

Public Comment Draft
August 09, 2024

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP Model Plan Template

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



Mandatory Grant Application SF-424

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

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

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

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Plan	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual	* 1.c. Consolidated Application/Plan/Funding Request? Explanation: 2. Date Received: 3. Applicant Identifier: 4a. Unique Entity Identifier (UEI): G-16B11ALIEA 4b. Federal Award Identifier:	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update State Use Only: 5. Date Received By State: 6. State Application Identifier:
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7. APPLICANT INFORMATION

***a. Legal Name:** State of Iowa

***b. Address:**

*Street 1:	Lucas State Office Bldg	Street 2:	321 E 12 th St. 3 rd Floor
*City:	Des Moines	County:	Polk
*State:	IA	Province:	
*Country:	United States	*Zip/Postal Code:	50319

c. Organizational Unit:

Department Name:	Iowa Dept. of Health & Human Services	Division Name:	Community Access & Eligibility Division, Community Action Agencies Subdivision
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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:	Bill	*Last Name:	Marquess
Title:	LIHEAP Program Manager	Organizational Affiliation:	
*Telephone Number:	515-473-8575	Fax Number:	515-242-6119
*Email:	bill.marquess@hhs.iowa.gov		

***8. TYPE OF APPLICANT:**

State Government

a. Is the applicant a Tribal Consortium:

No

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

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

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

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FFY 2025 Model Plan	
11. AREAS AFFECTED BY FUNDING:	
Statewide	
12. CONGRESSIONAL DISTRICTS OF APPLICANT:	
3	
13. FUNDING PERIOD:	
a. Start Date: 10/01/2024	b. End Date: 09/30/2025
*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 here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date:	End Date:
<input checked="" type="checkbox"/>	Heating assistance	10/01/2024	04/30/2025
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2024	09/30/2025
<input type="checkbox"/>	Summer Crisis assistance		
<input type="checkbox"/>	Winter Crisis assistance		
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/01/2024	09/30/2025

Provide further explanation for the dates of operation, if necessary

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%	Percentage (%):	Prior year totals (auto-populate)
Heating assistance	56%	56%
Cooling assistance		
Summer crisis assistance	0%	0%
Winter crisis assistance		
Year-round crisis assistance	8%	8%
Weatherization assistance	15%	15%
Carryover to the following federal fiscal year	8%	8%
Administrative and planning costs	10%	10%
Services to reduce home energy needs including needs assessment (Assurance 16)	3%	3%
Used to develop and implement leverages activities		
TOTAL:	100%	100%

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 type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify): Remaining winter crisis component will remain in the ECIP component that includes furnace

			repair/replacement, emergency cooling, along with pre-purchase of liquid propane.					
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.								
N/A								
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?								
N/A								
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:					\$			
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?								
N/A								
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 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 type="checkbox"/>	General Assistance benefits
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input 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 type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input 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 type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

1.10 Do you have an online application process?

Yes No

1.10a If yes, describe the type of online application (select all boxes that apply)

- 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.
- A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing
- 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
- Online application that is also mobile friendly
- Other, please describe
- Please include a link(s) to a statewide application, if available:

1.10b Can all program components be applied for online?

Yes No

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:

Yes

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

No

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

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

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

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

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200%

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:

Subsidized households where primary heat is included in the rent are eligible for LIHEAP Regular Assistance if they have a secondary energy burden with a utility vendor.

Renters with utilities included in the rent? Yes No

If yes, describe:

Subsidized households where both heat and electric are included in the rent are ineligible because the household's energy burden is already reduced through the housing subsidy.

Do you give priority in eligibility to:

Older adults? Yes No

If yes, describe:

Households containing an elderly member are allowed to apply on October 1st, a month prior to the official start of our state LIHEAP Heating Assistance season on November 1st

Individuals with a disability? Yes No

If yes, describe:

Households containing a disabled member are allowed to apply on October 1st, a month prior to the official start of our state LIHEAP Heating Assistance season on November 1st

Young children? Yes No

If yes, describe:

Households with high energy burdens? Yes No

If yes, describe:

Other? Yes No

If yes, describe:

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

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

Only households with elderly and/or disabled members, or households actively facing disconnection of service, can apply starting October 1st. All others can apply starting November 1st.

Also, Iowa’s Regular Assistance Benefit Matrix structure awards additional benefit amounts for households with members that are elderly, disabled, and/or have young children.

