## **DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance

Grantee Name: Iowa

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2018 to 09/30/2019

Report Status: Saved

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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

_									
* 1.a. Type of Submission:  Plan			* 1.b. Frequency:  • Annual		* 1.c. Consolidated Application/Plan/Funding Request? Explanation:		ding	* 1.d. Version:  Initial Resubmission Revision Update	
					2. Date Rece	ived:		State Use Only:	
					3. Applicant	Identifie	r:		
			 		4a. Federal	Entity Ide	entifier:	5. Date Received By State:	
					<b>4b. Federal</b> G-16B1IAI		lentifier:	6. State Application Identifier:	
7. APPLICANT	TINFORMATION								
* a. Legal Nam	e: State of Iowa								
* <b>b. Employer</b> / 42-0919127 St	Taxpayer Identifica ate of Iowa	tion Nun	nber (EIN/TIN):	:	* c. Organiz	ational D	UNS: 090571	873	
* d. Address:									
* Street 1:	LUCAS ST	ATE OF	FICE BUILDING	j	Street 2:		321 East 12th	n Street	
* City:	DES MOIN	IES			County:		Polk County		
* State:	IA				Province	}			
* Country:	United State	S			* Zip / Po Code:	stal	50319 -		
e. Organization	al Unit:								
Department Na Iowa Departme	nme: ent of Human Rights				<b>Division Name:</b> Division of Community Action Agencies				
f. Name and contact information of person to be contacted on matters involving this application:									
1. Name and co	mact illiormation o	i person	to be contacted o	on matters inv	orving this ap	pncauon	•		
Prefix:	* First Name: Christine	i person	to be contacted o	Middle Nam		prication		Name:	
	* First Name:	r person (	to be contacted 6	Middle Nam		•	* Las		
Prefix:	* First Name: Christine Title:	i person (	to be contacted 6	Middle Nam Organization * Email:	e:	:	* Las		
Prefix: Suffix: * Telephone Number: 515-281-4565	* First Name: Christine  Title: Bureau Chief  Fax Number 515-242-6119  APPLICANT:	i person (	to be contacted (	Middle Nam Organization * Email:	e: nal Affiliation	:	* Las		
Prefix:  Suffix:  * Telephone Number: 515-281-4565  * 8a. TYPE OF A: State Govern	* First Name: Christine  Title: Bureau Chief  Fax Number 515-242-6119  APPLICANT:	i person i	to be contacted (	Middle Nam Organization * Email:	e: nal Affiliation	:	* Las		
Prefix:  Suffix:  * Telephone Number: 515-281-4565  * 8a. TYPE OF A: State Govern	* First Name: Christine Title: Bureau Chief Fax Number 515-242-6119 CAPPLICANT: ment Description:	i person i	to be contacted (	Middle Nam Organization * Email:	e: nal Affiliation	:	* Las		
Prefix:  Suffix:  * Telephone Number: 515-281-4565  * 8a. TYPE OF A: State Govern b. Additiona	* First Name: Christine Title: Bureau Chief Fax Number 515-242-6119 CAPPLICANT: ment Description:	i person i	Catalog	Middle Nam Organization * Email:	e: nal Affiliation lor@iowa.gov	:	* Las		
Prefix:  Suffix:  * Telephone Number: 515-281-4565  * 8a. TYPE OF A: State Govern b. Additiona	* First Name: Christine Title: Bureau Chief Fax Number 515-242-6119 CAPPLICANT: ment Description:	i person i	Catalog	Middle Nam Organization * Email: christine.tay	e: nal Affiliation lor@iowa.gov	:	* Las	CFDA Title:	
Prefix:  Suffix:  * Telephone Number: 515-281-4565  * 8a. TYPE OF A: State Govern b. Additiona  * 9. Name of Fo	* First Name: Christine Title: Bureau Chief Fax Number 515-242-6119 CAPPLICANT: ment Description: ederal Agency: ers and Titles Title of Applicant'		Catalog Assi	Middle Nam Organization * Email: christine.tay	e: nal Affiliation lor@iowa.gov	:	* Las Tayl	CFDA Title:	
Prefix:  Suffix:  * Telephone Number: 515-281-4565  * 8a. TYPE OF A: State Govern b. Additiona  * 9. Name of Fo	* First Name: Christine Title: Bureau Chief Fax Number 515-242-6119 CAPPLICANT: ment Description: ederal Agency: ers and Titles Title of Applicant'		Catalog Assi	Middle Nam Organization * Email: christine.tay	e: nal Affiliation lor@iowa.gov	:	* Las Tayl	CFDA Title:	
Prefix:  Suffix:  * Telephone Number: 515-281-4565  * 8a. TYPE OF A: State Govern b. Additiona  * 9. Name of Fo	* First Name: Christine Title: Bureau Chief Fax Number 515-242-6119  CAPPLICANT: ment Description: ederal Agency:  Title of Applicant' el Plan	s Project	Catalog Assi	Middle Nam Organization * Email: christine.tay	e: nal Affiliation lor@iowa.gov	:	* Las Tayl	CFDA Title:	

3	Statewide						
Attach an additional list of Progran	n/Project Congressional Districts if no	eded.					
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:					
<b>a. Start Date:</b> 10/01/2018	<b>b. End Date:</b> 09/30/2019		* a. Federal (\$): \$0	<b>b. Match (\$):</b> \$0			
* 16. IS SUBMISSION SUBJECT T	O REVIEW BY STATE UNDER EX	ECUTIVE C	ORDER 12372 PROCESS	?			
a. This submission was made ava	nilable to the State under the Executiv	e Order 1237	72				
Process for Review on :							
b. Program is subject to E.O. 123	372 but has not been selected by State	for review.					
c. Program is not covered by E.C	D. 12372.						
* 17. Is The Applicant Delinquent C YES NO	On Any Federal Debt?						
Explanation:							
complete and accurate to the best of accept an award. I am aware that a	18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  **I Agree **						
** The list of certifications and assu instructions.	** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific						
18a. Typed or Printed Name and Ti	tle of Authorized Certifying Official		18c. Telephone (area coo	de, number and extension)			
			18d. Email Address				
18b. Signature of Authorized Certif	18b. Signature of Authorized Certifying Official  18e. Date Report Submitted (Month, Day, Year)						
Attach supporting documents as specified in agency instructions.							

