> <li>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.</li> <li>✓ Applicants required to submit proof of physical residency</li> <li>✓ Applicants must submit current utility bill</li> <li>✓ Data exchange with utilities that verifies:</li> </ul> |
| ✓ Vendors are verified through energy bills provided by the household         ✓ Grantee and/or local agencies/district offices perform physical monitoring of vendors         ✓ Other - Describe and note any exceptions to policies above:  |
| ✓ Vendors are verified through energy bills provided by the household         ☐ Grantee and/or local agencies/district offices perform physical monitoring of vendors         ✓ Other - Describe and note any exceptions to policies above:  |
| ✓ Vendors are verified through energy bills provided by the household           ☐ Grantee and/or local agencies/district offices perform physical monitoring of vendors           ✓ Other - Describe and note any exceptions to policies above:  |
| ✓ Vendors are verified through energy bills provided by the household           ☐ Grantee and/or local agencies/district offices perform physical monitoring of vendors           ✓ Other - Describe and note any exceptions to policies above:  |
| ✓ Vendors are verified through energy bills provided by the household           ☐ Grantee and/or local agencies/district offices perform physical monitoring of vendors           ✓ Other - Describe and note any exceptions to policies above:  |

| Separation of duties between intake and payment approval   |
|--|
| Payments coordinated among other energy assistance programs to avoid duplication of payments   |
| Payments to utilities and invoices from utilities are reviewed for accuracy  |
| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities   |
| Direct payment to households are made in limited cases only  |
| Procedures are in place to require prompt refunds from utilities in cases of account closure   |
| <b>Vendor</b> agreements specify requirements selected above, and provide enforcement mechanism  |
| Other - Describe:  |
| 17.9. Benefits Policy - Bulk Fuel Vendors  |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, nd other bulk fuel vendors? Select all that apply.  |
| Vendors are checked against an approved vendors list   |
| Centralized computer system/database is used to track payments to all vendors  |
| Clients are relied on for reports of non-delivery or partial delivery  |
| Two-party checks are issued naming client and vendor   |
| Direct payment to households are made in limited cases only  |
| Vendors are only paid once they provide a delivery receipt signed by the client  |
| Conduct monitoring of bulk fuel vendors  |
| Bulk fuel vendors are required to submit reports to the Grantee  |
|  |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism   |
| <ul> <li>✓ Vendor agreements specify requirements selected above, and provide enforcement mechanism</li> <li>✓ Other - Describe:</li> </ul>  |
|  |
| Other - Describe:  |
| Other - Describe:  Hawaii does not have bulk vendors, natural gas or propane is delivered but is handled by the utility company.   |
| Other - Describe:  Hawaii does not have bulk vendors, natural gas or propane is delivered but is handled by the utility company.  17.10. Investigations and Prosecutions  Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to   |
| Other - Describe:  Hawaii does not have bulk vendors, natural gas or propane is delivered but is handled by the utility company.  17.10. Investigations and Prosecutions  Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.  |
| Other - Describe:  Hawaii does not have bulk vendors, natural gas or propane is delivered but is handled by the utility company.  17.10. Investigations and Prosecutions Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.  Refer to state Inspector General   |
| Other - Describe:  Hawaii does not have bulk vendors, natural gas or propane is delivered but is handled by the utility company.  17.10. Investigations and Prosecutions  Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to ave committed fraud. Select all that apply.  Refer to state Inspector General  Refer to local prosecutor or state Attorney General  |
| Other - Describe: Hawaii does not have bulk vendors, natural gas or propane is delivered but is handled by the utility company.  17.10. Investigations and Prosecutions Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to ave committed fraud. Select all that apply.  Refer to state Inspector General  Refer to local prosecutor or state Attorney General  Refer to US DHHS Inspector General (including referral to OIG hotline)  |
| Other - Describe: Hawaii does not have bulk vendors, natural gas or propane is delivered but is handled by the utility company.  17.10. Investigations and Prosecutions Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to ave committed fraud. Select all that apply.  Refer to state Inspector General  Refer to local prosecutor or state Attorney General  Refer to US DHHS Inspector General (including referral to OIG hotline)  Local agencies/district offices or Grantee conduct investigation of fraud complaints from public  |
| Other - Describe: Hawaii does not have bulk vendors, natural gas or propane is delivered but is handled by the utility company.  17.10. Investigations and Prosecutions Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to ave committed fraud. Select all that apply.  Refer to state Inspector General  Refer to local prosecutor or state Attorney General  Refer to US DHHS Inspector General (including referral to OIG hotline)  Local agencies/district offices or Grantee conduct investigation of fraud complaints from public  Grantee attempts collection of improper payments. If so, describe the recoupment process  Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? one benefit year, per  |
| Other - Describe:  Hawaii does not have bulk vendors, natural gas or propane is delivered but is handled by the utility company.  17.10. Investigations and Prosecutions Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.  Refer to state Inspector General  Refer to local prosecutor or state Attorney General  Refer to US DHHS Inspector General (including referral to OIG hotline)  Local agencies/district offices or Grantee conduct investigation of fraud complaints from public  Grantee attempts collection of improper payments. If so, describe the recoupment process  Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? one benefit year, per affraction   |
| Other - Describe: Hawaii does not have bulk vendors, natural gas or propane is delivered but is handled by the utility company.  17.10. Investigations and Prosecutions Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to ave committed fraud. Select all that apply.  Refer to state Inspector General  Refer to local prosecutor or state Attorney General  Refer to US DHHS Inspector General (including referral to OIG hotline)  Local agencies/district offices or Grantee conduct investigation of fraud complaints from public  Grantee attempts collection of improper payments. If so, describe the recoupment process  Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? one benefit year, per infraction  Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated |

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

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

#### Instructions for Certification

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

provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

explanation to this proposal.

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

#### **Instructions for Certification**

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

establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

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

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

### **Section 19: Certification Regarding Drug-Free Workplace Requirements**

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

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

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

the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

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

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

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

**Certification Regarding Drug-Free Workplace Requirements** 

Alternate I. (Grantees Other Than Individuals)

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance

programs; and

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

Place of Performance (Street address, city, county, state, zip code)

| 1010 Richards St., Suite 512  * Address Line 1 |                      |                     |
|--|----------------------|---------------------|
| Address Line 2                                 |                      |                     |
| Address Line 3                                 |                      |                     |
| Honolulu * City                                | HI<br><u>* State</u> | 96813<br>* Zip Code |

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

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

### Section 20: Certification Regarding Lobbying

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or

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

#### Assurances

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

- (A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);
  - (B) intervene in energy crisis situations;
- (C) provide low-cost residential weatherization and other cost-effective energyrelated home repair; and
- (D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;
- (2) make payments under this title only with respect to--
  - (A) households in which one or more individuals are receiving--
    - (i)assistance under the State program funded under part A of title IV of the Social Security Act;
    - (ii) supplemental security income payments under title XVI of the Social Security Act;
      - (iii) food stamps under the Food Stamp Act of 1977; or
    - (iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or
  - (B) households with incomes which do not exceed the greater of -
  - (i) an amount equal to 150 percent of the poverty level for such State; or
  - (ii) an amount equal to 60 percent of the State median income;

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

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant

program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

- (4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;
- (5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;
- (6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -
  - (A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and
  - (B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;
- (7) if the State chooses to pay home energy suppliers directly, establish procedures to --
  - (A) notify each participating household of the amount of assistance paid on its behalf;
  - (B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;
  - (C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will

contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

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

### (8) provide assurances that,

- (A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and
- (B) the State will treat owners and renters equitably under the program assisted under this title;

### (9) provide that--

- (A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and
- (B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));
- (10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");
- (11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;
- (12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);
- (13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and
- (14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.

- (15) \* beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.
- \* This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.
- (16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

### **Plan Attachments**

| PLAN ATTACHMENTS  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| The following documents must be attached to this application  |  |  |  |  |  |  |
| Delegation Letter is required if someone other than the Governor or Chairman Certified this Report. |  |  |  |  |  |  |
| Heating component benefit matrix, if applicable   |  |  |  |  |  |  |
| Cooling component benefit matrix, if applicable   |  |  |  |  |  |  |
| Minutes, notes, or transcripts of public hearing(s).  |  |  |  |  |  |  |