

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP Model Plan Template

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



LIHEAP
Low Income Home Energy Assistance Program

Mandatory Grant Application SF-424

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

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

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

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

7. APPLICANT INFORMATION

***a. Legal Name:** Nevada Division of Welfare and Supportive Services

***b. Address:**

*Street 1:	DIVISION OF WELFARE & SUPPORTIVE SERVICES	Street 2:	1470 EAST COLLEGE PARKWAY
*City:	CARSON CITY	County:	
*State:	NV	Province:	
*County:	United States	*Zip/Postal Code:	89706 - 7924

c. Organizational Unit:

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

*First Name:	Maria	*Last Name:	Wortman-Meshberger
Title:	Chief, Employment & Support Services	Organizational Affiliation:	Division of Welfare and Supportive Services
*Telephone Number:	(775) 684-0506	Fax Number:	
*Email:	MRWORTMAN@dwss.nv.gov		

***8. TYPE OF APPLICANT:**

State Government

a. Is the applicant a Tribal Consortium:

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

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

	Catalog of Federal Domestic Assistance Number	CFDA Title:
9. CFDA NUMBERS AND TITLES	93568	Low-Income Home Energy Assistance

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
11. AREAS AFFECTED BY FUNDING:	
Statewide	
12. CONGRESSIONAL DISTRICTS OF APPLICANT:	
13. FUNDING PERIOD:	
a. Start Date: 10/1/ 2023 2024	b. End Date: 9/30/ 2024 2025
*14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?	
a. This submission was made available to the State under Executive Order 12372	
Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO	
If yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> I AGREE	
**The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official	17c. Telephone (area code, number, and extension)
17b. Signature of Authorized Certifying Official (on)	17d. Email Address:
17e. Date Report Submitted (Month, Day, Year)	
Attach supporting documents as specified in agency instructions	

Section 1 - Program Components

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

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

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

Section 1 – Program Components

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

Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated		Dates of Operation	
		Start Date:	End Date:
<input checked="" type="checkbox"/>	Heating assistance	10/1/ 2023 2024	9/30/ 2024 2025
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Weatherization assistance	10/1/ 2023 2024	9/30/ 2024 2025
<input type="checkbox"/>	Summer Crisis assistance		
<input type="checkbox"/>	Winter Crisis assistance		
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/1/2024	9/30/2025

Provide further explanation for the dates of operation, if necessary

Nevada has a combined year-round heating and cooling program. All of the information will be provided in the Heating Assistance section.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all	Percentage (%):	Prior year totals (auto-populate)
Heating assistance	85.00%	
Cooling assistance	0.00%	
Summer crisis assistance		
Winter crisis assistance		
Year-round crisis assistance	1.00%	
Weatherization assistance	5.00%	
Carryover to the following federal fiscal year	2.00%	
Administrative and planning costs	7.00%	
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	
Used to develop and implement leverages activities	0.00%	
TOTAL:	100.00%	

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

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

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

<input checked="" type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify):

Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8									
1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below?									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.									
	Heating		Cooling		Crisis		Weatherization		
TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SNAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Means-tested Veterans programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1.4 a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e., do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.									
1.5 Do you automatically enroll households without a direct annual application?									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
If Yes, explain:									
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?									
SNAP Nominal Payments									
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
If you answered "yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c and 1.7d.									
1.7b Amount of Nominal Assistance:					\$0.00				
1.7c Frequency of Assistance									
<input type="checkbox"/>	Once per year								
<input type="checkbox"/>	Once every five years								
<input type="checkbox"/>	Other – Describe:								
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?									
Determination of Eligibility - Countable Income									
Determination of Eligibility - Countable Income									
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?									
<input checked="" type="checkbox"/>	Gross Income								
<input type="checkbox"/>	Net Income								
<input type="checkbox"/>	Other – Describe:								
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP									
<input checked="" type="checkbox"/>	Wages								
<input checked="" type="checkbox"/>	Self - Employment Income								
<input checked="" type="checkbox"/>	Contract Income								
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts								
<input checked="" type="checkbox"/>	Unemployment insurance								
<input checked="" type="checkbox"/>	Strike Pay								
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits								
	<input type="checkbox"/>	Including Medicare deduction			<input checked="" type="checkbox"/>	Excluding Medicare deduction			
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)								
<input checked="" type="checkbox"/>	Retirement/pension benefits								
<input checked="" type="checkbox"/>	General Assistance benefits								

<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input checked="" type="checkbox"/>	Loans that need to be repaid
<input checked="" type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input checked="" type="checkbox"/>	One-time lump sum payments, such as rebates or credits, winnings from lotteries, refund deposits, etc.
<input checked="" type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input checked="" type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input checked="" type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	Other: Personal Property Income, Military Income, Property Income, Church/Charitable Support, etc. Income is any type of payment that is a gain or benefit to a household. When determining eligibility, any income not specifically listed as exempt is counted. If a state of emergency is declared by the Governor, the DWSS Administrator has the authority to exempt income used to determine eligibility and benefit amount.

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

1.10 Do you have an online application process?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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1.10a If yes, describe the type of online application (select all boxes that apply)

<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person, or faxed in for processing.
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing
<input type="checkbox"/>	One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing
<input type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
<input checked="" type="checkbox"/>	Please include a link(s) to a statewide application, if available: https://dwss.nv.gov/Energy/2_Apply_for_Assistance/

1.10b Can all program components be applied for online?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If no, explain which components can and cannot be applied for online:

1.11 Do you have a process for conducting and completing applications by phone:

No

1.12 Do you or any of your subrecipients require in person appointments in order to apply?

No

If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.

1.13 How can applicants submit documentation for verification? Select all that apply:

<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, describe: Fax

Section 2 - HEATING ASSISTANCE

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

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN
Section 2 – Heating Assistance**

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
	All Household Sizes	HHS Poverty Guidelines	150.00%

2.2 Do you have additional eligibility requirements for heating assistance?

Yes No

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

Do you require an Assets test? Yes No

If yes, describe:

Do you have additional or differing eligibility policies for:

Renters? Yes No

If yes, describe:

Renters living in subsidized housing? Yes No

If yes, describe: Renters living in subsidized/public housing where all utilities are included in the rent, and they are not billed separately for their energy costs are ineligible for an EAP benefit unless they have an energy burden.

Renters with utilities included in the rent? Yes No

If yes, describe: If the utility account(s) are in the landlord's name and the utilities are included in the rent, and the residence is not master-metered, eligible households with a solar vendor are eligible to receive the minimum annual payment of \$~~240~~360 paid directly to the household if all other eligibility criteria are met.

Do you give priority in eligibility to:

Older adults? Yes No

If yes, describe: Prior recipient households consisting of elderly and/or disabled members will be mailed a simplified re-determination application about 30 days preceding the date they may be eligible for a current year benefit. Applications received by households consisting of elderly, disabled, and/or have a child less than 6 years of age should be processed within 30 days (rather than 60 days) of receipt.

Individuals with a disability? Yes No

If yes, describe: Prior recipient households consisting of elderly and/or disabled members will be mailed a simplified re-determination application about 30 days preceding the date they may be eligible for a current year benefit. Applications received by households consisting of elderly, disabled, and/or have a child less than 6 years of age should be processed within 30 days (rather than 60 days) of receipt.