#### **Section 1 - Program Components**

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020

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

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)	Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)							
1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)								
	Start Date	End Date						
Heating assistance	10/01/2018	04/30/2019						
Cooling assistance								
Crisis assistance	10/01/2018	09/30/2019						
Weatherization assistance	09/30/2019							
Provide further explanation for the dates of operation, if necessary								
Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16								
1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The must add up to 100%.	e total of all percentages	Percentage ( % )						
Heating assistance		58.00%						
Cooling assistance		0.00%						
Crisis assistance		7.00%						
Weatherization assistance	15.00%							
Carryover to the following federal fiscal year		7.00%						
Administrative and planning costs		10.00%						
Services to reduce home energy needs including needs assessment (Assurance 16)		2.92%						
Used to develop and implement leveraging activities		0.08%						
OTAL 100.00								

Alter	nate Use of Crisis	Assistance Funds, 2605(c)(1)(C)	1							
1.3 T	he funds reserve	d for winter crisis assistance th	at hav	e not been expe	nded l	oy March 15 will l	oe rej	programmed to:		
Heating assistance Cooling assistance										
	Weatherization assistance Other (specify:) Remaining winter crisis component will remain in the ECIP component that includes furnace repair/replacement, emergency cooling, along with pre-purchase of liquid propane									
Cate	gorical Eligibility	y, 2605(b)(2)(A) - Assurance 2, 2	2605(0	e)(1)(A), 2605(b)	(8A) -	Assurance 8				
1.4 D		ouseholds categorically eligible					follo	wing categories of	bene	efits in the left
		" to question 1.4, you must com	plete	the table below	and a	nswer questions 1	.5 an	d 1.6.		
				Heating		Cooling		Crisis		Weatherization
TANI	7		0	Yes O No	0	Yes O No	0	Yes O No	0	Yes ONo
SSI			0	Yes O No	0	Yes O No	0	Yes O No	0	Yes O No
SNAP	•		0	Yes O No	0	Yes O No	0	Yes O No	0	Yes O No
Mean	s-tested Veterans I	Programs	0	Yes O No	0	Yes O No	0	Yes O No	0	Yes O No
		Program Name	-11	Heating	*	Cooling	"	Crisis	JI:	Weatherization
Other	(Specify) 1			C Yes C No		C Yes C No		C Yes C No		O <sub>Yes</sub> O <sub>No</sub>
1.5 D	o you automatic	ally enroll households without a	dire	et annual applica	tion?	O Yes O No				ı <del>.</del>
_	s, explain:			- 11						
		e there is no difference in the tr gibility and benefit amounts?	eatm	ent of categorica	lly eli	gible households f	rom	those not receivin	g oth	er public assistance
_	P Nominal Payme									
1.7a	Do you allocate I	LIHEAP funds toward a nomina	al pay	ment for SNAP	house	holds? OYes 🧿	No			
		" to question 1.7a, you must pr	ovide	a response to qu	estion	s 1.7b, 1.7c, and 1	.7d.			
_		inal Assistance: \$0.00								
1.7c	Frequency of Ass Once Per Year	sistance								
	Once every five	years								
	Other - Describ	e:								
1.7d	How do you conf	firm that the household receiving	g a no	ominal payment	has a	n energy cost or n	eed?			
Deter	mination of Eligi	bility - Countable Income								
1.8 T	n determining a	household's income eligibility f	or I II	HEAP, do vou us	e oro	ss income or net i	ncom	e ?		
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?  Gross Income										
Net Income										
1.9. S	select all the appl	licable forms of countable incom	ne use	ed to determine a	hous	ehold's income el	igibili	ity for LIHEAP		
<b>&gt;</b>	Wages									
<b>&gt;</b>	Self - Employm	ent Income								
<b>&gt;</b>	Contract Incon	ne								
	Payments from mortgage or Sales Contracts									

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

	Income tax refunds
	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
	ny of the above questions require further explanation or clarification that could not be made in the ds 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

L							
Section 2 - Heating Assistance							
Eligibility, 2605(b	b)(2) - Assurance 2						
2.1 Designate the	e income eligibility threshold used for the	heating co	mponenet:				
Add Household size Eligibility Guideline Eligibility Threshold							
1	All Household Sizes		HHS Poverty Guidelines	175.00%			
	2.2 Do you have additional eligibility requirements for HEATING ASSITANCE?  O Yes No						
2.3 Check the ap	propriate boxes below and describe the p	olicies for	each.				
Do you require a	n Assets test ?	C Yes	<b>⊙</b> No				
Do you have add	itional/differing eligibility policies for:						
Renters?		C Yes	<b>⊙</b> No				
Renters Li	ving in subsidized housing ?	C Yes	<b>⊙</b> No				
Renters wi	th utilities included in the rent ?	CYes	⊙ No				
Do you give prior	rity in eligibility to:						
Elderly?		Yes	O <sub>No</sub>				
Disabled?		<b>⊙</b> Yes	C <sub>No</sub>				
Young chil	dren?	C Yes	<b>⊙</b> No				
Household	s with high energy burdens ?	C Yes	⊙ No				
Other?		C Yes	O <sub>No</sub>				
	policies for each "yes" checked above: ining an elderly or disabled member are allo	wed to app	oly on October 1st, while all other households m	ust wait until November 1st.			
Determination of	Benefits 2605(b)(5) - Assurance 5, 2605(c)(	1)(B)					
2.4 Describe how	you prioritize the provision of heating as	sistance to	ovulnerable populations, e.g., benefit amounts	, early application periods, etc.			
			facing disconnection of service, can apply startiditional benefit amounts for elderly, disabled, ar				
2.5 Check the va	riables you use to determine your benefit	levels. (Ch	neck all that apply):				
<b>✓</b> Income							
Family (hor	usehold) size						
<b>✓</b> Home energ	gy cost or need:						
	type						
	nate/region						
	vidual bill						
✓ Dwe	elling type						
Energy burden (% of income spent on home energy)							

Energy need							
Other - Describe:							
Benefit matrix (see attachment) awards additional benefit amounts for elderly, disabled, and young children.							
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)							
2.6 Describe estimated benefit levels for FY 2018:							
Minimum Benefit	\$40	Maximum Benefit	\$680				
2.7 Do you provide in-kind (e.g., blankets, space heate	rs) and/or other f	forms of benefits? O Yes O No					
If yes, describe.							
If any of the above questions require fur fields provided, attach a document with		ation or clarification that could not be ma	ade in the				

#### **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

Section 3 - Cooling Assistance								
Eligibility, 2605(c	Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2							
3.1 Designate The income eligibility threshold used for the Cooling componenet:								
Add	Household size		Eligibility Guideline	Eligibility Threshold				
1				0.00%				
3.2 Do you have a	3.2 Do you have additional eligibility requirements for COOLING ASSITANCE?							
3.3 Check the ap	propriate boxes below and describe the p	oolicies for e	each.					
Do you require a	n Assets test ?	C Yes	○ No					
Do you have add	itional/differing eligibility policies for:	•						
Renters?		O Yes	C <sub>No</sub>					
Renters Liv	ving in subsidized housing ?	O Yes	C <sub>No</sub>					
Renters wi	th utilities included in the rent ?	Oyes	C <sub>No</sub>					
Do you give prior	rity in eligibility to:							
Elderly?		C Yes	C <sub>No</sub>					
Disabled?		Oyes	C <sub>No</sub>					
Young chil	dren?	O Yes	C No					
Households	s with high energy burdens ?	Oyes	C <sub>No</sub>					
Other?		Oyes	O <sub>No</sub>					
Explanations of p	policies for each "yes" checked above:							
3.4 Describe how	you prioritize the provision of cooling a	ssistance to	vulnerable populations,e.g., benefit amounts	s, early application periods, etc.				
Determination of	Benefits 2605(b)(5) - Assurance 5, 2605(c)	(1)(B)						
3.5 Check the var	riables you use to determine your benefit	levels. (Ch	eck all that apply):					
Income								
Family (hou	usehold) size							
Home energ	gy cost or need:							
Fuel	type							
Clim	nate/region							
	vidual bill							
Dwe	lling type							
Ener	rgy burden (% of income spent on home	energy)						
Ener	rgy need							
Other - Describe:								

Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)						
3.6 Describe estimated benefit levels for FY 2018:	4					
Minimum Benefit \$0 Maximum Benefit \$0						
3.7 Do you provide in-kind (e.g., fans, air conditioners) an	d/or other form	ns of benefits? C Yes O No				
If yes, describe.						
If any of the above questions require furth fields provided, attach a document with sa		tion or clarification that could not be made ition here.	in the			

#### **Section 4 - CRISIS ASSISTANCE**

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020

	Section 4: CRISIS ASSISTANCE					
Eligibility - 2604	l(c), 2605(c)(1)(A)					
4.1 Designate th	e income eligibility threshold used for the crisis comp	onent				
Add	Household size	Eligibility Guideline	Eligibility Threshold			
1	All Household Sizes	HHS Poverty Guidelines	175.00%			
4.2 Provide your	r LIHEAP program's definition for determining a cris	sis.				
non-working furr	Manual lists allowable crisis measures with expenditure li nace, temporary need for alternate shelter, disconnected f maining, and when medically necessary provides a windo	rom utility service, empty tank, disconnection	from utility service imminent, tank			
4.3 What constit	tutes a <u>life-threatening crisis?</u>					
	ld is facing a crisis situation listed above (4.2) during a ti upon loss of utility service.	me of extreme weather, and/or has essential me	edical equipment that will become			
Crisis Requirem	nent, 2604(c)					
4.4 Within how	many hours do you provide an intervention that will i	resolve the energy crisis for eligible househol	lds? 48Hours			
4.5 Within how 18Hours	many hours do you provide an intervention that will	resolve the energy crisis for eligible househol	lds in life-threatening situations?			
Crisis Eligibility,	, 2605(c)(1)(A)					
4.6 Do you have ASSISTANCE?	additional eligibility requirements for CRISIS	C Yes O No				
4.7 Check the ap	ppropriate boxes below and describe the policies for e	ach				
Do you require	an Assets test ?	C Yes O No				
Do you give prio	ority in eligibility to :					
Elderly?		C Yes O No				
Disabled?		C Yes O No				
Young Ch	ildren?	C Yes O No				
Household	ds with high energy burdens?	C Yes O No				
Other?		C Yes ⊙ No				
In Order to rece	eive crisis assistance:					
Must the lempty tank?	household have received a shut-off notice or have a ne	ar Yes O No				
Must the l	household have been shut off or have an empty tank?	⊙ Yes O No				
Must the l	household have exhausted their regular heating benefi	it? C Yes O No				
Must rent received an evic	ers with heating costs included in their rent have tion notice ?	C Yes O No				
Must heat	ing/cooling be medically necessary?	• Yes O No				
Must the l	Must the household have non-working heating or cooling  Yes ONo					

equipment?		
Other?	C Yes O No	
Do you have additional / differing eligibility policies for:		
Renters?	C Yes O No	
Renters living in subsidized housing?	C Yes O No	
Renters with utilities included in the rent?	C Yes O No	
Explanations of policies for each "yes" checked above:	*	
A notice of disconnection is a determinate for crisis as is a tank that Household with disconnected service or an empty tank is considered Household with non-working furnace is considered a crisis. Coolin	ed eligible for crisis treatment.	
Determination of Benefits		
4.8 How do you handle crisis situations?		
Separate component		
Fast Track		
Other - Describe:		
4.9 If you have a separate component, how do you determine cr	risis assistance benefits?	
Amount to resolve the crisis.		
Other - Describe:		
All allowable crisis measures have expenditure limits outlined	in procedural manual as follows:	
A combination of one or more of the following crisis payments	s may be made to an eligible household to resolve a crisis situation.	
(1) E.C.I.P Furnace Repair/Replacement  (A) Payment for repair or replacement of a furnace or hear Program. A maximum payment of \$1,500 per eligible homeo	ting system done in conjunction with work performed by the Weatherization owner may be made.	
ECIP funds must comply with Weatherization Furnace Standa Program. All furnace/heating system repair or replacement wo	e for repair or replacement of a furnace/heating system. All work paid from LIHEAP ards and is incorporated with work being done by the Weatherization Assistance ork paid with funds from the ECIP program must pass inspection by the agency's book-up of LP tank to a new furnace, and LP tank regulators that must be replaced. <b>This</b>	
(B) Payment for repair or replacement of a furnace or heat Program. A maximum payment of \$3,000 per eligible homeo	ting system not done in conjunction with work done by the Weatherization owner may be made.	
in those cases where the work is not done in conjunction with comply with the Iowa Furnace Installation Standard. Those cas to use their own contractor, or is seeking reimbursement for fu be documented for the file before any payments can be made.	ips for re-inspections are required) in ECIP funds may be paid for an inspection only the Weatherization Assistance Program. All work paid from LIHEAP ECIP funds mus ses involving major repairs (\$500 or more) must be inspected. If a household chooses irrace repair or replacement already completed, all such work must pass inspection and The Iowa Furnace Installation Standard must be met before a repair or replacement is pay for hook-up of LP tank to a new furnace, and LP tank regulators that must be stember 30 <sup>th</sup> .	
E.C.I.P. furnace repair/replacement funds are for homeowners only, and they must be residing in the home at the time of application / assistance. The only exception would be the parent transferring the title to their children, while remaining in the home, in order to exempt it as an asset.		

	(2) Payment for obtaining temporary shelter, purchase of blankets and/or heaters. A maximum payment of \$200 per household may be made. This component begins October 1 <sup>st</sup> , and ends September 30 <sup>th</sup> . The following are minimum requirements for space heaters:
	Wattage Output = 1500 Watts
	Power Source = Electric
	Safety Features = Auto Shutoff / overheat protection
	(3) Emergency Delivery. Deliverable fuel vendors will be instructed to make the minimal delivery amount, not to exceed \$500, to assure an uninterrupted supply of fuel. This component begins October 1 <sup>st</sup> , and ends September 30 <sup>th</sup> . For a household to qualify for an emergency delivery, the fuel tank must be at, or below, 20%, or empty. Emergency delivery for an empty tank must be coded separately from a tank that is 20% full, or less.
	(4) Emergency Reconnect. For non-deliverable fuel customers, an initial payment can be made, up to \$500, to establish reconnection with a household's primary and/or secondary vendor, provided it would assure reconnection. This may include necessary deposits. Benefit can be received prior to receiving regular LIHEAP benefit. This component begins October 1, and ends September 30 <sup>th</sup> .
	(5) Service Continuity Crisis. A household with a disconnect notice and/or arrearage with either their primary or secondary vendor may receive a maximum of \$500 paid directly to their vendor. This may include payments towards a deliverable fuel customer's arrearage or deposit. This component begins October 1st, and ends September 30 <sup>th</sup> .
	(6) Emergency Cooling. Where medically necessary, up to \$350 per household may be used to purchase or repair (including tune and clean), an air conditioner, including paying for the installation. Only homeowners are eligible for assistance on central air-conditioning units. Funds may also be used for such purposes as purchasing fans, transporting clients to cooling centers and other measures that may provide life-saving benefits to combat excessive heat. No expenditures for this component will be allowed from October 1 <sup>st</sup> through April 30 <sup>th</sup> . Renters must have a signed landlord approval statement, before receiving a window air conditioner, to be included in client file. Only one window unit per household is allowed. No household can receive a window unit in two consecutive program years.
	A household cannot receive, alone, or in combination, more than \$650 in benefits from items 3, 4, or 5, in any current program year. ECIP payment reimbursement can only be used on work done, or expenses incurred, in current program year.
Cri	sis 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?
-	ŶYes ĈNo Explain.
Iow wee	a has 99 counties and there is at least one outreach office in all 99 counties. Statewide, there are 107 outreach offices. Most are open 40 hours per ek.
4.1	Do you provide individuals who are physically disabled the means to:
	ubmit applications for crisis benefits without leaving their homes?
	Yes No If No, explain.
	Travel to the sites at which applications for crisis assistance are accepted?
	Yes No If No, explain.
	ou answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically abled?
Tra	nsportation is not provided, but agencies are contractually required to make a home visit if needed.
Ber	nefit Levels, 2605(c)(1)(B)
4.1	2 Indicate the maximum benefit for each type of crisis assistance offered.
	Winter Crisis \$0.00 maximum benefit
	Summer Crisis \$0.00 maximum benefit
,	Year-round Crisis \$3,000.00 maximum benefit