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 type="checkbox"/>	Individual bill
<input checked="" type="checkbox"/>	Dwelling type
<input type="checkbox"/>	Energy burden (% of income spent on home energy)
<input type="checkbox"/>	Energy need
<input checked="" type="checkbox"/>	Other - Describe: See Benefit Matrix attachment for full description

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	\$80	Maximum Benefit	\$800
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2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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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.

NOTE: Section 2.1 - Iowa's eligibility threshold is 200% FPG (\$30,120 for a household of 1), which matches Iowa's Weatherization Assistance Program and is less than 60% of Iowa's SMI (\$35,427 for a household of 1).

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

Section 3 – Cooling Assistance **Iowa Only Provides Cooling through Crisis Assistance**

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold

3.2 Do you have additional eligibility requirements for cooling assistance?

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

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

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

If yes, describe:

Do you have additional or differing eligibility policies for:

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

Renters living in subsidized housing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe:

Renters with utilities included in the rent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe:

Do you give priority in eligibility to:

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

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

If yes, describe:

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

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

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

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

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

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

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

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

Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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**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 Poverty Guidelines	200%

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.

The Iowa LIHEAP Policy and Procedures Manual lists allowable year-round crisis measures within expenditure limits. Those allowable measures address the following crisis situations:

- * Repair/replacement of non-working heating units
- * Temporary need for alternate shelter, blankets, electric portable space heaters
- * Disconnected from utility service
- * Disconnection from utility service imminent
- * Emergency delivery of fuel when 30% or less remaining
- * If medically necessary, provide a window/portable air conditioning unit or repair/replacement of existing central AC

4.3 What constitutes a life-threatening crisis?

When a household is facing a crisis situation listed above (sec. 4.2) during a time of extreme weather, and/or has essential medical equipment that has or will become non-operational upon loss of utility service, that household is considered to be in a life-threatening crisis.

Crisis Requirement, 2604(c)

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

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

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

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

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have additional or differing eligibility policies for:			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input 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>- In a standard funding year (no emergency or supplemental federal funding) households must be at imminent threat of disconnection in order to receive a Service Continuity benefit payment and maintain their service connection. For deliverable fuel households, they must be at or below 30% of a full tank, but not yet at 0% or empty to receive an Emergency Delivery – Low Tank benefit payment. However, this additional criterion is specific to the Service Continuity and Emergency Delivery – Low Tank crisis assistance benefit categories only, not overall household LIHEAP eligibility.</p> <p>- In a standard funding year (no emergency or supplemental federal funding) households must already be disconnected from their energy service to receive a Reconnection benefit payment and restore their service connection. For deliverable fuel households, they must be at 0% or empty to receive an Emergency Delivery – Empty Tank benefit payment. However, this additional criterion is specific to the Reconnection and Emergency Delivery – Empty Tank crisis assistance benefit categories only, not overall household LIHEAP eligibility.</p> <p>- Subsidized households where primary heat is included in the rent are eligible for Crisis Assistance if they have a secondary energy burden with a utility vendor. Subsidized households where both heat and electric are included in the rent are ineligible because the household's energy burden is already reduced through the housing subsidy, and there is not an eligible account to address to ensure the crisis is resolved.</p> <p>- Non-subsidized households where all energy utilities are included in the rent are not eligible for Crisis Assistance unless they can demonstrate a measurable primary or secondary energy burden.</p>			
Determination of Benefits			
4.8 How do you handle crisis situations?			
<input checked="" type="checkbox"/>	Separate component.		
<input type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather, benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe:		
4.9 If you have a separate component, how do you determine crisis assistance benefits?			
<input checked="" type="checkbox"/>	Amount to resolve the crisis.		\$
<input checked="" type="checkbox"/>	Other - Describe:		
<p>All allowable crisis measures have expenditure limits outlined in the Iowa LIHEAP Policy and Procedures Manual. A combination of one or more of the following crisis components may be utilized to resolve a crisis situation.</p> <ul style="list-style-type: none"> * Heating Unit Repair/Replacement * Shelter, Blankets, Electric Portable Space Heaters * Emergency Delivery (Low Tank and Empty Tank) * Reconnection * Service Continuity * Emergency Cooling 			
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.			
Iowa has 99 counties with at least one outreach office in each county. Outreach hours vary from agency to agency.			