Young children? Yes No

If yes, describe: Prior recipient households consisting of elderly and/or disabled members will be mailed a simplified re-determination application about 30 days preceding the date they may be eligible for a current year benefit. Applications received by households consisting of elderly, disabled, and/or have a child less than 6 years of age should be processed within 30 days (rather than 60 days) of receipt.

Households with high energy burdens? Yes No

If yes, describe:

Other? Yes No

If yes, describe: Fast-Track - The Fast -Track Component provides expedited application processing for eligible households whose energy source is in danger of being interrupted. Specific eligibility criteria must be met to qualify. In addition to other qualifying criteria, the household must have experienced an unexpected loss or

reduction if income during the last 6 months

See attachment for section 2 or read below:

1. Identification of the applicant is required. If the utility bills are not in the applicant's name, a statement from the individual named on the utility bill(s) with their address and phone number will be required. If it is a property management company, then a letter written by the property manager on the company's letterhead with their address and phone number will be required.

2. Applications must be submitted by the person whose name appears on the utility bill or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for paying the cost of energy for the household. (Exceptions to the additional eligibility requirements may be granted by the Chief of Employment and Support Services if a hardship exists.)

3) Eligible households with a solar vendor are eligible for the minimum annual payment of \$240360 for the solar vendor.

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

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

A flat \$100 increase will apply to households with elderly, disabled, and/or have a child less than 6 years of age member and should be processed within 30 days of receipt of the application.

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

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size
<input checked="" type="checkbox"/>	Home energy cost or need:
<input checked="" type="checkbox"/>	Fuel type
<input type="checkbox"/>	Climate/region
<input checked="" type="checkbox"/>	Individual bill
<input checked="" type="checkbox"/>	Dwelling type
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)
<input type="checkbox"/>	Energy need

<input checked="" type="checkbox"/>	<p>Other - Describe:</p> <p>See attachment for section 2 or read below:</p> <p>1. Eligible households having a Fixed Annual Credit (FAC) benefit of zero to and including \$239359 will receive a payment of \$240360.</p> <p>2. Eligible households residing in master metered residences will have the following rules applied:</p> <ul style="list-style-type: none"> • If all utilities are in the landlord's name and included in the rent, and the household does not reside in subsidized housing, and does not receive a separate bill that includes consumption and dollar usage, the household will receive an annual payment of \$240360. • If all utilities are in the landlord's name but the household receives a separate bill that includes consumption and dollar usage, the household is eligible for a fixed annual credit or \$240360, whichever is greater, payable to the household. • If one of the utilities is in the landlord's name and one is in the household's name, the household will receive a fixed annual credit based on the utility in the household's name payable to the household's utility, unless the household receives a separate bill from the landlord that includes energy consumption and dollar usage. • If the household receives both, the household may receive a fixed annual credit based on both utilities payable to the household's utility not to exceed the annual usage, and the remainder payable to the household. <p>3. Eligible households with a solar vendor are eligible for the minimum annual payment of \$240360 for the solar vendor.</p> <ul style="list-style-type: none"> • If the household receives both, the household may receive a fixed annual credit based on both utilities payable to the household's utility not to exceed the annual usage, and the remainder payable to the household.
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Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)

2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.			
Minimum Benefit	\$ 240 360	Maximum Benefit	\$ 3,136 -TBD
2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe.			
<p>Funds may be utilized to provide emergency supplies to households experiencing loss of electricity and/or heating for an extended period of time.</p> <p>The emergency supplies provided would depend on the emergency situation and the needs of the households impacted, which could include costs for temporary shelter for individuals in hotels or other living situations in which homes have been destroyed or damaged, costs for transportation to move individuals away from the crisis are to shelters, when safety is endangered by loss of access to heating or cooling, utility reconnection costs/fees, coats and blankets, crisis payments for utilities and utility deposits, purchase generators, purchase of sir conditioners, swamp coolers, or fans.</p>			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

Section 3 - COOLING ASSISTANCE

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

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN
Section 3 – Cooling Assistance**

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

3.2 Do you have additional eligibility requirements for cooling assistance?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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3.3 Check the appropriate boxes below and describe the policies for each.

Do you require an Assets test?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

Do you have additional or differing eligibility policies for:

Renters?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

Renters living in subsidized housing?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe: Nevada has a year-round program. See Heating Assistance for details.

Renters with utilities included in the rent?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe: Nevada has a year-round program. See Heating Assistance for details.

Do you give priority in eligibility to:

Older adults?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe: Nevada has a year-round program. See Heating Assistance for details.

Individuals with a disability?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe: Nevada has a year-round program. See Heating Assistance for details.

Young children?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe: Nevada has a year-round program. See Heating Assistance for details.

Households with high energy burdens?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

Other?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe: Fast Track

Nevada has a year-round program. See Heating Assistance for details.

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

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

Nevada has a year-round program. See Heating Assistance for details.

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

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

<input checked="" type="checkbox"/>	Dwelling type		
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.			
Minimum Benefit	\$240 360	Maximum Benefit	\$3,136 TBD
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe: Nevada has a year-round program. See Heating Assistance for details.			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

Section 4 - CRISIS ASSISTANCE

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

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OMB Clearance No.: 0970-0075
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN
Section 4 – Crisis Assistance**

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS/DOE Poverty Guideline	150.00%

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

See attachment for section 4 or see below:

"Energy emergency" for Division of Welfare and Supportive Services purposes has three meanings. The first means a household has had, or is in danger of having, their heating or electric service disconnected within 48 hours or is in need of heating fuel and has less than 10% in their tank or is in need of a deposit or if having a loss of energy causes a life-threatening situation and must have requested a payment plan from the utility and been denied. The second means a household is in crisis when annual gross income exceeds the current income limit except allowable qualifying expenses attributable to the crisis reduces the income to the current income limit or less. The third means a household that has an established arrearage on their account with their heating and/or cooling vendor and such arrearage may result in utility shut-off.

"Energy emergency" for Housing Division purposes means the household's primary heating system is unsafe or inoperable during the winter months, or the primary cooling system is unsafe or inoperable during the summer months.

In the event of an unexpected 'emergency' or an emergency declared by the Governor that threatens the health and safety of a household member or members the DWSS Administrator has the discretion to authorize use of LIHEAP funding to assist eligible recipients with in-kind and energy related needs.

4.3 What constitutes a life-threatening crisis?

If the loss of energy causes a life-threatening situation; for household member's a serious illness or other medical condition that requires electrical medical equipment or life support or which would otherwise be aggravated by interruption or termination of electrical service.