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?				
€ Yes C No If yes, Describe				
(1) Payment for obtaining temporary shelter, purchase of blankets and/or heaters. A maximum				
payment of \$200 per household may be made. <b>This c</b> requirements for space heaters:	omponent b	egins Octob	er 1 <sup>st</sup> , and ends September 30 <sup>th</sup> . The following are minimum	
Wattage Output = 1500 Watts				
Power Source = Electric				
Safety Features = Auto Shutoff / overheat protection				
4.14 Do you provide for equipment repair or replace	cement using	g crisis fund	s?	
• Yes C No				
If you answered "Yes" to question 4.14, you must o	complete qu	estion 4.15.		
4.15 Check appropriate boxes below to indicate type	e(s) of assis	tance provid	led.	
	Winter Crisis	Summer Crisis	Year-round Crisis	
Heating system repair			>	
Heating system replacement			∨	
Cooling system repair			✓	
Cooling system replacement			✓	
Wood stove purchase				
Pellet stove purchase				
Solar panel(s)				
Utility poles / gas line hook-ups			✓	
Other (Specify):				
4.16 Do any of the utility vendors you work with er	ıforce a mor	atorium on	shut offs?	
⊙ Yes C No				
If you responded "Yes" to question 4.16, you must respond to question 4.17.				
4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.				
State law provides that all households certified eligible for energy assistance (LIHEAP) and/or Weatherization (WX) are protected from disconnection of the household's natural gas and electric service from November 1 through April 1. This law applies to every utility in the state.				
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.				

#### **Section 5 - WEATHERIZATION ASSISTANCE**

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020

	Section 5: WEATHERIZATION ASSISTANCE			
Eligibility, 2605(c)	)(1)(A), 2605(b)(2) - Assur	rance 2		
5.1 Designate the i	income eligibility threshol	d used for the Weatheriz	ation component	
Add	Househo	old Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes		HHS Poverty Guidelines	200.00%
5.2 Do you enter in No	nto an interagency agreen	nent to have another gove	ernment agency administer a WEATH	ERIZATION component? O Yes
5.3 If yes, name th	ie agency.			
5.4 Is there a sepa	rate monitoring protocol	for weatherization? 💽 Y	es O No	
WEATHERIZAT	TON - Types of Rules			
5.5 Under what ru	ıles do you administer LII	HEAP weatherization? (C	Check only one.)	
Entirely und	der LIHEAP (not DOE) ru	ules		
Entirely und	der DOE WAP (not LIHE	AP) rules		
Mostly unde	er LIHEAP rules with the	following DOE WAP rul	e(s) where LIHEAP and WAP rules di	iffer (Check all that apply):
<b>✓</b> Incom	ne Threshold	-		
	nerization of entire multi-f ne eligible within 180 days	•	is permitted if at least 66% of units (50	0% in 2- & 4-unit buildings) are eligible
Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).				
Other - Describe:				
Mostly unde	er DOE WAP rules, with t	the following LIHEAP ru	le(s) where LIHEAP and WAP rules d	iffer (Check all that apply.)
Incom	ne Threshold			
Weath	nerization not subject to D	OE WAP maximum stat	ewide average cost per dwelling unit.	
Weath	nerization measures are no	ot subject to DOE Saving	s to Investment Ration (SIR ) standard	ls.
Other - Describe:				
Eligibility, 2605(b)(5) - Assurance 5				
5.6 Do you require	5.6 Do you require an assets test? C Yes © No			
5.7 Do you have additional/differing eligibility policies for :				
Renters		C Yes O No		
Renters livin housing?	ng in subsidized	C Yes O No		
5.8 Do you give pr	riority in eligibility to:			
Elderly?		⊙ Yes O No		
Disabled? © Yes O No				

Young Children?	• Yes O No	
House holds with high energy burdens?	C Yes O No	
Other? high energy users	⊙ Yes O No	
If you selected "Yes" for any of the options below.	in questions 5.6, 5.7, or 5.8, you	u must provide further explanation of these policies in the text field
	bilities, and/or young children.	age (greatest potential for savings) with additional priority to households The priority system is consistently applied to all housing types, single
Client selection for service is based on a point conditioning measures. Additional points are g		mate of annual client bill savings for heating, water heating, and air are elderly, disabled, or young children.
A household's client point total will be increas	ed by 5 percent for each of the fo	bllowing situations:
<ul> <li>The household is occupied by an eld</li> <li>The household is occupied by a pers</li> <li>The household is occupied by young</li> </ul>	on with disabilities	
(A household's priority point total could be inc	reased by 15 percent if each of the	he situations listed above exists.)
Benefit Levels		
5.9 Do you have a maximum LIHEAP weat	herization benefit/expenditure	per household? C Yes • No
5.10 If yes, what is the maximum? \$0		
Types of Assitance, 2605(c)(1), (B) & (D)		
5.11 What LIHEAP weatherization measur	es do you provide ? (Check all	categories that apply.)
Weatherization needs assessments/a	adits	Energy related roof repair
Caulking and insulation		Major appliance Repairs
Storm windows		Major appliance replacement
Furnace/heating system modification	ns/ repairs	<b>✓</b> Windows/sliding glass doors
Furnace replacement		<b>Doors</b>
Cooling system modifications/ repair	rs	<b>✓</b> Water Heater
Water conservation measures		Cooling system replacement
Compact florescent light bulbs		Other - Describe:
If any of the above questions re	quire further explanati	on or clarification that could not be made in the

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

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

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Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)
6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:
<b>V</b> Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
Publish articles in local newspapers or broadcast media announcements.
Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
Mass mailing(s) to prior-year LIHEAP recipients.
Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
Execute interagency agreements with other low-income program offices to perform outreach to target groups.
Other (specify):
If any of the above questions require further explanation or clarification that could not be made in the

