

## DETAILED MODEL PLAN (LIHEAP)

**Program Name:** Low Income Home Energy Assistance

**Grantee Name:** Oklahoma

**Report Name:** DETAILED MODEL PLAN (LIHEAP)

**Report Period:** 10/01/2023 to 09/30/2024

**Report Status:** Draft

### Report Sections

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## Mandatory Grant Application SF-424

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 12/31/2023

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

<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual	<b>* 1.c. Consolidated Application/ Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input checked="" type="radio"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Federal Entity Identifier:</b>	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier:</b>	<b>6. State Application Identifier:</b>
<b>7. APPLICANT INFORMATION</b>			
* a. Legal Name: State of Oklahoma			
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:	
* d. Address:			
* Street 1:	P.O. BOX 25352	Street 2:	
* City:	OKLAHOMA CITY	County:	
* State:	OK	Province:	
* Country:	United States	* Zip / Postal Code:	73125 -
<b>e. Organizational Unit:</b>			
Department Name: Department of Human Services		Division Name: Adult and Family Services	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	* First Name:	Middle Name:	* Last Name:
Suffix:	Title:	Organizational Affiliation:	
* Telephone Number:	Fax Number	* Email:	
* 8a. TYPE OF APPLICANT: A: State Government			
* b. Additional Description:			
* 9. Name of Federal Agency:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles		93.568	Low-Income Home Energy Assistance Program
11. Descriptive Title of Applicant's Project Utility assistance for eligible low income households in the form of bill payment assistance. A small portion will also be used for weatherization for low income			
12. Areas Affected by Funding: All 77 counties in Oklahoma			
<b>13. CONGRESSIONAL DISTRICTS OF:</b>			
* a. Applicant 5		* b. Program/Project: Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			

<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2023	<b>b. End Date:</b> 09/30/2024	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the 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.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input checked="" type="checkbox"/>			
<b>No</b>			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
<b>**I Agree</b> <input checked="" type="checkbox"/>			
** 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.			
18a. Typed or Printed Name and Title of Authorized Certifying Official		18c. Telephone (area code, number and extension)	
		18d. Email Address	
18b. Signature of Authorized Certifying Official		18e. Date Report Submitted (Month, Day, Year)	
<b>Attach supporting documents as specified in agency instructions.</b>			

## 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: 12/31/2023
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b>	

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
 OMB Approval No. 0970-0075  
 Expiration Date: 12/31/2023

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

### Section 1 Program Components

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

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	10/01/2023	02/24/2024
<input checked="" type="checkbox"/> Cooling assistance	05/01/2024	09/13/2024
<input checked="" type="checkbox"/> Crisis assistance	10/01/2023	09/30/2024
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2023	09/30/2024

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

Weatherization is managed by the Oklahoma Department of Commerce and subcontracted to Community Action Agencies throughout the state.

OKDHS offers heating assistance, cooling assistance, and ECAP during open enrollment period on the dates above. Applications are accepted until allocated funding is encumbered. End dates above are estimates.

OKDHS accepts applications for ECAP assistance year round from households with a household member that has a medical condition and would be life threatening without the use of the utility. Regular ECAP is also accepted on or after March 15th to meet the ECAP requirement component.

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 ( % )
Heating assistance	36.00%
Cooling assistance	32.00%
Crisis assistance	10.00%
Weatherization assistance	2.00%
Carryover to the following federal fiscal year	10.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%