Crisis Requirement, 2604(c)

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
4.6 Do you have additional eligibility requirements for crisis assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.7 Check the appropriate boxes below to indicate type(s) of assistance provided			
Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you give priority in eligibility to:			
Older adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In Order to receive crisis assistance:			
Must the household have received a shut-off notice or have a	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

near empty tank?			
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating or cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other? Nevada has the following crisis components available for the FY: 1) Fast Track, 2) Crisis Intervention, 3) Arrearage Payment (When funding permits at the discretion of the Administrator).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have additional or differing eligibility policies for:			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explanations of policies for each "yes" checked above:			
<p>See attachment for section 4 or see below:</p> <p>4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE? Additional Eligibility Requirements:</p> <ol style="list-style-type: none"> 1. Identification of the applicant is required. If the utility bills are not in the applicant's name, identification of the individual named on the utility bills will be required. 2. Applications must be submitted by the person whose name appears on the utility bill or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for paying the cost of energy for the household. (Exceptions to the additional eligibility requirements may be granted by the Chief of Employment and Support Services if a hardship exists.) <p>4.7 Check the appropriate boxes below and describe the policies for each.</p> <p>Do you give priority in eligibility to:</p> <p>Prior recipient households consisting of elderly and/or disabled members will be mailed a simplified re-determination application about 30 days preceding the date they may be eligible for a current year benefit. Applications received by households consisting of elderly, disabled, and/or have a child under 6 years of age should be processed within 30 days (rather than 60 days) of receipt.</p> <p>The Fast-Track Component provides expedited application processing for eligible households whose energy source is in danger of being interrupted. Specific eligibility criteria must be met to qualify. In addition to other qualifying criteria, the household must have experienced an unexpected loss or reduction of income during the last 6 months.</p> <p>Must the household have received a shut-off notice or have a near empty tank?</p> <p>Fast Track:</p> <p>The household must 1) have received a 48-hour disconnect notice from their heating or electric service, or 2) have been disconnected, or 3) be in need of heating fuel and have less than 10% in their tank, or 4) need a deposit to establish service, or 5) have a life-threatening situation if they lose energy; and, 6) have paid at least \$25 on their utility bill(s) during the sixty (60) days prior to the emergency; and 7) have requested a payment plan and been denied or already have a payment plan established but are unable to meet the payment requirements.</p> <p>Other:</p> <p>Nevada has the following crisis components available: 1) Fast Track, 2) Crisis Intervention, and 3) Arrearage Payment (When funding permits at the discretion of the Administrator).</p>			

Do you have additional / differing eligibility policies for:

Renters living in subsidized/public housing where all utilities are included in the rent, and they are not billed separately for their energy costs are ineligible for an EAP benefit.

If the utility account(s) are in the landlord's name and the utilities are included in the rent, and the residence is not master-metered, and eligible household may receive the minimum annual payment of \$~~240~~360 paid directly to the household if all other eligibility criteria are met. Eligible households with a solar vendor are eligible for the minimum annual payment of \$~~240~~360 for the solar vendor.

Determination of Benefits

4.8 How do you handle crisis situations?

<input type="checkbox"/>	Separate component.
<input checked="" type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather, benefits are issued to crisis customers within crisis response time frames.
<input checked="" type="checkbox"/>	<p>Other - Describe:</p> <p>See attachment for section 4 or see below:</p> <p>Fast Track:</p> <p>The Fast-Track Component is the expedited processing of an energy assistance application to respond in emergent situations.</p> <p>Application Processing Times:</p> <ul style="list-style-type: none">a) When an eligible household, if having a loss of energy causes a life-threatening situation, applies for energy crisis benefits their case will be processed within 18 hours of receipt of their application and proof of eligibility.b) If an eligible household has received a 48-hour disconnect notice their case will be processed within 48 hours of receipt of their application and proof of eligibility. <p>Other:</p> <p>The Crisis Intervention Component assists households experiencing a special circumstance or crisis and whose gross annual income exceeds the current income limits to be set by the Administrator, not to exceed 150% of poverty except for allowable qualifying expenses that reduce the annual income to the current income limits of poverty or less.</p> <p>Qualifying expenses may include: 1) Unreimbursed medical expenses for medical emergencies or long-term, chronic medical conditions; 2) Unreimbursed compulsory and necessary home repairs; 3) Automobile repairs only if transportation is needed for ongoing medical care, the repairs are critical to the operation of the vehicle, and, it is the only registered vehicle in the household. Regular maintenance is excluded, including tire purchases. The qualifying expense must be supported by valid and verifiable documentation and must create a financial hardship for a period of no less than three (3) months.</p> <p>A household that meets the criteria for Fast Track or Crisis Intervention receives the amount to which they are entitled based on the FAC benefit not to exceed the benefit cap for the household's size and income.</p> <p>And/or Arrearage Payment Component:</p> <p>This component enables targeted low-income households to achieve energy self-sufficiency through a combined arrearage payment and an ongoing FAC benefit. The DWSS Administrator has the flexibility to restrict the Arrearage Payment Component to special households (child under 6, elderly, or disabled), suspend the program entirely when program funding is limited following a 30 day public notice period or to reduce or eliminate the energy burden to optimize the assistance provided to eligible households based on projected caseload, available program funding, and/or circumstances that warrant an adjustment (e.g., moratoriums on utility payments, etc.).</p>

<p>The arrearage payment is an amount eliminating the applicant's debt owed to their heating and/or cooling vendor(s). The following criterion applies:</p> <p>1. The household's gross annual income must not exceed the current gross annual income limits of the federally designated level signifying poverty, as determined by the Division of Welfare and Supportive Services.</p> <p>2. An eligible household may receive an arrearage payment once every five years based on the program year the prior arrearage payment was received. The only exceptions are households with chronic, long-term medical conditions that create financial hardship and/or increase energy consumption. The payment may be for both energy vendors. However, a subsequent request for an arrearage payment may not be paid at a later date in the event the previous arrearage payment did not cover one of the household's energy vendors.</p> <p>An eligible household that meets the criteria for the Arrearage Payment Component, receives both an arrearage payment [the amount necessary to satisfy the past due debt incurred with their energy vendor(s)] and their regular FAC (not to exceed the cap) benefit.</p>		
4.9 If you have a separate component, how do you determine crisis assistance benefits?		
<input type="checkbox"/>	Amount to resolve the crisis.	\$
<input type="checkbox"/>	Other - Describe:	
Other - Describe:		
Crisis Requirements, 2604(c)		
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?		
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
Explain.		
See attached explanation or see below:		
<p>The Division of Welfare and Supportive Services has service provider contracts with intake site locations throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the Energy Assistance Program including basic eligibility rules, assisting clients in completing the application, copying all required verifications and documentation, and making provisions for clients who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail, or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, not-for-profit neighbor programs, churches, housing authorities and development programs, various agencies serving the disabled, community coalitions, Native American tribal assistance agencies, Hispanic services agencies, and legal aid agencies.</p>		
4.11 Do you provide individuals with a disability the means to:		
Submit applications for crisis benefits without leaving their homes?		
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
If no, explain.		
Travel to the sites at which applications for crisis assistance are accepted?		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
If no, explain.		
Applications can be mailed/faxed/mailed to any Welfare office.		
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?		
Benefit Levels, 2605(c)(1)(B)		
4.12 Indicate the maximum benefit for each type of crisis assistance offered.		
Winter Crisis	Maximum Benefit	\$0.00
Summer Crisis	Maximum Benefit	\$0.00
Year-Round Crisis	Maximum Benefit	\$3,136 TBD
4.13 Do you provide in-kind (e.g., blankets, space heaters, fans) or other forms of benefits?		
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No

If yes, describe.			
Funds may be utilized to provide emergency supplies to households experiencing loss of electricity and/or heating for an extended period of time.			
4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.	Winter Crisis	Summer Crisis	Year-Round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles/gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you responded "Yes" to question 4.16, you must respond to question 4.17.			
4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.			
See attachment for section 4 or see below:			
The moratorium period for all customers is temperature-based, above 105 degrees or below 15 degrees, unless the household has an elderly or disabled person the temperature-base is above 95 degrees or below 20 degrees.			
Special dispensation received by all customers:			
Disconnection is delayed for 30 days, with one renewal, if medical emergency.			
Customer must pay bill in installments within the next 90 days.			
Elderly and handicapped must have 48-hour notice.			
Disconnection is delayed if customers agree to pay the bill in installments within the next 90 days.			
Consumer Bill of Rights: http://puc.nv.gov/Consumers/Be_Informed/Consumer_Bill_of_Rights/			
4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, describe:			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

Section 5 - WEATHERIZATION ASSISTANCE

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

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN
Section 5 – Weatherization Assistance**

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS- Poverty- Guidelines DOE Poverty Guidelines	200.00%

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

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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5.3 If yes, name the agency and attach a copy of the internal agreement or contract.