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

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

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

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

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Sec	Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)				
8.1 How	would you categorize the primary respons	ibility of your State age	ency?		
>	Administration Agency				
	Commerce Agency				
	Community Services Agency				
	Energy / Environment Agency				
	Housing Agency				
	Welfare Agency				
	Other - Describe:				
Alternate Outreach and Intake, 2605(b)(15) - Assurance 15  If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.  8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE?					
8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?					
8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?					
8.5 LIHEAP Component Administration. Heating Cooling Crisis		Crisis	Weatherization		
		Community Action Agencies	Community Action Agencies	Community Action Agencies	Community Action Agencies
	8.5b Who processes benefit payments to gas and electric vendors?  Community Action Agencies  Community Action Agencies  Community Action Agencies				
8.5c who vendors	processes benefit payments to bulk fuel?	Community Action Agencies	Community Action Agencies	Community Action Agencies	
8.5d Wh measure	o performs installation of weatherization s?				Local County Government Community Action Agencies
•	-	If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6.8.7.8.8 and if applicable 8.9			

8.6 Wha	8.6 What is your process for selecting local administering agencies?			
Preferen	ce is given to community action agencies (CAAs).			
8.7 How	many local administering agencies do you use? 17			
	8.8 Have you changed any local administering agencies in the last year?  Yes No			
8.9 If so	, why?			
	Agency was in noncompliance with grantee requirements for LIHEAP -			
	Agency is under criminal investigation			
	Added agency			
	Agency closed			
	Other - describe			
	of the above questions require further explanation or clarification that could not be made in the provided, attach a document with said explanation here.			

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020

Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7
9.1 Do you make payments directly to home energy suppliers?
Heating • Yes • No
Cooling C Yes O No
Crisis • Yes O No
Are there exceptions? • Yes O No
If yes, Describe.
Direct payments are made to households whose heat is included in their rent.
9.2 How do you notify the client of the amount of assistance paid?  A determination letter is given to clients at the time of application.
9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?  This is included as a provision in our vendor agreements, and monitored for compliance. Please see the attached Vendor Agreement.
9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?  This is included as a provision in our vendor agreements, and monitored for compliance. Please see the attached Vendor Agreement.
9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?  O Yes No
If so, describe the measures unregulated vendors may take.
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020

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

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

10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?				
The Contractor must adhere to all applicable state and federal guidelines, laws, regulations, Office of Management and Budget (OMB) 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. CAAs will be monitored by state personnel on a regular basis to ensure regulation compliance. On-site visits to selected CAAs and their outreach offices will be conducted throughout the program year. Monthly reporting requirements will help provide information necessary to determine whether or not CAAs are in compliance with program and fiscal regulations. The state will prepare/obtain financial and compliance audits of the Energy Assistance Program annually pursuant to the Single Audit Act of 1984. The audits will be conducted in accordance with the Comptroller General's standards for audit of governmental organizations and programs, by an organization or person independent of agencies administering LIHEAP activities. The audits will be made public on a timely basis. The Auditor of State will submit the audits to the legislature and Department of Health and Human Services within 30 days after completion.				
Audit Proce	ess			
10.2. Is you • Yes		ited annually under the Single Audit	Act and OMB Circular A - 133?	
	•	8	or reportable condition cited in the A ews of the LIHEAP agency from the r	,
No Finding	; <b>~</b>			
Finding	Type	Brief Summary	Resolved?	Action Taken
1				
What types			dminstering agencies/district offices?	
- 4	Select all that apply.  Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133			
L	ocal agencies/district offi	ces are required to have an annual au	ıdit (other than A-133)	
✓ L				
✓ G	rantee conducts fiscal an	d program monitoring of local agenc	ies/district offices	
Compliance Monitoring				
10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply				
Grantee employees:				
✓ Internal program review				
✓ Departmental oversight				
✓ Se	condary review of invoic	es and payments		
_ o	ther program review me	chanisms are in place. Describe:		

Local Adminstering Agencies / District Offices:
✓ On - site evaluation
Annual program review
Monitoring through central database
✓ Desk reviews
☑ Client File Testing / Sampling
Other program review mechanisms are in place. Describe:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
Every community action agency is monitored annually for programmatic and fiscal compliance. On-site evaluation visits will specifically monitor: Outreach efforts, including hours available for clients to apply and protection of client confidentiality; coordination with other human service agencies; the opportunity for a client to complete an application within ten (10) days of initial contact; time elapsed between application date and payment made to vendor on behalf of client. Contractor shall strive to keep elapsed time at fourteen (14) days or less; Proper verification of household income, correct eligibility determination, and accurate award calculation; determination of eligibility at time of application with client letter and appeal and hearing procedure provided to applicants at that time; upload to the data exchange server, where applicable, client application/approval/denial information for both primary and secondary vendors on a weekly basis; Weekly submission, where applicable, to the DCAA a composite listing of all applied/approved/denied and paid applications, including all client characteristics, once a week from November through April 30th; Correct and timely payments of assistance for households as provided in the State Plan; signed vendor agreements with all vendors receiving LiHEAP funds; appeal and hearing procedures; Administrative and associated program budget and costs; accounting systems regarding collection of financial information reported to the DCAA and documentation of monthly financial reports and funding requests; Other provisions covered in the Contract as deemed necessary and appropriate by DCAA.
10.7. Describe how you select local agencies for monitoring reviews.
Site Visits:
Every community action agency is monitored annually for programmatic and fiscal compliance. Site Visits: Annually
Desk Reviews:
Desk Reviews: As needed
10.8. How often is each local agency monitored ?
Annually for program and fiscal.
10.9. What is the combined error rate for eligibility determinations? OPTIONAL  N/A
10.10. What is the combined error rate for benefit determinations? OPTIONAL
N/A
10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0
10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

## Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)

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

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 11: Timely and Meanin	ngful Public Participation, 260	)5(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)	Public Hearing(s)			
✓ Draft Plan posted to website and available for co	mment			
Hard copy of plan is available for public view an	d comment			
Comments from applicants are recorded				
Request for comments on draft Plan is advertised	d			
Stakeholder consultation meeting(s)				
Comments are solicited during outreach activities	es			
Other - Describe:				
The state meets formally 5 times a year with the Iowa Directors of Energy Assistance (IDEA). These are the agency staff that head the CAAs' LIHEAP program. Policy changes are formulated and discussed at these meetings.  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 Common	wealth of Puerto Rico Only			
11.3 List the date and location(s) that you held public hear	ring(s) on the proposed use and distribution o	of your LIHEAP funds?		
	Date	Event Description		
1	08/08/2018	Lucas State Office Building, Room 208, Des Moines, Iowa		
11.4. How many parties commented on your plan at the he	earing(s)? 0			
11.5 Summarize the comments you received at the hearing	e(s).			
A transcript of the public hearing is attached.				
11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?				
None				
If any of the above questions require furth fields provided, attach a document with sa		at could not be made in the		

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

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 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?

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

If a household is denied assistance or believes that their assistance amount was not accurately determined, or that their application is not being acted upon in a timely manner, they have 30 calendar days from the date of their approval or denial letter to appeal this decision.

To appeal they must write to the agency at which they applied (see address on your client notice) and tell the agency why they want to appeal, and what action they would like taken.

The agency will act on their request and notify them of the result within 7 calendar days of the date they request an appeal (postmark date if sent in mail).

If they still do not agree with the decision reached they may write the agency again within 17 calendar days of the agency's decision date (postmark date if sent in mail) and request that a state hearing be held. Explaining why they disagree with the agency's decision and include any information that might affect the hearing decision.