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.			
<p>Agencies do not routinely provide transportation from an individual's home to the agency to complete an application, nor is it a state program requirement to do so. However, agency staff willingly conducts intake off-site which can include the local agency office, or the applicant's home or any preferred location in such situations to best accommodate the applicant.</p> <p>Applications are also accepted online, via phone, email, and mail. Agencies are contractually required to make home visits when needed.</p>			
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	\$	
Summer Crisis	Maximum Benefit	\$	
Year-Round Crisis	Maximum Benefit	\$5,200 (max potential of allowable overlap of crisis services, not avg estimate of common crisis scenarios)	
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.			
<p>Payment for obtaining temporary shelter, purchase of blankets and/or electric portable space heaters. There is no limit to the number of space heaters a household can receive, except the expenditure limit. The following are minimum requirements for electric portable space heaters:</p> <p>Portable Space Heater Requirements (not wall-mounted) Wattage Output = 1500 Watts Power Source = Electric Safety Features = Auto Shutoff / overheat protection</p>			
4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.	Winter Crisis	Summer Crisis	Year-Round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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.			

State law provides that all households certified eligible for LIHEAP and/or the Weatherization Assistance Program are protected from disconnection of the household's natural gas and electric service from November 1 through April 1. This law applies to every regulated utility in the state.

4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?

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

Depending on the availability of funding, and the nature of the disaster aligning with allowable program activities, Iowa would focus on disaster scenarios as best we could.

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.

NOTE: Section 4.1- Iowa's eligibility threshold is 200% FPG (\$30,120 for a household of 1), which matches Iowa's Weatherization Assistance Program and is less than 60% of Iowa's SMI (\$35,427 for a household of 1).

Section 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-0075
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**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	200%

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

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

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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 checked="" 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 checked="" 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 checked="" 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 type="checkbox"/>	Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)
<input type="checkbox"/>	Income threshold
<input type="checkbox"/>	Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit
<input type="checkbox"/>	Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards.
<input type="checkbox"/>	Other - Describe:

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

5.6 Do you require an assets test?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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5.7 Do you have additional or differing eligibility policies for:

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

Do you give priority in eligibility to:

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

Priority for receiving service is given to households with the highest energy usage (greatest potential for savings) with additional priority to households occupied by elderly persons, persons with disabilities, and/or young children. The priority system is consistently applied to all housing types, single family, mobile homes, and multi-unit dwellings.

Client selection for service is based on a point system which is based on an estimate of annual client bill savings for heating, water heating, and air conditioning measures. Additional points are given if any household members are elderly, disabled, or young children.

A household's priority point total will be increased by 5% for each of the following situations:

- The household is occupied by an elderly person
- The household is occupied by a person with disabilities
- The household is occupied by young children

(A household's priority point total could be increased by 15% if each of the situations listed above exists.)

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If yes, what is the maximum: N/A

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 type="checkbox"/>	Storm windows	<input checked="" type="checkbox"/>	Major appliance replacement
<input checked="" type="checkbox"/>	Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/>	Windows/sliding glass doors
<input checked="" type="checkbox"/>	Furnace replacement	<input checked="" type="checkbox"/>	Doors
<input type="checkbox"/>	Cooling system modifications/repairs	<input checked="" type="checkbox"/>	Water heater
<input checked="" type="checkbox"/>	Water conservation measures	<input type="checkbox"/>	Cooling system replacement
<input checked="" type="checkbox"/>	Compact florescent light bulbs	<input type="checkbox"/>	Community solar projects
<input type="checkbox"/>	Rooftop solar	<input type="checkbox"/>	Other - Describe

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

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

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

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

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

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

<input checked="" type="checkbox"/>	Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
<input checked="" 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):

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.

Local agencies also develop and conduct outreach activities individualized to the specific communities they serve.

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.).		
<input checked="" type="checkbox"/>	Joint application for multiple programs	
Indicate programs included:		
<input checked="" type="checkbox"/>	Intake referrals to or from other programs	
Indicate programs included:		
<input checked="" type="checkbox"/>	One-stop intake centers	
<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 8 - Agency Designation, 2605(b)(6) - Assurance 6

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

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

Section 8 – Agency Designation

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

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

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input type="checkbox"/>	State Department of Welfare Agency (administers TANF, SNAP, and/or Medicaid)
<input type="checkbox"/>	Economic Development Agency
<input checked="" type="checkbox"/>	Other - Describe: Iowa Dept of Human Rights merged with the Iowa Dept of Health and Human Services last year. As such, our agency as a whole is a State Dept of Welfare Agency, however our subdivision is primarily responsible for Community Services.