Used to develop and implement leveraging activities	0.00%				
<b>TOTAL</b>	<b>100.00%</b>				
<b>Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)</b>					
<b>1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:</b>					
<input type="checkbox"/> Heating assistance	<input checked="" type="checkbox"/> Cooling assistance				
<input type="checkbox"/> Weatherization assistance	<input checked="" type="checkbox"/> Other (specify:) ECAP Open Enrollment period opens in mid/late March and year round for LIFE Threatening/Medical crisis ECAP				
<b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</b>					
<b>1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No					
<b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>					
	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>	
TANF	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
SSI	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
SNAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	<b>Program Name</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
Other(Specify) 1		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>1.5 Do you automatically enroll households without a direct annual application?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No					
<b>If Yes, explain:</b> Oklahoma has a preauthorization process for both winter heating and summer cooling. If a household received winter heating assistance for FY2023 or summer cooling FY2023, has had no break in other benefits (SNAP, TANF, or SSP state supplemental payment for aged, blind, or disabled), has had no change in address, and their income is still within eligibility guidelines for LIHEAP, the household may be preapproved for either winter heating or summer cooling FY2024. The vendors of these households must be a LIHEAP participant utility providers. Both vendors and the households receive a notice advising them of intended payment. Changes are to be reported prior to the program opening date in order to correct authorizations prior to payment. The process repeats itself for cooling assistance. The heating preauthorization is based on the prior year's heating assistance. The cooling authorization is based on the prior year's cooling program. Since eligibility guidelines for SNAP are higher than LIHEAP, some SNAP households do not qualify for LIHEAP. The household cannot be pre-authorized for both winter and summer programs per fiscal year, to ensure LIHEAP captures any change of household circumstance that might not pertain to other OKDHS benefits since LIHEAP does not have a midyear certification review. The preauthorized household's income eligibility is established through system logic with the income from other benefit section(s) on their active open case that has been reported, verified, and recorded. These preauthorized households also receive the notice of LIHEAP payment after the payment is released to their utility provider. This notice of LIHEAP payment informs the household of the rights to request a fair hearing.					
<b>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?</b> We do not have categorical eligibility as defined above. If all of the members in an applicant household are included in a SNAP, TANF, or SSP benefit they are not required to verify income. The eligibility guidelines for SNAP are higher than LIHEAP, so some SNAP households do not qualify for LIHEAP. However, if the payee is receiving TANF, SNAP, or SSP and other household members are not included in those benefits, income must be verified for all other household members who reside under the same roof. Income standards for eligibility and program benefits are the same for all households regardless of participation in other programs.					
<b>SNAP Nominal Payments</b>					
<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.</b>					
<b>1.7b Amount of Nominal Assistance:</b> \$0.00					
<b>1.7c Frequency of Assistance</b>					
<input type="checkbox"/>	Once Per Year				
<input type="checkbox"/>	Once every five years				
<input type="checkbox"/>	Other - Describe:				
<b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>					
<b>Determination of Eligibility - Countable Income</b>					
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?</b>					
<input checked="" type="checkbox"/>	Gross Income				
<input type="checkbox"/>	Net Income				

<input type="checkbox"/>	
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>	
<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits
<input type="checkbox"/>	<input type="checkbox"/> Including MediCare deduction
<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input checked="" type="checkbox"/>	Cash gifts
<input checked="" type="checkbox"/>	Savings account balance
<input checked="" type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured

<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input checked="" type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	<p><b>Other</b></p> <p>OKDHS uses gross income for determining LIHEAP eligibility as seen in Appendix C-7 for Income Eligibility. OKDHS also allows certain deductions according to Oklahoma Administrative Codes for greater benefit amount payout during heating and cooling season as seen in Appendix C-7-A for Benefit Matrix. OKDHS calculates the net income as follows:</p> <p>Gross income - allowable deductions = countable net income. The countable net income is the income used to determine how much LIHEAP benefit amount household would be eligible based on the household size, countable net income, and type of fuel.</p> <p>Gross income is used for household income eligibility. The household's gross income must be within 130% of FPG for LIHEAP eligibility. Household must meet gross income eligibility threshold before LIHEAP benefit amount can be determined by using countable net income for a larger benefit allotment.</p>

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

## Section 2 - HEATING ASSISTANCE

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 12/31/2023

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

#### 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	130.00%

**2.2 Do you have additional eligibility requirements for HEATING ASSISTANCE?**  Yes  No

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

**Do you require an Assets test ?**  Yes  No

**Do you have additional/differing eligibility policies for:**

- Renters?**  Yes  No
- Renters Living in subsidized housing ?**  Yes  No
- Renters with utilities included in the rent ?**  Yes  No

**Do you give priority in eligibility to:**

- Elderly?**  Yes  No
- Disabled?**  Yes  No
- Young children?**  Yes  No
- Households with high energy burdens ?**  Yes  No
- Other?**  Yes  No

**Explanations of policies for each "yes" checked above:**

Oklahoma has a liquid resource limit for LIHEAP households. This includes bank accounts, cash on hand, CDs, cryptocurrency, and other investments that can be accessed without penalty to the household. Resources are verified when screening of application indicates declaration of resources is questionable.