The agency will then forward all information about their request for a hearing to the state and a hearing will be scheduled within 14 days. They will receive written notice of a state scheduled hearing from the state program administrator. The notice will include the date, time and place of hearing and the following rights which they have before and at the hearing. State hearings may be held by telephone at a mutually convenient time. Prior to the hearing the agency will provide an opportunity for them to review the case file and any written evidence that will be used in the hearing. It they wish, they may request an informal conference with the administrator of the Division of Community Action Agencies or appropriate state staff personnel for the purpose of discussing actions taken and resolving the issues raised in the request for hearing.

All testimony is given under oath. The hearing is recorded and the decision is based on the record. State hearings shall be conducted before the Administrator of the Division of Community Action Agencies unless delegated to an administrative law judge pursuant to Iowa Code §17A.11. They will receive written notification of any final or proposed decision.

If they still do not agree with the decision reached they may request a rehearing within twenty days of issuance of the state's decision. Their request must state the specific grounds for requesting a rehearing and must be addressed to the Low-income Home Energy Assistance Program, Lucas State Office Building, Capitol Complex, Des Moines, Iowa 50319. If a request is not received within 20 days, the case shall be considered closed.

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

Each applicant is given a copy of the appeal procedure at the time of application. It is also posted at every intake site.

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

Same as outlined in 12.4 The applicant gets the same approval/denial letter that also states their right to appeal in the event they believe their application is not acted on in a timely manner. They will be notified that their application will be acted upon in 30 days.

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

Each applicant is given a copy of the appeal procedure at the time of application that fully explains these rights. A copy the approval/denial letter that also outlines their right to appeal is also posted at every intake site.

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

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

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 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?

The following are allowable activities using Assurance 16 funds:

- 1) Conservation Education
- 2) Low-cost energy efficiency measures
- 3) Crisis Application

Crisis Application Components:

- A. Needs Assessment (Examines payment and usage history)
- B. Vendor Negotiation (Includes any contact with vendor)
- C. Money Management Review
- D. Customer Advocacy (This may include assisting in the application of other resources/programs, home visits, home energy evaluations, energy wise kit/class, etc.)
- 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?

We generally contract out no more than 3% for these purposes.

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

While not easily quantifiable, households receiving assistance or measures through conservation education and low-cost energy efficiency will experience usage reduction. Other measures provided allowed them to get or retain utility service, or manage their money to a greater degree.

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

N/A

13.5 How many households applied for these services? Households do not apply, but are targeted for these services.

13.6 How many households received these services? See attachment

#### Section 14 - Leveraging Incentive Program ,2607A

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 14:Leveraging Incentive Program, 2607(A)

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

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

We continue to collect this information until such time as we are able to submit a report.

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?		
1	Customer Contribution Funds	These funds represent a legislatively mandated customer contribution program, for all state regulated utilities. Customers and member donate money in addition to their energy bill. The utility companies also match donated funds with funds of their own.	These funds are passed through to local community action agencies to augment LIHEAP and Weatherization assistance to low-income households. This is a legislative mandated program. Members of Iowa's community action agencies, the state energy assistance office, the state weatherization office, and low-income representatives were instrumental in establishing rules for these programs.		
2	MidAmerican Energy, Interstate Power and Light, Black Hills Energy Weatherization of low-income customers	These funds are the continuation of a one-time legislatively mandated program that regulated utilities return money to low-income customers for energy efficiency programs.	Program representatives have, and continue to document and report on low-income households' energy burdens, and the impact of those burdens on the household's ability to meet basic needs. Through personal contact with utility representatives, LIHEAP program representatives have negotiated, and been successful in utilities maintaining or increasing low-income energy efficiency funding.		

## **Section 15 - Training**

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

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:			
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			
c. Vendors			
Formal training conference			
How often?			
Annually			
Biannually			
As needed			
Other - Describe: The Iowa Utilities Board conducts customer service training annually.			

✓ Pol	icies communicated through vendor agreements
Pol	icies are outlined in a vendor manual
Otl	ner - Describe:
15.2 Does yo	our training program address fraud reporting and prevention?
	the above questions require further explanation or clarification that could not be made in the

#### 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.

We are collecting the required performance measures including restoration of service, imminent disconnection of service averted, fuel delivered to empty tank, fuel delivered to tank with 20% or less remaining, usage and expenditure data. The data is being collected from the 5 largest gas and 5 largest electric utilities, along with our 10 largest propane vendors.

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020

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

SF - 424 - MANDATORY				
Section 17: Program Integrity, 2605(b)(10)				
17.1 Fraud Reporting Mechanisms				
a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.				
Online Fraud Reporting				
Dedicated Fraud Reporting Hotline				
Report directly to local agency/district office or Grantee office				
Report to State Inspecto	Report to State Inspector General or Attorney General			
Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse				
Other - Describe:				
b. Describe strategies in place for a	dvertising the above-referenced resou	rces. Select all that apply		
Printed outreach mater	ials			
Addressed on LIHEAP	application			
Website				
Other - Describe:				
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	Applicant Only	All Adults in Household	All Household Members	
Social Security Card is photocopied and retained	Required	Required	Required	
	Requested	Requested	Requested	
Social Security Number (Without actual Card)	Required	Required	Required	
	Requested	Requested	Requested	
Government-issued identification card	Required	Required	Required	
(i.e.: driver's license, state ID, Tribal ID, passport, etc.)	Requested Requested		Requested	