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

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

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

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

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

8.5 LIHEAP Component Administration	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Community Action Agencies		Community Action Agencies	Community Action Agencies
8.5b Who processes benefit payments to gas and electric vendors?	Community Action Agencies		Community Action Agencies	
8.5c Who processes benefit payments to bulk fuel vendors?	Community Action Agencies		Community Action Agencies	
8.5d Who performs installation of weatherization measures?				Local County Government and Community Action Agencies

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

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

8.6 What is your process for selecting local administering agencies?

Community action agencies are given priority by Iowa Code 216A to serve as the local administering agency (Subgrantee) for LIHEAP. In the event that a Subgrantee is no longer able or willing to administer the Low-Income Home Energy Assistance Program in its service area, or if the Grantee determines that a Subgrantee has defaulted on the Contract to administer the LIHEAP program, the Grantee reserves the right to operate the program directly or to select an alternate Subgrantee(s) to provide LIHEAP services in the service area of that Subgrantee. Selection of an alternate Subgrantee will be based on the following criteria: (1) capacity to deliver the required service; (2) quality of work; and (3) geographical proximity to the service area. Contiguous community action agencies will be given

primary consideration by the Grantee in selecting an alternate Subgrantee. If no contiguous community action agency is available to serve the unserved area, the Grantee will solicit a non-contiguous local agency to serve the unserved area. If no contiguous or non-contiguous local administering agency is available to serve an unserved area, the Grantee will solicit a private, non-profit organization providing other related services in the unserved area and capable of meeting all program requirements to serve the unserved area. A public hearing will be held to accept comment on the new Subgrantee selection before a Subgrantee is designated.

8.7 How many local administering agencies do you use? 1 6

8.8 Have you changed any local administering agencies in the last year?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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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
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8.10a If yes, please explain:

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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
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8.10c if yes, please explain:

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN
Section 9 – Energy Suppliers**

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

9.1 Do you make payments directly to home energy suppliers?

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

If yes, Describe.

Eligible households who pay an undesignated portion of their rent toward energy costs will receive assistance sent directly to their secondary (electric) provider.

Direct payments to eligible households must be approved by the state office in all circumstances with the exception of the following:

- When both primary and secondary utilities are included in the rent and the account is in the landlord's name (non-subsidized households, and only regarding LIHEAP Regular Assistance).
- When a CAA is unable to locate a vendor for a deliverable fuel LIHEAP customer (e.g., vendor will not sign a General Vendor Agreement, or a vendor is not able to service the tank because it belongs to a different vendor, the household has a small tank (e.g., 20 gallon) and the vendor will not make a delivery or a fill, etc.), they are required to offer a choice of either a direct pay to the LIHEAP customer or payment to a secondary vendor, and the deliverable fuel LIHEAP customer chooses a direct pay.*
- If unable to establish another source of heat, the funds for which the household is eligible are to be made as a direct payment. Direct payment is made with the hope that the LIHEAP customer is able to find an alternate source of fuel or perhaps another place to stay, until they can pay the bill and be reconnected.
- The assistance award for households whose primary source of heat is wood/coal/corn will be forwarded to the household's electric supplier if a suitable wood/coal/corn vendor is not available. If no electric supplier exists, a direct payment to the LIHEAP customer may be made. *

* The CAA must have verified documentation for any direct payments.

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

A determination letter is provided to the customer at the time the application is approved. Depending on the way the application was received, and the customer's preferred method of communication if indicated, this can be as a system notification, an email, or by regular mail. This notification also confirms to the customer which vendor will receive the payment.

9.3 How do you assure that the home energy supplier will charge the eligible household in the normal billing process, the difference between the actual cost of the home energy, and the amount of the payment?

This is included as a provision in our vendor agreements and monitored for compliance.

9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

This is included as a provision in our vendor agreements and monitored for compliance.