Department of Business and Industry, Housing Division

5.4 Is there a separate monitoring protocol for weatherization?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Weatherization - Types of Rules

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

<input type="checkbox"/>	Entirely under LIHEAP (not DOE) rules
<input type="checkbox"/>	Entirely under DOE WAP (not LIHEAP) rules
<input type="checkbox"/>	Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
<input type="checkbox"/>	Income Threshold
<input type="checkbox"/>	Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- and 4-unit buildings) are eligible units or will become eligible within 180 days.
<input type="checkbox"/>	Weatherize shelters temporarily housing primarily low-income persons (excluding nursing homes, prisons, and similar institutional care facilities)
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)
<input checked="" type="checkbox"/>	Income threshold
<input checked="" type="checkbox"/>	Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit
<input checked="" type="checkbox"/>	Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
<input checked="" type="checkbox"/>	<p>Other - Describe:</p> <p>Weatherization activities/materials noted in 45 CFR Section 96.87 may be included in the services offered. Also, when LIHEAP funds are not used in conjunction with DOE funds, DOE Health & Safety requirements do not apply.</p> <p>Allowable countable income is based on DOE rules. DOE allows 200% poverty so for LIHEAP customers client eligibility for those households will be at or below 200% of the poverty level, except that the Secretary may establish a higher level if it is determined that a higher level is necessary. The DOE average cost per unit is not applicable because most projects require additional weatherization measures exceeding this limit. A figure of \$8,000 will be used.</p> <p>The FEAC eligibility list is used instead of an SIR for weatherization measures.</p>

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

5.6 Do you require an assets test?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
5.7 Do you have additional or differing eligibility policies for:			
Do you require an assets test?		<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
Do you have additional or differing eligibility policies for:			
Renters?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
Renters living in subsidized housing?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
Renters with utilities included in the rent?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
5.8 Do you give priority in eligibility to:			
Older adults?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
Individuals with a disability?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
Young children?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
Households with high energy burdens?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
Other? Weatherization related health Yes and safety hazard.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.			
See attachment for section 5 or see below:			
<p>5.7 Households living in master metered complexes or other properties where both utilities are in the landlord's name and the tenant does not receive a separate bill that includes their consumption and usage, the household is not eligible to receive weatherization services.</p> <p>If utility usage is unable to be verified for the applicant, the household is not eligible to receive Weatherization services.</p> <p>Priority assistance is provided to households who have weatherization related health and safety hazards or inoperative primary heating or cooling systems. Then to households whose members are either elderly, disabled, contain children under the age of six, or have a high energy burden.</p> <p>Funds may be utilized to provide emergency supplies such as portable space heaters, coolers or fans to households experiencing loss of electricity and/ or heating for an extended period of time.</p> <p>Multifamily buildings are eligible if 66% of the dwelling units in the building (50% if fewer than 5 units) meet WAP's income eligibility requirement of 200% below poverty. If a multifamily building meets the eligibility requirement, the entire building may be weatherized.</p> <p>* Updated 12.21.22 or clarification-</p> <p>* Renters need to qualify for the weatherization program (not the homeowner) and a Homeowner/Landlord.</p>			
5.8 Do you give priority eligibility to:			
<p>Priority assistance is provided to households who have weatherization related health and safety hazards or inoperative primary heating or cooling systems. Then to households whose members are either elderly, disabled, or contain children under the age of six, or have a high energy burden, funds may be utilized to provide emergency supplies such as portable space heaters, coolers or fans to households experiencing loss of electricity and/or heating for an extended period of time.</p>			
Benefit Levels			
5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, what is the maximum:		\$10,000	
Types of Assistance, 2605(c)(1), (B) & (D)			
5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)			
<input checked="" type="checkbox"/>	Weatherization needs assessments/audits	<input checked="" type="checkbox"/>	Energy-related roof repair
<input checked="" type="checkbox"/>	Caulking and insulation	<input checked="" type="checkbox"/>	Major appliance Repairs
<input checked="" type="checkbox"/>	Storm windows	<input checked="" type="checkbox"/>	Major appliance replacement
<input checked="" type="checkbox"/>	Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/>	Windows/sliding glass doors

<input checked="" type="checkbox"/>	Furnace replacement	<input checked="" type="checkbox"/>	Doors
<input checked="" type="checkbox"/>	Cooling system modifications/repairs	<input checked="" type="checkbox"/>	Water Heater
<input checked="" type="checkbox"/>	Water conservation measures	<input checked="" type="checkbox"/>	Cooling system replacement
<input checked="" type="checkbox"/>	Compact florescent light bulbs	<input type="checkbox"/>	Community Solar projects
<input type="checkbox"/>	Rooftop solar	<input checked="" type="checkbox"/>	Other - Describe: Solar screens, storm doors, mobile home roof coating, LEDs, air infiltration sealing, carbon monoxide and smoke alarms.
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

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

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

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN
Section 6 – Outreach**

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

6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

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

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.

The Energy Assistance Program has a web page on the Division’s website and some energy vendors have the program information and links to the Division website on their websites.

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: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN
Section 7 – Coordination**

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

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

Joint application for multiple programs

Indicate programs included:

Intake referrals to or from other programs

Indicate programs included:

One-stop intake centers

Other - Describe:

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

See attachment for section 7 or see below:

1. Public Assistance Clients - Recipients of other Division of Welfare and Supportive Services (DWSS) services such as TANF, SNAP and Medicaid are maintained in the NOMADS database. Through a fully automated process, recipient households in NOMADS meeting LIHEAP/Energy Assistance Program (EAP) income guidelines, and who have not applied for energy assistance in the previous or current year, may be periodically mailed a special EAP application preprinted with data from NOMADS. A cover letter accompanies each application explaining the household may qualify for energy assistance by reviewing the application, completing missing information and correcting any errors in the preprinted data, signing, and dating the application and submitting to the EAP.

2. Weatherization Assistance Program (WAP) - ~~Monthly, a list of all eligible EAP households is automatically provided to the Housing Division's WAP via an electronic transfer. These transfers are made to apprise the WAP of high energy usage households.~~ A list of eligible EAP households can be provided to the Housing Division's WAP, to notify the EAP of high energy usage households.

3. Independent Fuel Funds - The DWSS coordinates the eligibility criteria and applicant information with energy providers and organizations that administer fuel fund programs.

4. Other Programs - The DWSS provides program brochures, posters and/or applications (that includes the Weatherization Assistance Program website) for dissemination to their clients.

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

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

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

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

Section 8 – Agency Designation

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

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

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

Alternate Outreach and Intake, 2605(b)(15) - Assurance 15

If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

8.2 How do you provide alternate outreach and intake for heating assistance?

The Division of Welfare and Supportive Services has service provider contracts with intake site locations throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the Energy Assistance Program including basic eligibility rules, assisting clients in completing the application, copying all required verifications and documentation, and making provisions for clients who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail, or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, not-for-profit neighbor programs, churches, housing authorities and development programs, various agencies serving the disabled, community coalitions, Native American tribal assistance agencies, Hispanic services agencies, and legal aid agencies.