Renters, renters with utilities included in rent and renters in subsidized housing receive the same benefit amounts as homeowners. Renters in subsidized housing must be responsible for at least a portion of their heating utility in order to be considered vulnerable. Renters with utilities included in rent must verify that a specific portion of the rent is for the cost of utilities or be charged for a surcharge amount during high usage months to be considered vulnerable. Applicants that are roomers receive a smaller heating benefit; however, it is still based on income.

**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.**

Many of our preauthorized households are elderly or disabled individuals. OKDHS sends a notice of the open enrollment to household receiving other benefits such as SNAP, TANF, or SSP (State Supplemental Payment to the Aged, Blinded, or Disabled). If funding is such that we will not be able to have open enrollment for the general population, we will reduce the number of applications to the general population and increase the number of applications targeting households that have at least an elderly or disabled or young child.

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

- Income**
- Family (household) size**
- Home energy cost or need:**
  - Fuel type**
  - Climate/region**
- 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)		
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies		
Minimum Benefit	\$40	Maximum Benefit
		\$500
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, describe.		
<p><b>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.</b></p>		

## 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 SF - 424 - MANDATORY

### Section 3 - Cooling Assistance

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

3.1 Designate The income eligibility threshold used for the Cooling component:

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	130.00%

3.2 Do you have additional eligibility requirements for COOLING ASSISTANCE?  Yes  No

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

Do you require an Assets test ?  Yes  No

Do you have additional/differing eligibility policies for:

Renters?  Yes  No

Renters Living in subsidized housing ?  Yes  No

Renters with utilities included in the rent ?  Yes  No

Do you give priority in eligibility to:

Elderly?  Yes  No

Disabled?  Yes  No

Young children?  Yes  No

Households with high energy burdens ?  Yes  No

Other?  Yes  No

Explanations of policies for each "yes" checked above:

Oklahoma has a liquid resource limit for LIHEAP households. This includes bank accounts, cash on hand, CDs, cryptocurrency, and other investments that can be accessed without penalty to the household. Resources are verified when screening of application indicates declaration of resources is questionable.

Renters, renters with utilities included in rent, and renters in subsidized housing receive the same benefit amount as homeowners. Renters in subsidized housing must be responsible for at least a portion of cooling utility in order to be considered vulnerable. Renters with utilities included in rent must verify that a specific portion of the rent is for the cost of utilities or be charged for a surcharge amount during high usage months to be considered vulnerable.

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

Many of our preauthorized households are elderly or disabled individuals. OKDHS sends a notice of the open enrollment to household receiving other benefits such as SNAP, TANF, or SSP (State Supplemental Payment to the Aged, Blinded, or Disabled). If funding is such that we will not be able to have open enrollment for the general population, we will reduce the number of applications to the general population and increase the number of applications targeting households that have at least an elderly or disabled or young child.

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

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

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

<input 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:		
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>3.6 Describe estimated benefit levels for the fiscal year for which this plan applies</b>			
<b>Minimum Benefit</b>	\$150	<b>Maximum Benefit</b>	\$650
<b>3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No			
<p><b>If yes, describe.</b></p> <p>Applications requesting assistance to purchase or repair cooling equipment such as fans, or window air conditioning units can be reimbursed up to \$150. Applicants must provide a receipt dated within 30 days of the start of the cooling application period for reimbursement approval. All whole house central heat and air unit/equipment must be serviced through the weatherization component which is handled through Oklahoma Department of Commerce due to health and safety measure and inspection under DOE guidelines.</p>			
<p><b>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.</b></p>			

## 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 SF - 424 - MANDATORY

#### Section 4: CRISIS ASSISTANCE

Eligibility - 2604(c), 2605(c)(1)(A)

4.1 Designate the income eligibility threshold used for the crisis component

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	130.00%

4.2 Provide your LIHEAP program's definition for determining a crisis.

A utility crisis exists when a households services is disconnected, provides information regarding a new connection fee, has a verified active cut-off order, receives a refusal notice to provide fuel, has a prepaid account with less than \$25 minimum balance, enters into a payment plan with the supplier to prevent service cut-off. In the event of limited funding priority is given to cutoff notices within 72 hours and households that contain at least one member who is 60 years or older, blind, disabled, or a child under five years of age.