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. WILL ATTACH

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

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

U.S. Department of Health and Human Services
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN**

Section 10 – Program, Fiscal Monitoring, and Audit

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

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

The Contractor must adhere to all applicable state and federal guidelines, laws, regulations, Office of Management and Budget (OMB) 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. CAAs will be monitored by state personnel on a regular basis to ensure regulation compliance. On-site visits and/or remote reviews of selected CAAs and their outreach offices will be conducted throughout the program year. Monthly reporting requirements will help provide information necessary to determine whether or not CAAs are in compliance with program and fiscal regulations. The state will prepare/obtain financial and compliance audits of the Energy Assistance Program annually pursuant to the Single Audit Act of 1984. The audits will be conducted in accordance with the Comptroller General’s standards for audit of governmental organizations and programs, by an organization or person independent of agencies administering LIHEAP activities. The audits will be made public on a timely basis. The Auditor of State will submit the audits to the legislature and Department of Health and Human Services within 30 days after completion.

10.1a Provide Definitions for the following:

Obligation:	The State of Iowa does not have a uniform definition for the term “obligation”. However, the State is bound by the definition of obligation, as per OMB Circular No. A-11(2018) Section 20 – Terms and Concepts, which states, “Obligation means a binding agreement that will result in outlays, immediately or in the future. Budgetary resources must be available before obligations can be incurred legally.
Expenditures:	Expenditures are considered actual cash payments made to fulfill the outlays resulting from Obligations
Expenditure timeframe:	Expenditure timeframe defines the actual period of time in which cash payments, or expenditures, can be made to fulfill outlays resulting from Obligations
Administrative costs:	Administrative costs are the actual allowable costs Obligated and Expended in the course of administering the LIHEAP program at both the state and local level

Audit Process

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

Yes No

10.2a If yes, describe your auditor selection process.

As a state agency, the Iowa Department of Health and Human Services is audited by the Iowa State Auditor’s office. There is no other option or selection process.

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
0				

10.4. Audits of Local Administering Agencies

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

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

Compliance Monitoring

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

Grant recipient employees:

<input checked="" type="checkbox"/>	Internal program review
<input checked="" type="checkbox"/>	Departmental oversight
<input checked="" type="checkbox"/>	Secondary review of invoices and payments
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:

Local Administering Agencies or District Offices:

<input checked="" type="checkbox"/>	On-site evaluation
<input checked="" type="checkbox"/>	Annual program review
<input checked="" type="checkbox"/>	Monitoring through central database
<input checked="" type="checkbox"/>	Desk reviews
<input checked="" type="checkbox"/>	Client File Testing/Sampling
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:

10.6 Explain or attach a copy of your local agency monitoring schedule and protocol.

Every community action agency is monitored annually for programmatic and/or fiscal compliance. On-site evaluation visits and/or desk reviews will specifically monitor:

- * Outreach efforts, including hours available for clients to apply and protection of client confidentiality
- * Coordination with other human service agencies
- * The opportunity for a client to complete an application within ten (10) days of initial contact
- * Time elapsed between application date and payment made to vendor on behalf of client (agencies shall strive to keep elapsed time at fourteen (14) days or less)
- * Proper verification of household income, correct eligibility determination, and accurate award calculation
- * Determination of eligibility at time of application with client letter and appeal and hearing procedure provided to applicants at that time
- * Upload to the data exchange server, where applicable, client application/approval/denial information for both primary and secondary vendors on a weekly basis
- * Weekly updates, where applicable, to the Grantee a composite listing of all applied/approved/denied and paid applications, including all client characteristics, once a week from November through April 30th
- * Correct and timely payments of assistance for households as provided in the State Plan
- * Signed vendor agreements with all vendors receiving LIHEAP funds
- * Appeal and hearing procedures
- * Administrative and associated program budget and costs
- * Accounting systems regarding collection of financial information reported to the Grantee and documentation of monthly financial reports and funding requests
- * Other provisions covered in the Contract as deemed necessary and appropriate by Grantee

10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.

Site Visits:	Eight of the 16 Community Action Agencies will receive on-site monitoring each year, while the other eight will receive desk reviews. This schedule will rotate each year so that every two years all agencies will have received both an on-site monitoring and a desk review.
Desk Reviews:	Eight of the 16 Community Action Agencies will receive on-site monitoring each year, while the other eight will receive desk reviews. This schedule will rotate each year so that every two years all agencies will have received both an on-site monitoring and a desk review.