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

The Division of Welfare and Supportive Services has service provider contracts with intake site locations throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the Energy Assistance Program including basic eligibility rules, assisting clients in completing the application, copying all required verifications and documentation, and making provisions for clients who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail, or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, not-for-profit neighbor programs, churches, housing authorities and development programs, various agencies serving the disabled, community coalitions, Native American tribal assistance agencies, Hispanic services agencies, and legal aid agencies.

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

The Division of Welfare and Supportive Services has service provider contracts with intake site locations throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the Energy Assistance Program including basic eligibility rules, assisting clients in completing the application, copying all required verifications and documentation, and making provisions for clients who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail, or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, not-for-profit neighbor programs, churches, housing authorities and development programs, various agencies serving the disabled, community coalitions, Native American tribal assistance agencies, Hispanic services agencies, and legal aid agencies.

8.5 LIHEAP Component Administration	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	State Welfare Agency	State Welfare Agency	State Welfare Agency	Non-profits
8.5b Who processes benefit payments to gas and electric vendors?	State Welfare Agency	State Welfare Agency	State Welfare Agency	
8.5c Who processes benefit payments to bulk fuel vendors?	State Welfare Agency	State Welfare Agency	State Welfare Agency	
8.5d Who performs installation of weatherization measures?				Non-profits
<p>Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.</p> <p>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.</p>				
8.6 What is your process for selecting local administering agencies?				
Weatherization has an annual application and scoring process.				
8.7 How many local administering agencies do you use?				
Four Housing Division Sub-grantees				
8.8 Have you changed any local administering agencies in the last year?				
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
8.9 If so, why?				
<input type="checkbox"/>	Agency was in non-compliance with grant recipient requirements for LIHEAP -			
<input type="checkbox"/>	Agency is under criminal investigation.			
<input type="checkbox"/>	Added agency			
<input type="checkbox"/>	Agency closed			
<input type="checkbox"/>	Other – describe			
8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
8.10a If yes, please explain:				
8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc.				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
8.10c if yes, please explain:				
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p> <p>The subrecipients are still providing LIHEAP.</p>				

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

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

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Section 9 – Energy Suppliers

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

9.1 Do you make payments directly to home energy suppliers?

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

If yes, Describe.

If a client's utility vendor has not entered into an agreement with the Division of Welfare and Supportive Services or if the client does not have an account with a utility vendor (i.e., the utilities are in the landlord's name), the benefit may be paid directly to the client.

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

Each recipient is mailed a formal notice that explains their eligibility status, benefit amount and method of payment, or denial reason if determined ineligible.

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?

In addition to formalized vendor agreements, an audit is conducted each year that requires vendors to verify and certify that the benefits paid to them were, indeed, credited to the eligible household's account. At the same time, a random sample of eligible households are sent a letter describing the benefits paid and requesting verification that the benefits were accurately credited to their accounts. All discrepancies are fully investigated and resolved.

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?

Formalized Vendor Agreements

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If so, describe the measures unregulated vendors may take.

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

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

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

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

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Section 10 – Program, Fiscal Monitoring, and Audit

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

10.1. How do you ensure proper fiscal accounting and tracking of funds? Be specific about tracking of grant award, tracking of expenditures, tracking vendor (benefit) refunds, fiscal reporting process, and fiscal software systems being used.

See attachment for Section 10 or see below.

The Division of Welfare and Supportive Services uses a system of checks and balances to ensure accurate fiscal accounting and tracking. The LIHEAP/EAP Program Manager develops and maintains spreadsheets to track obligations and expenditures against the federal fiscal year, which are regularly reconciled with the Accounting Unit's fiscal records utilizing the State fiscal year. Funds are disbursed by the State Controller, with proper disbursement of and accounting for funds monitored through the Integrated Financial System (IFS). This system records and reports all aspects of financial activity within the program.

10.1a Provide Definitions for the following:

Obligation:	Amount of funds committed by September 30th to be expended on or before the expenditure timeframe.
Expenditures:	Funds paid out/spent for the program during expenditure timeframe.
Expenditure timeframe:	Forty-five days after the end of the grant period unless extension is agreed upon by the Division Chief Financial Officer in writing.
Administrative costs:	Expenses incurred in support of the daily operations for the program.

Audit Process

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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10.2a If yes, describe your auditor selection process.

Single Audit – As a recipient of federal funds, the Division is subject to Single Audits. These audits are conducted annually by an independent vendor contracted through the State’s Controller’s Office. Not all programs are reviewed each year. The LIHEAP Program was audited in FY 2022.

10.3. Describe any audit findings of the grant recipient (i.e., state, tribe, territory) rising to the level of a material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year.

<input type="checkbox"/>	No Findings
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Finding	Type	Brief Summary	Resolved?	Action Taken
1.	Monitoring Eligibility	Audit information provided is at the time of the Public Hearing on June 29, 2023. The amount of assistance to provide was not calculated with accurate information. Supervisory case reviews will be in compliance ongoing. The amount of assistance to provide was not calculated with accurate information.	Yes	staffing/management changes Supervisory case reviews will be in compliance ongoing.
2.	Monitoring Eligibility	Supervisor case review were not performed in accordance with the State Plan. The Division has filled the supervisor vacancies. Supervisory case reviews were not performed in accordance with the State Plan.	Yes	staffing/management changes The Division has filled the supervisor vacancies.
3.	Reporting	The projected unobligated balance (carryover amount) for CARES Act	Yes	staffing/management changes

		<p>funds did not agree to the underlying actual unobligated balance. Two CARES act draw downs were incorrectly coded in the 425 Report. When they were identified they were corrected and reported to ACF on the subsequent reports.</p> <p>The projected unobligated balance for CARES Act funds did not agree to the actual unobligated balance.</p>		Two CARES act drawdowns that were incorrectly coded in the 425 Report. When they were identified they were corrected and reported to ACF in subsequent reports.
4.	Reporting Documentation	<p>Supporting documentation was not maintained by the Division for amounts provided by subrecipients. The Division has a new system tracking that allows for subgrantees to upload documents and track all required criteria. Completed January 2022</p> <p>Supporting documentation was not maintained by the Division for amounts provided by subrecipients.</p>	Yes	<p>staffing/management changes</p> <p>The Division has a new tracking system that allows subgrantees to upload documents. Completed in January 2022</p>
5.	Reporting	<p>Required subaward information was not reported in the FFATA Subaward Reporting System. The Division has established procedures to ensure that all subawards are entered into the FFATA Subaward Reporting System. Completed August 2022</p> <p>Required subaward information was not reported in the FFATA Subaward Reporting System.</p>	Yes	<p>staffing/management changes</p> <p>The Division has established procedures to ensure all subawards are entered into the FFATA system. Completed August 2022</p>
6.	Monitoring	<p>Subawards did not contain all the required information, the subrecipients were not monitored to ensure audits required by Uniform Guidance were performed. The Division has established monitoring procedures for federal and state awards to ensure they are met. Completed June 2022</p> <p>Subawards did not contain all the required information, the subrecipients were not monitored to ensure audits required by Uniform Guidance were performed.</p>	Yes	<p>staffing/management changes</p> <p>The Division has established monitoring procedures for federal and state award are met. Completed June 2022.</p>

10.4. Audits of Local Administering Agencies

What types of annual audit requirements do you have in place for local administering agencies or district offices? Select all that apply.