4.3 What constitutes a life-threatening crisis?

A life-threatening crisis exists when a member of the applicant household has a documented medical condition verified by a licensed health care professional that would become life threatening without the availability of the energy source. This can include those using life sustaining medical equipment in the home, refrigerated insulin, and those that may suffer more severe adverse effects from extreme temperature changes or exposure temperatures due to medical condition.

Crisis Requirement, 2604(c)

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

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

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

4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?  Yes  No

4.7 Check the appropriate boxes below and describe the policies for each

Do you require an Assets test ?  Yes  No

Do you give priority in eligibility to :

Elderly?  Yes  No

Disabled?  Yes  No

Young Children?  Yes  No

Households with high energy burdens?  Yes  No

Other?  Yes  No

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank?  Yes  No

Must the household have been shut off or have an empty tank?  Yes  No

Must the household have exhausted their regular heating benefit?  Yes  No

Must renters with heating costs included in their rent have received an eviction notice ?  Yes  No

Must heating/cooling be medically necessary?  Yes  No

Must the household have non-working heating or cooling equipment?  Yes  No

Other?  Yes  No

<b>Do you have additional / differing eligibility policies for:</b>	
<b>Renters?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Renters living in subsidized housing?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Renters with utilities included in the rent?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>Oklahoma has a liquid resource limit for LIHEAP households. This includes bank accounts, cash on hand, CDs, and other investments that can be accessed without penalty to the household. Resources are verified when screening of application indicated declaration of resources is questionable.</p> <p>Renters, renters with utilities included in rent, and renters in subsidized housing receive the same benefit amount as homeowners. Renters in subsidized housing must be responsible for at least a portion of cooling/heating utility in order to be considered vulnerable. Renters with utilities included in rent must verify that a specific portion of the rent is for the cost of utilities or be charged for a surcharge amount during high usage months to be considered vulnerable.</p>	
<b>Determination of Benefits</b>	
<b>4.8 How do you handle crisis situations?</b>	
<input checked="" type="checkbox"/>	<b>Separate component</b>
<input type="checkbox"/>	<b>Fast Track</b>
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  <p>In addition to our ECAP general open enrollment application period, OKDHS offers year round ECAP to households that have at least one household member with a medical condition that would be life threatening without the use of the utility. The utility crisis is established in the same manner as our regular ECAP general open enrollment application period. The household must provide medical documentation from a licensed physician to establish the medical crisis.</p>
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>	
<input checked="" type="checkbox"/>	<b>Amount to resolve the crisis.</b>
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  <p>If the amount due to resolve the crisis exceeds the maximum ECAP payment allowed, the household must provide a feasible plan to pay the difference in order to be approved for ECAP payment.</p>
<b>Crisis Requirements, 2604(c)</b>	
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>	
<p>ECAP general open enrollment applications can be submitted online, or by mail, fax, or phone during business hours. Households can apply for ECAP at any of our local field offices throughout state.</p>	
<b>4.11 Do you provide individuals who are physically disabled the means to:</b>	
<b>Submit applications for crisis benefits without leaving their homes?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>If No, explain.</b>	
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No <b>If No, explain.</b>	
<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?</p> <p>ECAP general open enrollment applications can be submitted online, or by mail, fax, or phone during business hours. Our staff would utilize the services available to assist homebound or disabled apply for benefits such as translation services, in-home visit, or proxy an application over the phone. Life-threatening crisis does not require an application since the medical condition must be verified by a licensed health care professional. Life-threatening is a fast track to provide special assistance for those that met the life-threatening condition and have an energy crisis.</p>	
<b>Benefit Levels, 2605(c)(1)(B)</b>	
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>	
Winter Crisis	\$0.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$750.00 maximum benefit
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No <b>If yes, Describe</b>	

<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>			
	<b>Winter Crisis</b>	<b>Summer Crisis</b>	<b>Year-round Crisis</b>
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you responded "Yes" to question 4.16, you must respond to question 4.17.			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
<p>Regulated utilities in Oklahoma have a moratorium based on severe weather. If the high temperature is actually or predicted to be at least 32 degrees or below on the day of disconnection or the nighttime low is predicted to be 20 degrees or less, the utility will suspend disconnection of service as long as the gas service is used for heating purposes. If the temperature actually is or predicted to be at least 101 degrees with heat index or higher on the day of disconnection, the utility will suspend disconnection.</p> <p>One of our largest electric companies has a slightly lower temperature threshold for summer disconnections. They also do not disconnect if the predicted or actual high is 32 degrees or below or nighttime is or is predicted to be 20 degrees or below.</p>			
<b>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.</b>			

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 12/31/2023

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

#### 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	200.00%

5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component?  Yes  No

5.3 If yes, name the agency. Oklahoma Department of Commerce

5.4 Is there a separate monitoring protocol for weatherization?  Yes  No

#### WEATHERIZATION - Types of Rules

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

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days

Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).