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"/>	Tri annually
<input type="checkbox"/>	Other,

10.9. How many local agencies are currently on corrective action plans? 0

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

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

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

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

Section 11 – Timely and Meaningful Public Participation

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

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

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

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

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

	Date	Event Description
1	Aug 29, 2024	Virtual Public Hearing
2		

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

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

WILL UPDATE

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

WILL UPDATE

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

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

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

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OMB Clearance No.: 0970-0075
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN**

Section 12 – Fair Hearings

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

12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year? 0

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

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

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

An applicant may initiate an appeal if the application was denied, or incorrect facts or improper procedures were used to determine eligibility, assistance amounts, or services. The applicant has 30 calendar days from the date of the approval or denial letter to appeal that decision by mailing or delivering the request for appeal to the local Community Action Agency (CAA) at which the application was made.

If the CAA neither approves nor denies the application within 30 calendar days of receipt of a complete application, the applicant may treat the failure to act as a denial. The applicant then has 30 additional calendar days to appeal.

To appeal, the applicant (claimant) must submit a written appeal to the CAA at which they applied, and include the action the applicant would like taken, and any other information which might affect the decision. Those claimants unable to read or write shall have the CAA assist them in reading, writing, or understanding appeals, hearings, and their associated procedures.

The CAA will act on the claimant’s request and notify the claimant of the result in writing within seven calendar days of the date an appeal was requested (postmark date if sent in mail).

If the claimant does not agree with the decision reached, the claimant may write the CAA within 14 calendar days of the decision (postmark date if sent in mail) and request that a state hearing be held with the Iowa Department of Health and Human Services, Community Action Agencies Unit (CAA Unit). The claimant must explain in writing why the agency’s decision is being appealed and include any information which might affect the decision.

The CAA will forward all information about the request for a hearing to the CAA Unit and a hearing will be scheduled within 14 calendar days of receipt of the appeal and request for a hearing. The claimant will receive written notice of a state scheduled hearing from the division. The notice will include the date, time, and place of the hearing. State hearings may be held in person, virtually or by telephone at a mutually convenient time. During the hearing, all information will be reviewed, and a decision will be rendered by the CAA Unit within 7 calendar days.

The client may appeal the decision of the CAA Unit to the Iowa Department of Inspection and Appeals (DIA). The client must submit a written appeal to the CAA Unit within 7 calendar days (postmark date if sent in mail) of receiving the division’s decision. The division will follow the appeal procedures outlined in 481 – Chapter 10 of the Iowa Administrative Code.12.5

12.5 When and how are applicants informed of these rights?

Each applicant is provided with a copy of the appeal procedure at the time the application is approved or denied. It is also posted at every intake site and on the state website.

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

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

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

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

Section 13 – Reduction of Home Energy Needs

Section 13: Reduction of Home Energy Needs, 2605(b)(16) - Assurance 16

13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?

Examples include:

- Conservation Education; Printing and furnishing information about how to reduce energy usage (e.g., workshops, handouts, brochures, etc.)
- How to obtain energy efficiency services (e.g., referrals)
- One-on-one energy education

Conservation Education materials are **required to be distributed** to all households applying for LIHEAP, including crisis applications.

Low-Cost Energy Efficiency Measures Examples include: plastic, heating unit filters, energy kits, etc.

Vendor Advocacy Helping the client effectively communicate with the vendor to maintain service, etc.

Needs Assessment and Referral Reviewing the client’s case record and identifying the most appropriate referrals

Financial Counseling Working with the client to improve financial management skills and proactively manage energy bills

Case Management – Short Term Developing information and materials about services available to LIHEAP clients
Developing an understanding of a client’s needs and offering counseling during LIHEAP intake

Case Management – Long Term Developing a curriculum and training materials for service delivery Working with clients on energy education and/or financial counseling over an extended time period

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

These funds are allocated as a unique line item. Subgrantee budgets are monitored carefully for activities that could be captured under this assurance.

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.

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

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

N/A

13.5 How many households received these services?

In FFY23 LIHEAP Regular Assistance and Crisis Assistance helped 83,353 qualified households.

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

Section 14 - Leveraging Incentive Program, 2607A

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
MODEL PLAN
Section 14 – Leveraging Incentive Program**

Section 14: Leveraging Incentive Program, 2607(A)

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

Yes No

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

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

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

Section 15 - Training

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

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

Section 15: Training

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

a. Grant recipient Staff:

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

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe:

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: The Iowa Utilities Board conducts customer bi-annual service training

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

15.2 Does your training program address fraud reporting and prevention?

Yes No

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

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

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

Section 16 – Performance Goals and Measures

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

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

Iowa collects the four required LIHEAP performance measures listed below. The data is used to monitor where additional outreach needs to be done across the state to avert more disconnections and ensure homes maintain much-needed service. The data also helps us monitor vendor activity and program compliance.