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1							
If an How ineli docu to ha	b. Describe any exceptions to the above policies.  If any household member is a temporary foreign national not authorized for employment, verification of a social security number may be waived. However, they must present their I-94 card, or other acceptable documentation as outlined in the procedural manual. Any household containing an ineligible member may apply as long as the ineligible member is not counted as a member, however, the ineligible member's income must be counted and documented for household eligibility determination. Ineligible member is defined as a foreign national unable to submit required documents. We continue to have a procedure that allows for the waiver of the S.S. requirement, for some U.S. citizen family members, in extenuating circumstances on a case by case basis. i.e. custody issues, adoption, newborn, foster care, etc.						
17.3	7.3 Identification Verification						
Des appl	Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that				Select all that		
	Verify SSNs with Social Securit	ty Administration					
	Match SSNs with death records	s from Social Secur	ity Administration	or state agency			
	Match SSNs with state eligibilit	y/case managemen	t system (e.g., SNA	AP, TANF)			
	Match with state Department o	f Labor system					
	Match with state and/or federal	l corrections systen	1				
	Match with state child support	system					
	Verification using private softw	vare (e.g., The Wor	k Number)				
	In-person certification by staff	(for tribal grantees	only)				
	Match SSN/Tribal ID number	with tribal databas	e or enrollment re	cords (for tribal g	rantees only)		
V	Other - Describe:						
At this time, our only requirement is that all eligible household members, regardless of age, provide documentation of social security number, primarily using their social security card, or an I-94 card for foreign nationals. We are awaiting further guidance and technical assistance from HHS regarding real time access to the SSA's database for the puposes of electronic verification.							
17.4	. Citizenship/Legal Residency Veri	fication					
	at are your procedures for ensurin nat apply.	g that household m	embers are U.S. ci	itizens or aliens wl	ho are qualified to 1	receive LIHEAP b	enefits? Select
	Clients sign an attestation of c	itizenship or legal ı	residency				
>	Client's submission of Social S	Security cards is acc	cepted as proof of	legal residency			
~	Noncitizens must provide docu	umentation of imm	igration status				
	Citizens must provide a copy of	of their birth certifi	cate, naturalizatio	on papers, or pass	port		
	Noncitizens are verified throu	gh the SAVE system	n				
	Tribal members are verified the	hrough Tribal enro	llment records/Tr	ibal ID card			
	Other - Describe:						
17.5	. Income Verification						
Wh	at methods does your agency utilize	e to verify househol	ld income? Select	all that apply.			
~	Require documentation of inco	me for all adult hou	sehold members				
	Pay stubs						
	Social Security award le	tters					
	Bank statements						
	Tax statements						
	Zero-income statements						
	Unemployment Insuran	ce letters					
	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			
Table 2 Marie 2 Marie and an arrange of the Community of			
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			
✓ Vendors are verified through energy bills provided by the household			
<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> </ul>			
vendors are vermed amough energy ones provided by the nousehold			
Grantee and/or local agencies/district offices perform physical monitoring of vendors			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  Data exchange with utilities that verifies:			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  Data exchange with utilities that verifies:  Account ownership			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  Data exchange with utilities that verifies:  Account ownership  Consumption			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  Data exchange with utilities that verifies:  Account ownership  Consumption  Balances			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  Data exchange with utilities that verifies:  Account ownership  Consumption  Balances  Payment history			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  Data exchange with utilities that verifies:  Account ownership  Consumption  Balances  Payment history  Account is properly credited with benefit			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  Data exchange with utilities that verifies:  Account ownership  Consumption  Balances  Payment history  Account is properly credited with benefit  Other - Describe:  Centralized computer system/database tracks payments to all utilities			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  Data exchange with utilities that verifies:  Account ownership  Consumption  Balances  Payment history  Account is properly credited with benefit  Other - Describe:  Centralized computer system/database tracks payments to all utilities  Centralized computer system automatically generates benefit level			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  Data exchange with utilities that verifies:  Account ownership  Consumption  Balances  Payment history  Account is properly credited with benefit  Other - Describe:  Centralized computer system/database tracks payments to all utilities  Centralized computer system automatically generates benefit level  Separation of duties between intake and payment approval			
Grantee and/or local agencies/district offices perform physical monitoring of vendors  Other - Describe and note any exceptions to policies above:  17.8. Benefits Policy - Gas and Electric Utilities  What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.  Applicants required to submit proof of physical residency  Applicants must submit current utility bill  Data exchange with utilities that verifies:  Account ownership  Consumption  Balances  Payment history  Account is properly credited with benefit  Other - Describe:  Centralized computer system/database tracks payments to all utilities  Centralized computer system automatically generates benefit level			

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
<b>✓</b> Procedures are in place to require prompt refunds from utilities in cases of account closure
<b>✓</b> Vendor 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, and other bulk fuel vendors? Select all that apply.
Vendors are checked against an approved vendors list
Centralized computer system/database is used to track payments to all vendors
Clients are relied on for reports of non-delivery or partial delivery
Two-party checks are issued naming client and vendor
Direct payment to households are made in limited cases only
Vendors are only paid once they provide a delivery receipt signed by the client
Conduct monitoring of bulk fuel vendors
Bulk fuel vendors are required to submit reports to the Grantee
Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
17.10. Investigations and Prosecutions
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
Refer to state Inspector General
Refer to local prosecutor or state Attorney General
Refer to US DHHS Inspector General (including referral to OIG hotline)
Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
Grantee attempts collection of improper payments. If so, describe the recoupment process
Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
Vendors found to have committed fraud may no longer participate in LIHEAP
Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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# Section 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)

321 East 12th Street, Des Moines, Polk County, Iowa 50319  * Address Line 1					
Address Line 2					
Address Line 3					
Des Moines  * City	IA * State	50319 <b>* Zip Code</b>			

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

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other

designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

## Section 20: Certification Regarding Lobbying

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any

person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

#### Assurances

Assurances (1) use the funds available under this title to--(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5); (B) intervene in energy crisis situations; (C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and (D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title; (2) make payments under this title only with respect to--(A) households in which one or more individuals are receiving--(i)assistance under the State program funded under part A of title IV of the Social Security Act: (ii) supplemental security income payments under title XVI of the Social Security Act; (iii) food stamps under the Food Stamp Act of 1977; or (iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

(B) households with incomes which do not exceed the greater of -

- (i) an amount equal to 150 percent of the poverty level for such State; or
- (ii) an amount equal to 60 percent of the State median income;

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

- (3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act; (4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act; (5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;
- (6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -
- (A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

- (B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;
- (7) if the State chooses to pay home energy suppliers directly, establish procedures to --
- (A) notify each participating household of the amount of assistance paid on its behalf;
- (B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;
- (C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and
- (D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grantees and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;
- (8) provide assurances that,
- (A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and
- (B) the State will treat owners and renters equitably under the program assisted under this title;
- (9) provide that--
- (A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and
- (B) the State will pay from non-Federal sources the remaining costs of planning

and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

- (10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");
- (11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;
- (12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);
- (13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and
- (14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.
- (15) \* beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.
- \* This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.
- (16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with

energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

# **Plan Attachments**

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

# VENDOR AGREEMENT FFY 2019 LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

The following agreement is made between the local community action agency (local agency) administering the Low-Income Home Energy Assistance Program (LIHEAP) and:

Vendor		Local Agency	
Address		Address	
Telephone	Fax/Email	Telephone	Fax/Email

All provisions of this agreement are subject to the availability of federal funds, issued by the U.S. Department of Health & Human Services (HHS). All vendors shall abide by the following provisions for the current Low-Income Home Energy Assistance Program.

#### **Agreement Duration**

This agreement is effective when signed by the vendor and shall terminate on September 30, 2019. The termination of this agreement shall not discharge any obligation owed by either party to the other or to an eligible household if such obligation was incurred during the effective period of the agreement.

## Vendor Notification of Eligible Households

The local agency will notify the vendor in writing of those households that have applied for Low-Income Home Energy Assistance. The local agency will notify the vendor on a weekly basis of those households that have been approved for either the Energy Assistance or Weatherization Assistance Programs.

## Household Payments from LIHEAP

Eligible households on whose behalf payments are made are third-party beneficiaries under this agreement. Therefore, all payments accepted by the vendor made by the local agency on behalf of an approved household must be applied as credit to that household's current energy account.

Regular LIHEAP benefits received may not be used to pay for home energy costs incurred prior to the start of the LIHEAP application period in which payment was made.

If the eligible household resides in the vendor's customary service area, the vendor cannot refuse to provide fuel that is paid for by the regular LIHEAP benefit unless an unsafe condition would result or the tank is owned by another vendor. Exceptions to the requirement for delivery by a vendor may be approved by the local agency, in consultation with the vendor, for circumstances that make delivery impossible and/or impractical, such as inclement weather, lack of available product, or other extenuating circumstances documented by the vendor.

Any payment not accepted by the vendor must be returned to the local agency within 5 business days of its receipt. Any duplicate payment for a household or an account must be reported to the local agency within 5 business days.

The energy supplier will charge the approved household in its normal billing process the difference, if any, between the actual cost of the home energy and the amount of the payment made by the local agency.