<input type="checkbox"/>	Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133.
<input checked="" type="checkbox"/>	Local agencies and district offices are required to have an annual audit (other than A-133).
<input type="checkbox"/>	Local agencies or district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.
<input type="checkbox"/>	Grant recipient conducts fiscal and program monitoring of local agencies or district offices.
<input type="checkbox"/>	Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133.

Compliance Monitoring

10.5. Describe your monitoring process for compliance at each level below. Check all that apply.

Grant recipient employees:

<input type="checkbox"/>	Internal program review
<input type="checkbox"/>	Departmental oversight
<input type="checkbox"/>	Secondary review of invoices and payments
<input checked="" type="checkbox"/>	<p>Other program review mechanisms are in place. Describe:</p> <p>A fully automated computer system determines eligibility and benefits. The Program Manager receives computer generated activity reports by caseworkers, including each case received and the date, each case processed and the date, status of each case, and any amount of benefits issued (delineated by source of revenue; i.e., LIHEAP, Rate-Payer Funded Universal Energy Charge [UEC], or any other available revenue). Hard copy files are selected for review to ensure compliance with all applicable regulations and procedures and to ensure accurate and expedient processing. The computer generates a pay record to the State's Integrated Financial System (IFS) where checks are disbursed. Pay records are verified by the Accounting Unit as well as the LIHEAP/EAP Program Manager and Program Officer, prior to disbursement, which further ensures accuracy and reduces potential fraud and abuse.</p> <p>The Housing Division inspects a minimum of 10% for which weatherization assistance is provided. All Sub-grantees receiving Weatherization Assistance Program funding are monitored annually.</p> <p>See attached Section 10: Nevada's Weatherization Assistance Program (WAP) Monitoring Process for the Department of Energy (DOE) Compliance.</p>
Local Administering Agencies or District Offices:	
<input type="checkbox"/>	On-site evaluation
<input checked="" type="checkbox"/>	Annual program review
<input checked="" type="checkbox"/>	Monitoring through central database
<input type="checkbox"/>	Desk reviews
<input checked="" type="checkbox"/>	Client File Testing/Sampling
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:
10.6 Explain or attach a copy of your local agency monitoring schedule and protocol.	
<ul style="list-style-type: none"> Annual Program Evaluation - Nevada Revised Statute requires the Division to contract with an independent auditor for a comprehensive annual evaluation of the Energy Assistance Program to include: statutory compliance, performance measurements, information technology support, business operations, effectiveness, efficiency, and the identification of any benefit and program deficiencies with recommendations to improve them. Annual evaluations are provided to the governor, the legislative commission, and members of the legislative interim finance committee. Annual Management Evaluations – Case reviews are conducted by central office program staff to ensure district offices are complying with established program policy and to evaluate the accuracy of benefit calculation/distribution. The review data is entered, compiled, and stored in a system application, which produces summary reports. Any review element which falls below a 95% compliance rate is subject to a corrective action plan involving the Deputy of Field Services, the Program Manager, Chief of Employment and Support Services and Program Staff. A subsequent targeted review is conducted to determine if the corrective action was sufficient to bring the office into compliance or if additional corrective action is required. Staff Performance Case Reviews – Supervisors/trainers are required to complete a set number of case reviews per worker per month to monitor staff performance. Trainees and staff with performance issues are subject to 100% review prior to the posting of benefits. The Program Manager reviews a subset of the review completed by the supervisors to ensure they are adequately identifying and addressing performance issues. Staff who fail to meet performance standards are subject to progressive disciplinary procedures. <p>Single Audit – As a recipient of federal funds, the Division is subject to Single Audits. These audits are conducted annually by an independent vendor contracted through the State's Controller's Office. Not all programs are reviewed each year. The LIHEAP Program was audited in FY 2022 2023.</p> <p>All Weatherization Sub-grantees are selected for monitoring every year and ten percent (10%) of individual weatherization projects are randomly selected for monitoring by the Nevada Housing Division inspector.</p>	
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.	
Site Visits:	Nevada Housing Division staff conducts on-site file and office reviews once a year. Ten percent

	(10%) of files are examined to verify client eligibility. Sub-grantees and contractors' insurance, licenses and other certifications are reviewed at this time.
Desk Reviews:	All Sub-grantees must submit monthly fiscal and building weatherization reports for desk review of completed projects.
10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.	
<input checked="" type="checkbox"/>	Annually
<input type="checkbox"/>	Biannually
<input type="checkbox"/>	Triannually
<input checked="" type="checkbox"/>	Other, Each Sub-grantee is monitored at least once a year. If issues are discovered, additional monitoring may be necessary.
10.9. How many local agencies are currently on corrective action plans?	
Zero	
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)

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August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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Expiration Date: 02/28/2027

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MODEL PLAN**

Section 11 – Timely and Meaningful Public Participation

Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)

11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply. Note: Tribes do not need to hold a public hearing but must ensure participation through other means.

<input type="checkbox"/>	Tribal Council meeting(s)
<input checked="" type="checkbox"/>	Public Hearing(s)
<input checked="" type="checkbox"/>	Draft Plan posted to website and available for comment.
<input type="checkbox"/>	Hard copy of plan is available for public view and comment.
<input type="checkbox"/>	Comments from applicants are recorded.
<input checked="" type="checkbox"/>	Request for comments on draft Plan is advertised.
<input checked="" type="checkbox"/>	Stakeholder consultation meeting(s)
<input type="checkbox"/>	Comments are solicited during outreach activities.
<input checked="" type="checkbox"/>	Other - Describe: <p>The Division of Welfare and Supportive Services and Housing Division conduct joint Policy Advisory Council (PAC) meetings. This provided an avenue for public participation in the development of the plan by soliciting input from consumer advocates, other agencies, energy vendors, and the public; by mailing copies to interested parties; posting the information on multiple websites; and by holding public workshops and/or hearings. Divisions receive input from the Policy Advisory Council which is comprised of consumer advocates, utility vendors and other interested parties.</p> <p>11.2 What changes did you make to your LIHEAP plan as a result of this participation? See attachment for Section 11 or read below.</p> <p>During the joint meeting between the Energy Assistance Program and the Weatherization Assistance Program on June 7, 2023, no comments or suggestions were made.</p> <p>During the Public Hearing on June 29, 2023, no comments or suggestions were made.</p> <p>TBD</p>

Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only

11.3 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?

	Date	Event Description
1	6/29/2023 TBD	Public Hearing TBD
2		

11.4. How many parties commented on your plan at the hearing(s)? 0

11.5 Summarize the comments you received at the hearing(s).

~~No comments or suggestions were made at the PAC Meeting held on June 7, 2023
No Comments or suggestions were made at the Public Hearing held on June 29, 2023~~

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

~~N/A~~ TBD

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

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

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OMB Clearance No.: 0970-0075
Expiration Date: 02/28/2027

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Section 12 – Fair Hearings

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

12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year?

TBD

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

TBD

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

TBD

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

See attachment for Section 12 or read below.