- Restoration of service
- Imminent disconnection of service averted
- Fuel delivered to empty tank
- Fuel delivered to tank with 30% or less remaining

Assurance 16 Services/Actions

LIHEAP customer services that encourage and enable households to reduce their home energy needs, and thereby reduce their need for energy assistance, shall be provided. Services may include conservation education, referrals to other programs, needs assessment, budget counseling, vendor negotiations, energy assessment, energy plans, and low-cost energy efficiency measures.

- Conservation Education
- Printing and furnishing information about how to reduce energy usage (e.g., workshops, handouts, brochures, etc.)
- How to obtain energy efficiency services (e.g., referrals)
- One-on-one energy education
- Conservation Education materials are required to be distributed to ALL households applying
- Low-Cost Energy Efficiency Measures
- Examples include: plastic, heating unit filters, energy kits, etc.

Vendor Advocacy

- Helping the client effectively communicate with the vendor to maintain service, etc.
- Needs Assessment and Referral
- Reviewing the client’s case record and identifying the most appropriate referrals
- Financial Counseling
- Working with the client to improve financial management skills and proactively manage energy bills
- Case Management – Short Term
- Developing information and materials about services available to LIHEAP clients
- Developing an understanding of a client’s needs and offering counseling during LIHEAP intake
- Case Management – Long Term
- Developing a curriculum and training materials for service delivery
- Working with clients on energy education and/or financial counseling over an extended period of time

In FFY25 Iowa intends to continue to meet as many customer needs as we can with allotted funding and ease the eligibility and intake process on households and local agencies with the launch of a new, statewide data management system for LIHEAP and Weatherization.

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

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

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

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

Section 17 – Program Integrity

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

17.1 Fraud Reporting Mechanisms

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

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

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

<input type="checkbox"/>	Printed outreach materials
<input type="checkbox"/>	Addressed on LIHEAP application
<input checked="" type="checkbox"/>	Website
<input type="checkbox"/>	Printed outreach materials
	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 checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Social Security number (Without actual Card)	<input checked="" type="checkbox"/>	Required	<input checked="" 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 type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	Social Security card is requested, but if not available the number will be accepted with supporting documentation or verbally when provided with government issued ID card.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Describe any exceptions to the above policies.

If any household member is a temporary foreign national not authorized for employment, verification of a social security number may be waived. However, they must present their I-94 card, or other acceptable documentation as outlined in the Iowa LIHEAP Policy and Procedures Manual. Any household containing an ineligible member may apply as long as the ineligible member is not counted as a member, however, the ineligible member's income must be counted and documented for household eligibility determination. Ineligible member is defined as a foreign national unable to submit required documents. We continue to have a procedure that allows for the waiver of the social security requirement for some U.S. citizen family members, in extenuating circumstances and on a case by case basis (e.g., custody issues, adoption, newborn, foster care, etc.).

17.3 Identification Verification

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

<input type="checkbox"/>	Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
<input type="checkbox"/>	Verify SSNs with Social Security Administration
<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input type="checkbox"/>	Match with state Department of Labor system
<input type="checkbox"/>	Match with state and/or federal corrections system
<input type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only)
<input checked="" type="checkbox"/>	<p>Other - Describe:</p> <p>All eligible household members, regardless of age, provide documentation of social security number, primarily using their social security card, or an I-94 card for foreign nationals.</p> <p>Household members may present a current Iowa Driver's License or Photo ID in lieu of a Social Security card, both of which are obtained through the Iowa Department of Transportation and are issued only to persons lawfully in the United States.</p>

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 type="checkbox"/>	Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Non-citizens must provide documentation of immigration status.
<input 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 checked="" type="checkbox"/>	<p>Other - Describe:</p> <p>All eligible household members, regardless of age, must provide documentation of social security number, primarily using their social security card, or an I-94 card for foreign nationals.</p> <p>Household members may present a current Iowa Driver's License or Photo ID in lieu of a Social Security card, both of which are obtained through the Iowa Department of Transportation and are issued only to persons lawfully in the United States. A REAL ID will be considered sufficient verification of citizenship.</p>