Other - Describe:

Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)

Income Threshold

Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.

Other - Describe:

Income threshold above is as follows:

Households that received LIHEAP are served first. If the LIHEAP recipient list for the area is exhausted, the household can receive weatherization with LIHEAP funds if they have a household income under of 200% FPG.

In terms of eligibility requirements for renters, Department of Commerce and our community action agencies obtain a written permit from the landlord/owner prior to the work on a rented unit.

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

Renters	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No

5.8 Do you give priority in eligibility to:

Elderly?	Yes No
----------	--------

Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input type="radio"/> 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.

Homes of LIHEAP WAP eligible households with elderly or disabled household members or with young children in the home are weatherized before other households that may be eligible. Priority is also given to household with high energy burden as related to income or higher utility cost. Oklahoma's LIHEAP WX prioritizes household that received some kind of bill payment assistance.

**Benefit Levels**

5.9 Do you have a maximum LIHEAP weatherization benefit/expense per household?  Yes  No

5.10 If yes, what is the maximum? \$9,500

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

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: health and safety as described in attached table

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



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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
SF - 424 - MANDATORY**

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

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

Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.

Publish articles in local newspapers or broadcast media announcements.

Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.

Mass mailing(s) to prior-year LIHEAP recipients.

Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.

Execute interagency agreements with other low-income program offices to perform outreach to target groups.

Other (specify):

Many of our utility vendors give LIHEAP information to their customers via phone contact with customer service representatives as well as billing inserts. OKDHS LIHEAP also sends a press release statewide for local television, local newspaper, and radio networks to broadcast for upcoming LIHEAP open enrollment periods. OKDHS LIHEAP also sends post cards via USPS about our upcoming LIHEAP general open enrollment periods to vast Oklahoma households that are validated through a vested Oklahoma statewide data warehouse.

OKDHS LIHEAP is also listed in the JOIN (Joint Oklahoma Information Network) online directory as well as the Oklahoma Heartline 2-1-1 network directory. Both JOIN and Heartline 2-1-1 refer applicants to multiple agencies, nonprofits, and programs including LIHEAP.

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

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

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

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

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

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

<input checked="" type="checkbox"/>	Joint application for multiple programs
<input checked="" type="checkbox"/>	Intake referrals to/from other programs
<input checked="" type="checkbox"/>	One - stop intake centers
<input checked="" type="checkbox"/>	Other - Describe:

LIHEAP is operated by the OKDHS in the Adult and Family Services (AFS) division. AFS also offers TANF, SNAP, State Supplemental Payments to Aged, Blinded, and Disabled, Child Care subsidy, and medical assistance for certain programs.

OKDHS LIHEAP also accept referrals from other Federal, State, Local, hospitals, doctor's offices, profit and non-profit agencies, neighbor- to-neighbor partnership programs, etc.

**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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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SF - 424 - MANDATORY**

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

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

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy / Environment Agency
<input type="checkbox"/>	Housing Agency
<input checked="" type="checkbox"/>	Welfare Agency
<input type="checkbox"/>	Other - Describe:

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

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

**8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE?**

LIHEAP applications are accepted online, by mail, fax, or phone during our winter heating general open enrollment period.

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

LIHEAP applications are accepted online, by mail, fax, or phone during our summer cooling general open enrollment period.

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

LIHEAP applications are accepted online, by mail, fax, or phone during our ECAP general open enrollment period.

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

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

**8.6 What is your process for selecting local administering agencies?**

OKDHS Adult and Family Services - centralized energy assistance contact center agents accept LIHEAP applications. Applications are proxied at our field offices or submitted by the client online 24hrs - 7 days per week during open enrollment, by mail, fax, or phone during business hours. All LIHEAP applications are deposited to our LIHEAP virtual depository for processing.