The Division of Welfare and Supportive Services provides an opportunity for an administrative hearing to individuals whose claims for assistance are denied or who claim their application was not acted upon with reasonable promptness. The procedure for requesting a hearing is as follows:

- Applicant/Recipient submits a written request for a hearing and/or case review within 90 days of the date of notice.
- A pre-hearing conference may be held. The pre-hearing conference is an informal proceeding between the applicant/recipient and the LIHEAP/EAP Program Manager and/or Program Officer or other designated representative. The applicant/recipient may authorize a representative to assist in the pre-hearing conference.
- If the issues are not resolved, a Hearing Officer, who shall be designated by the Division of Welfare and Supportive Services Administrator, conducts a formal hearing within 90 days of the receipt of the hearing request. The hearing decision may be appealed to the district court.

12.5 When and how are applicants informed of these rights?

See attachment for Section 12 or read below.

Applicants are advised of their right to an administrative hearing through the "Rights and Obligations" and "Notice of Decision" forms. The "Rights and Obligations" form is provided to every person who requests an application. If an applicant is denied benefits, he/she is sent formal notification specifying the reason for the denial. This notice outlines the applicant's rights, including the right to request an administrative hearing if they disagree with the decision made on their case.

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

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

U.S. Department of Health and Human Services Administration for Children and Families	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 13 – Reduction of Home Energy Needs	
Section 13: Reduction of Home Energy Needs, 2605(b)(16) - Assurance 16	
13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?	
LIHEAP/EAP staff assists households by mediating with the utility companies and other energy vendors, coordinating sources of assistance, counseling, and making referrals to other agencies and programs.	
13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?	
This is a non-financial benefit and managed through the agency cost allocation methodology.	
13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year? Impact can be measured in many different ways: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management for example.	
N/A	
13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.	
N/A	
13.5 How many households received these services?	
N/A	
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

Section 14 - Leveraging Incentive Program, 2607A

U.S. Department of Health and Human Services
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August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-0075
Expiration Date: 02/28/2027

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Section 14 – Leveraging Incentive Program

Section 14: Leveraging Incentive Program, 2607(A)

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

Yes No

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

Information is requested for the prior fiscal year on how many households were served, what resource benefit was provided, and the total value of the assistance that was provided.

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

Resource	What is the type of resource benefit?	What is the source(s) of the resource?	How will the resource be integrated and coordinated with LIHEAP?
1	Discounted rates Households served: 183 TBD Amount of assistance: \$77,071.73 TBD	City of Boulder City's Discount Program	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, Boulder City's discount program is closely coordinated with LIHEAP. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resource/benefit.
2	Weatherization/Conservation measure Households served: 0 TBD Amount of assistance: 0 TBD	Lincoln County Power District	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, the Lincoln County Power District Customer Assistance Fund is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient funds. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resource/benefit.
3	Cash Households served: 5 TBD Amount of assistance: \$1,912.71 TBD	Mt. Wheeler Power Company Cooperative Assistance for Residential Energy (CARE)	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, Mt. Wheeler Power Company's CARE Program is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to

			insufficient funds. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resources/benefit.
4	Cash Households served: 151 TBD Amount of assistance: \$84,598.96 TBD	Nevada Housing Division's 15% Set Aside Program	In order to maximize the impact and effectiveness of both Nevada's LIHEAP and the Housing Division's 15% Set Aside program, families eligible for housing assistance who were not able to pay utility deposits and/or initial utility bills were screened to determine if any benefits had already been awarded to the applicant by either program. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the implementation of this resource/benefit.
5	Cash Households served: 207 TBD Amount of assistance: \$1,893,568.51 TBD	Universal Energy Charge Fund for Weatherization Administered by the Nevada Housing Division	The Nevada LIHEAP provides a monthly database download report to the Housing Division's Weatherization Assistance Program identifying eligible households whose energy assistance benefit was \$600 or greater. The UEC statute (Nevada Revised Statute 702) requires the energy assistance program to establish a mechanism to communicate high energy users to the weatherization program for prioritization for energy conservation measures. The weatherization program tracks and reports the effects the measures had on reducing the energy burden of the household. This interagency partnership enables low-income Nevadans' to pay the high cost of energy while maintaining a safe and healthy home
6	Cash Households served: 1,707 TBD Amount of assistance: \$422,573.94 TBD	NV Energy-Sierra Pacific Power-Special Assistance Fund for Energy" (SAFE)	To provide year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, the SAFE program is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient funds. In order to maximize the impact and effectiveness of both programs, SAFE applicants were screened to determine if any benefits had already been awarded to the applicant by either program. This coordination of efforts toward the common goal of assisting households with their energy needs has been instrumental in the development of this resource/benefit.
7	Cash Households served: 2,199 TBD Amount of assistance:	NV Power Company Project Reach.	Designed to help vulnerable adults 62 years and older, medically fragile people, seniors who are isolated, as well as deployed

	\$486,093.86 TBD		Reserve and National Guard members in need of emergency energy, cooling and utility bill assistance. The program is currently available during the summer months until funds are exhausted. The Project Reach program is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to those who otherwise would not have received assistance due to insufficient federal funds. In order to maximize the impact and effectiveness of both programs, Project Reach applicants were screened to determine if any benefits had already been awarded by either program to determine how much additional assistance was needed. This coordination of efforts has been instrumental in the development and implementation of this resource/benefit.
8	Cash Households served: 1,800 TBD Amount of assistance: \$265,918.53 TBD	Southwest Gas Corporation Energy Share Program	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, the Energy Share program coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient funds or the constraints of LIHEAP eligibility. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resource/benefit.
9	Weatherization/Conservation measure Households served: 91 TBD Amount of assistance: \$760,460.28 TBD	Governor's Office of Energy Weatherization Assistance	The Governor's Office of Energy set income guidelines at 200% of the federal poverty guidelines to provide services to those households above the state's income guidelines for LIHEAP. Households approved for Home Energy Retrofit Opportunities for Seniors (H.E.R.O.S.) must be seniors over 60 years old and a NV Energy customer. Computerized lists of LIHEAP clients are provided to the weatherization program for outreach and eligibility purposes.
10	Cash Households served: 0 TBD Amount of assistance: \$0 TBD	Valley Electric Association Customer Assistance Fund	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, Valley Electric Association's Customer Assistance Fund is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient federal funds. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of

			efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resources/benefit.
10	<p>Cash Households served: 15,787 TBD</p> <p>Amount of assistance: \$1,899,091 TBD</p>	Universal Energy Charge (UEC) Fund for Energy Assistance	The Energy Assistance Program uses its UEC revenue in conjunction with LIHEAP funding to serve additional low-income households at or below 150% of the poverty level. The funds may only be paid to households who are customers of the seven regulated utilities and who are required to pay the UEC. Financial Assistance is paid directly to energy vendors on behalf of LIHEA eligible households.
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>			

Section 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: 02/28/2027

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

Section 15: Training

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

a. Grant recipient Staff:

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

How often?

Annually

Biannually

As needed

Other - Describe: Investigations and Recovery training is provided annually. All other training is provided as needed.

Employees are provided with policy manual

Other - Describe:

b. Local Agencies:

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

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe:

c. Vendors

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

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

15.2 Does your training program address fraud reporting and prevention?

Yes No

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
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Section 16 – Performance Goals and Measures

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

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

Nevada's EAP computer system has been updated to capture and report the required information. Nevada is compliant with the reporting requirements.

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

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
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Section 17 – Program Integrity

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

17.1 Fraud Reporting Mechanisms

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

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

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

<input type="checkbox"/>	Printed outreach materials
<input checked="" type="checkbox"/>	Addressed on LIHEAP application
<input checked="" type="checkbox"/>	Website
<input type="checkbox"/>	Printed outreach materials
	Other - Describe:

17.2. Identification Documentation Requirements

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

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

b. Describe any exceptions to the above policies.