## Vendor Receipt of Payment

Within 30 calendar days of the vendor's receipt of payment, the vendor will provide to the local agency a receipt for the amount of payment received, the date of the receipt, and the household name, address, and account number for which payment was made.

Payments received by vendors for households participating in a budget billing or level-payment plan shall be applied to such level payment account in the full amount of the level payment bill, with any remaining assistance being applied toward future level payment bills until exhausted. A level payment amount shall not be adjusted nor shall a recipient be requested or required to withdraw from a level payment plan due to receipt of program assistance. Program assistance shall not be applied toward reducing any account balance in favor of the utility, which is in excess of accrued level payments.

#### New Customers with Vendor

Vendor may require a new customer to complete an account application, including a customer credit check, as a condition of delivery of propane paid for with LIHEAP funds. The results of a credit check cannot be the basis for refusal of delivery paid for by LIHEAP funds.

#### Minimum Delivery

The deliverable fuel vendors agree to accept the \$500 minimum LIHEAP benefit for deliverable fuel customers as meeting their requirement for minimum delivery. The delivery must be made within 48 business hours after order by the agency with no additional charges.

#### **Emergency Delivery**

In the event of an emergency requiring delivery in less than 48 business hours, empty tank, etc., the vendors' customary charges will apply. Vendor agrees to accept local agency payment guarantees by phone, fax, or email for emergency fills of deliverable fuels and upon such notification make delivery.

#### Customer Payment Plan

Vendor should make an effort to offer LIHEAP customers a payment plan for any balance due on their account and consider continued provision of fuel to the LIHEAP customer who maintains their payment plan.

#### Extending Credit to LIHEAP Customer

This agreement does not require the vendor to extend credit to a LIHEAP customer and the vendor at its discretion may refuse delivery of additional fuel if the LIHEAP customer's benefit is exhausted or there is no other means for payment for the fuel.

## Continuous Access to Home Heating

The local agency and vendor will collaborate and to the extent practicable attempt to ensure the customer has continuous access to home heating.

#### Payments from Households

The local agency and vendor will encourage regular monthly payments from households, including use of budget billing.

#### Price List

Incidental home energy costs such as charges for delivery, routine services, and reconnections may be paid with funds from this program. A price list of routine services that are normal and customary <u>must</u> be attached to this agreement (i.e., pressure check, safety / leak seek test, regulator replacement, after hour / same day / non-routine delivery, and other).

### **Unsupported Expenses**

Expenses for security deposits or tank rental/leasing will not be paid with funds from this program.

## Confidentiality

Information regarding applicants and beneficiaries under this program must remain confidential subject only to the limited release of information by the vendor to the local agency and the State of Iowa. The vendor agrees to keep confidential the names and all other information pertaining to the clients served, including financial status, lifestyles, and housing conditions.

#### Non-Discrimination

The eligible household will not be treated adversely from other households because of receiving assistance under the Low-Income Home Energy Assistance Program. The energy supplier agrees not to discriminate either in cost of goods supplied or services provided, against the eligible household on whose behalf payments are made.

#### **Termination of Customer Account**

If a household terminates its account or changes vendors prior to termination of this agreement, the vendor shall contact the local agency within 30 calendar days to reconcile the existing account and to determine the distribution of any remaining funds. No funds paid under this program may be returned directly to any client without written authorization from the agency. A credit balance on the account is to be returned to the agency within 30 calendar days.

#### Retention of Records

Energy suppliers will assist the local agency local agency and State of Iowa in collecting data concerning information on home energy consumption, amount and cost of fuels used for households eligible for LIHEAP assistance, payment history, or such other data as the state determines is reasonably necessary.

Books, records, and other evidence pertaining to costs incurred and prices charged under this agreement, for the purpose of audit and/or examinations required for the proper administration of the program must be kept during the period of this agreement and for 3 years thereafter.

## Site Visits

The State of Iowa and HHS authorized representatives reserve the right to monitor the use of funds by the participating vendor in order to evaluate compliance with the provisions of this agreement.

#### Termination of Agreement

The local agency may terminate this agreement upon written notice for the breach by the vendor of any material term, condition or provision of this agreement. Either the local agency or the vendor may terminate this agreement by giving the other party at least 30 calendar days written notice.

Upon termination of the agreement by either party or upon expiration of the agreement, the vendor shall, within 5 business days, remit to the local agency any unexpended funds paid to the vendor.

The vendor shall provide a full accounting of the funds subject to this agreement within 30 calendar days of termination or expiration of the agreement.

SIGNED:	RETURN TO:
Vendor Authorizing Signature	Local Agency Director
Date	Date



13.6 How many households received these services?

Through the first three quarters of the program year (FY 2018):

- 32,815 households received conservation education
  - 9,415 households completed a needs assessment
  - 3,512 households received budget counseling
    - 522 households received low-cost energy-efficient measures
  - 8,343 households were assisted in negotiating payment agreements with their vendors
- 6,330 households were referred or assisted to other resources through customer advocacy

We will continue to collect this data for the remainder of the year.



Kim Reynolds Governor

## OFFICE OF THE GOVERNOR

ADAM GREGG LT GOVERNOR

October 2, 2017

J. Janell George, Director
Administration for Children and Families
U.S. Department of Health and Human Services
Office of Community Services
Division of State Assistance
370 L'Enfant Promenade, S.W. 5th Floor W.
Washington, D.C. 20447

Dear Ms. George:

This letter is to advise that, until further notice, I hereby delegate authority to the Division Administrator of the Iowa Division of Community Action Agencies (DCAA), Iowa Department of Human Rights, in making applications and providing certification to the 16 assurances contained in Title XXVI, section 2605(b) of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35, as amended in the administration and operation of its Low-Income Home Energy Assistance Program (LIHEAP).

The Division Administrator of the DCAA is authorized to sign the LIHEAP State Plan and any subsequent amendments and/or agreements concerning the Low-Income Home Energy Assistance Program in Iowa.

Thank you for your consideration in this matter. Any questions regarding the implementation of this program should be directed to William Brand, Division Administrator of the Division of Community Action Agencies, at 515-281-3268 or by email at bill.brand@iowa.gov.

Sincerely,

Kim Reynolds Governor of Iowa

## **SUBJECT: FY 2018 LIHEAP PAYMENT MATRIX**

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## 1. **INCOME ELIGIBILITY**

	POVERTY LEVEL	<b>POINTS</b>
	0 - 75%	8
	76 - 100%	6
	101 - 125%	5
	126 - 175%	4
	Over 175%	Ineligible
2.	TARGETING FACTORS	
	Fixed Income Only	1
	Elderly	1
	Disabled	1
	Children under age 6 in household	1
	Detached Dwelling	1
	Subsidized Housing	-3
	5-Plexes or More	-1
	Heat Included in Rent	-4
	Over \$15,000 in Savings	-4
3.	FUEL TYPE	
	Natural Gas	4
	Electric	4
	Liquid Petroleum	5
	Fuel Oil	5
	Wood/Coal/Corn	2

\$\_\_\_\_ per point determined by total funding and expected # of participating households

All income shall be verified for each household member based on the 30-day or 12-month period immediately preceding the application date or the most recent calendar year.

The minimum benefit for liquid propane and fuel oil customers is \$500.