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 type="checkbox"/>	Other - Describe:
<input type="checkbox"/>	Computer data matches:
<input type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input type="checkbox"/>	Social Security income verified with SSA
<input type="checkbox"/>	Utilize state directory of new hires
<input type="checkbox"/>	Other - Describe:
17.6. Protection of Privacy and Confidentiality	
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.	
<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards.
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input type="checkbox"/>	Employees must sign confidentiality agreement
<input type="checkbox"/>	Grant recipient employees
<input type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location.
<input checked="" type="checkbox"/>	Electronic files are protected in a secure location.
<input checked="" type="checkbox"/>	Other - Describe: Privacy and confidentiality must be maintained as per the Iowa Department of Health and Human Services policy, stated in Iowa Code, Chapter 22, which is also included in the contract between the grantee and subgrantee.
17.7. Verifying the Authenticity	
What policies are in place for verifying vendor authenticity? Select all that apply.	
<input 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 checked="" type="checkbox"/>	Other - Describe and note any exceptions to policies above: Vendors are also verified through the System for Award Management (sam.gov) website.
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 type="checkbox"/>	Applicants required to submit proof of physical residency.
<input checked="" type="checkbox"/>	Applicants must submit current utility bill.
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities.
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level.
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval.

<input checked="" type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments.
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy.
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities.
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only.
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above and provide enforcement mechanism.
<input type="checkbox"/>	Other - Describe:
17.9. Benefits Policy - Bulk Fuel Vendors	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input type="checkbox"/>	Vendors are checked against an approved vendor list.
<input 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 checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
17.10. Investigations and Prosecutions	
Describe the Grant recipient's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.	
<input type="checkbox"/>	Refer to state Inspector General.
<input checked="" type="checkbox"/>	Refer to local prosecutor or state Attorney General.
<input type="checkbox"/>	Refer to U.S. DHHS Inspector General (including referral to OIG hotline).
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.
<input type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process.
<input type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<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

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

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

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

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

Instructions for Certification

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

method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-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 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 Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grant recipients' attention is called, in particular, to the following definitions from these rules:

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

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

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

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

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

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

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

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

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

Address Line 2

Address Line 3

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

Section 20: Certification Regarding Lobbying

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

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

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

Section 20 – Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Section 21: Assurances

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

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

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 and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

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

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

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

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

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

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

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

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

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

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

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

The following documents must be attached to this application

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

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for Tribes

BOX BELOW CAN BE USED FOR GENERAL NOTES / FEEDBACK

10.00 PAYMENT MATRIX

1. <u>Poverty Level*</u>	<u>Points</u>
0 – 75%	8
76 – 100%	6
101 – 125%	5
126 – 200%	4
Over 200%	Ineligible

**NOTE: Poverty levels of .01% are rounded up to the next percentage*

2. <u>Targeting Factors</u>	
Fixed Income Only (no other sources of income)	1
Elderly (60 years of age and older)	1
Disabled	1
Children (under 6 years of age in household)	1
Detached Dwelling	1
Subsidized Housing	-2
5-Plexes (or more than 5)	-1
Heating Included in Rent	-4
Over \$50,000 in Savings	-4
3. <u>Fuel Type</u>	
Natural Gas	4
Electric	4
Liquid Propane (LP)	5
Fuel Oil	5
Solid Fuel (Wood/Coal/Corn)	2

AWARD CALCULATION

\$40 per point determined by total funding and expected # of participating households

The minimum benefit an approved LIHEAP customer may receive is \$80 and the maximum is \$800.

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

The minimum benefit for liquid propane and fuel oil LIHEAP customers is \$800.



KIM REYNOLDS
GOVERNOR

OFFICE OF THE GOVERNOR

ADAM GREGG
LT GOVERNOR

July 20, 2023

Lanikque Howard, Ph.D.
Director
Office of Community Services
Administration for Children and Families
U.S. Department of Health and Human Services
330 C Street SW
Washington, D.C. 20201

RE: Designation of Lead State Agency to Administer the LIHEAP Program

Dear Dr. Howard:

As Governor of the state of Iowa and in accordance with Section 216A.92 of Iowa Code, I write to designate the Iowa Department of Health and Human Services, Division of Community Access, Community Action Agencies unit, to act as the lead agency for the administration of the Low-Income Home Energy Assistance Program (LIHEAP).

The administrator of the Community Action Agencies unit will serve as the State LIHEAP Official and LIHEAP Program Contact Person.

Sincerely,

A handwritten signature in black ink that reads "Kim Reynolds".

Kim Reynolds
Governor