17.3 Identification Verification

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

<input type="checkbox"/>	Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
<input type="checkbox"/>	Verify SSNs with Social Security Administration
<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input checked="" type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Match with state Department of Labor system

<input type="checkbox"/>	Match with state and/or federal corrections system
<input checked="" type="checkbox"/>	Match with state child support system
<input checked="" type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only)
<input type="checkbox"/>	Other - Describe:
17.4. Citizenship or Legal Residency Verification	
What are your procedures for ensuring that household members are U.S. citizens or qualified non-citizens who are qualified to receive LIHEAP benefits? Select all that apply.	
<input checked="" type="checkbox"/>	Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.
<input type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Non-citizens must provide documentation of immigration status.
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport.
<input type="checkbox"/>	Non-citizens are verified through the SAVE system.
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card.
<input type="checkbox"/>	Other - Describe:
17.5. Income Verification	
What methods does your agency utilize to verify household income? Select all that apply.	
<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input checked="" type="checkbox"/>	Bank statements
<input checked="" type="checkbox"/>	Tax statements
<input checked="" type="checkbox"/>	Zero income statements
<input checked="" type="checkbox"/>	Unemployment Insurance letters
<input checked="" type="checkbox"/>	Other - Describe: <ul style="list-style-type: none"> • written/signed statement from employer • self-employment records • statement from 3rd parties contributing funds to the household
<input checked="" type="checkbox"/>	Computer data matches:
<input checked="" type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/>	Social Security income verified with SSA
<input checked="" type="checkbox"/>	Utilize state directory of new hires
<input type="checkbox"/>	Other - Describe:
17.6. Protection of Privacy and Confidentiality	
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.	
<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards.
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location.
<input type="checkbox"/>	Electronic files are protected in a secure location.
<input type="checkbox"/>	Other - Describe:
17.7. Verifying the Authenticity	
What policies are in place for verifying vendor authenticity? Select all that apply.	

<input checked="" type="checkbox"/>	All vendors must register with the state/tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form.
<input checked="" type="checkbox"/>	Vendors are verified through energy bills provided by the household.
<input type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors.
<input type="checkbox"/>	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.	
<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency.
<input checked="" type="checkbox"/>	Applicants must submit current utility bill.
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input type="checkbox"/>	Account is properly credited with benefit
<input checked="" type="checkbox"/>	Other - Describe: An annual audit is undertaken whereby a random sample of unregulated energy customers is contacted to determine if their energy vendor's monthly customer statement reflected an accurate crediting of their energy assistance payment. In situations where a potential discrepancy exists, the energy vendor's record for the customer is audited to resolve the issue.
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities.
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level.
<input type="checkbox"/>	Separation of duties between intake and payment approval.
<input checked="" type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments.
<input type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy.
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities.
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only.
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above and provide enforcement mechanism.
<input checked="" type="checkbox"/>	Other - Describe: Multi step process for payment approvals
17.9. Benefits Policy - Bulk Fuel Vendors	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendor list.
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors.
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery.
<input type="checkbox"/>	Two-party checks are issued naming client and vendor.
<input checked="" type="checkbox"/>	Direct payment to households is made in limited cases only.
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client.
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors.
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
17.10. Investigations and Prosecutions	
Describe the Grant recipient's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.	

<input type="checkbox"/>	Refer to state Inspector General.
<input checked="" type="checkbox"/>	Refer to local prosecutor or state Attorney General.
<input type="checkbox"/>	Refer to U.S. DHHS Inspector General (including referral to OIG hotline).
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.
<input checked="" type="checkbox"/>	<p>Grant recipient attempts collection of improper payments. If so, describe the recoupment process.</p> <p>If the claim is collectible by recouping monies credited to the household's utility vendor(s) immediate action shall be taken by the EAP worker to notify the utility vendor(s) to return any unused monies to DWSS. These monies will be deducted from the claim balance owed by the household. If a claim balance remains, the case shall be referred to the I&R unit for recovery.</p> <p>If a claim balance remains and the household applies for benefits in the subsequent program year, the claim balance may be deducted from the subsequent year's benefit to satisfy the claim if the household is eligible and agrees to amend any previous repayment agreement negotiated with the Division. This can be accomplished without regard to whether the household receives a vendor payment or direct payment. Once these benefits are withheld, the I&R unit shall be notified so their debtor file can record the 'collection'.</p>
<input checked="" type="checkbox"/>	<p>Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?</p> <p>See Attached or First Violation One program year (State Fiscal Year). Second Violation Two program years (State Fiscal Year). Third Violation Permanently Ineligible (lifetime).</p>
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated.
<input type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP.
<input type="checkbox"/>	Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

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

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

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

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

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

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

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

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.**
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.**
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.**
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.**
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.**
- 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.**
- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the**

method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and No procurement 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 No procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

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

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

<input checked="" type="checkbox"/>	By checking this box, the prospective primary participant is providing the certification set out above.
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Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 19 – Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

Definitions of terms in the No procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grant recipients' attention is called, in particular, to the following definitions from these rules:

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements Alternate I. (Grant recipients Other Than Individuals)

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

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

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

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

2527 N Carson St Ste 260, Carson City, NV, 89706

Address Line 2

3330 E Flamingo Rd Ste 55, Las Vegas, NV, 89121

Address Line 3

See Attachment for complete addresses

*City	*State	*Zip Code
Carson City	NV	89706
<p>Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients Who Are Individuals)</p> <p>(a) The grant recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;</p> <p>(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.</p> <p>[55 FR 21690, 21702, May 25, 1990]</p>		
<input checked="" type="checkbox"/>	<p>By checking this box, the prospective primary participant is providing the certification set out above.</p>	

Section 20: Certification Regarding Lobbying

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

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

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

Section 20 – Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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

<input checked="" type="checkbox"/>	By checking this box, the prospective primary participant is providing the certification set out above.
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Section 21: Assurances

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

August 1987, revised 05/92, 02/95,
03/96, 12/98, 11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Assurances

(1) use the funds available under this title to—

(A) conduct outreach activities and provide assistance to low-income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);

(B) intervene in energy crisis situations;

(C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and

(D) plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;

(2) make payments under this title only with respect to--

(A) households in which one or more individuals are receiving-- (i) assistance under the State program funded under part A of title IV of the Social Security Act;

(ii) supplemental security income payments under title XVI of the Social Security Act;

(iii) food stamps under the Food Stamp Act of 1977; or

(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

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

(i) an amount equal to 150 percent of the poverty level for such State; or

(ii) an amount equal to 60 percent of the State median income;

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

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act; coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance

program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

(6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -

(A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

(B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;

(7) if the State chooses to pay home energy suppliers directly, establish procedures to --

(A) notify each participating household of the amount of assistance paid on its behalf;

(B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

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

(8) provide assurances that,

(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and

(B) the State will treat owners and renters equitably under the program assisted under this title;

(9) provide that--

(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such

remaining cost (except for the costs of the activities described in paragraph (16));

(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursement of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

(11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;

(12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);

(13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and

(14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.

(15) * beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.

* This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

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

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

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Plan Attachments**

The following documents must be attached to this application

- Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.
- Heating component benefit matrix, if applicable
- Cooling component benefit matrix, if applicable
- Minutes, notes, or transcripts of public hearing(s).

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for  es