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

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

Yes  
No

**8.9 If so, why?**

<input type="checkbox"/>	Agency was in noncompliance with grantee 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

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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**Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7**

**9.1 Do you make payments directly to home energy suppliers?**

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

**If yes, Describe.**

Renters that are roomers received direct payments. Direct payments are also made to applicants when their home energy provider is not a participating vendor or they are approved for a reimbursement for the purchase or repair of cooling equipment. Direct payments are made in the form of an Oklahoma Master Debit Card or direct deposit to a pre-registered bank account the client has set up previously to receive other public assistances through OKDHS.

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

A notice is mailed to the client upon payment of benefit.

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

In accepting a payment from OKDHS on behalf of a household, the energy supplier agrees to:

1. Not charge both the household and OKDHS for the same services;
2. Assure that no customer/household receiving LIHEAP benefits will be treated adversely because of assistance under applicable provision of state law or public regulatory requirements; and
3. Not discriminate against the eligible LIHEAP customer, either in cost of the goods supplied or the services provided.

**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?**

In accepting a payment from OKDHS on behalf of a household, the energy supplier agrees to:

1. Not charge both the household and OKDHS for the same services;
2. Assure that no customer/household receiving LIHEAP benefits will be treated adversely because of assistance under applicable provision of state law or public regulatory requirements; and
3. Not discriminate against the eligible LIHEAP customer, either in cost of the goods supplied or the services provided.

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

Yes  No

**If so, describe the measures unregulated vendors may take.**

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023										
<p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b></p>											
<p><b>Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)</b></p>											
<p><b>10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?</b></p> <p>Adult and Family Service (AFS) comptroller works closely with AFS LIHEAP administrative staff and OKDHS Finance staff to reconcile finance records monthly. LIHEAP encumbrances are monitored daily during the open enrollment application periods until all applications have been processed. LIHEAP encumbrances are also used in conjunction with other internal reports to project for funding exhaustion and closing the enrollment period.</p>											
<p><b>Audit Process</b></p>											
<p><b>10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?</b>  <input checked="" type="radio"/> Yes <input type="radio"/> No</p>											
<p><b>10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.</b></p> <p>No Findings <input checked="" type="checkbox"/></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Finding</th> <th style="width:15%;">Type</th> <th style="width:40%;">Brief Summary</th> <th style="width:15%;">Resolved?</th> <th style="width:20%;">Action Taken</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Finding	Type	Brief Summary	Resolved?	Action Taken	1				
Finding	Type	Brief Summary	Resolved?	Action Taken							
1											
<p><b>10.4. Audits of Local Administering Agencies</b></p> <p>What types of annual audit requirements do you have in place for local administering agencies/district offices?                  Select all that apply.</p> <p><input checked="" type="checkbox"/> Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133</p> <p><input type="checkbox"/> Local agencies/district offices are required to have an annual audit (other than A-133)</p> <p><input type="checkbox"/> Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.</p> <p><input checked="" type="checkbox"/> Grantee conducts fiscal and program monitoring of local agencies/district offices</p>											
<p><b>Compliance Monitoring</b></p> <p><b>10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply</b></p> <p><b>Grantee employees:</b></p> <p><input checked="" type="checkbox"/> Internal program review</p> <p><input type="checkbox"/> Departmental oversight</p> <p><input type="checkbox"/> Secondary review of invoices and payments</p> <p><input type="checkbox"/> Other program review mechanisms are in place. Describe:</p> <p>We centralized the LIHEAP processing unit and provide a training session-prior to each open enrollment period. We also have an internal mechanism in place to screen and review-applications prior to the eligibility authorization. LIHEAP administrative staff also routinely conduct evaluations to ensure policy and procedure are being followed.</p>											
<p><b>Local Administering Agencies / District Offices:</b></p> <p><input checked="" type="checkbox"/> On - site evaluation</p> <p><input type="checkbox"/> Annual program review</p>											

<input checked="" type="checkbox"/> <b>Monitoring through central database</b>
<input checked="" type="checkbox"/> <b>Desk reviews</b>
<input checked="" type="checkbox"/> <b>Client File Testing / Sampling</b>
<input type="checkbox"/> <b>Other program review mechanisms are in place. Describe:</b>
In addition to including the A-133 audit completed by the Oklahoma Auditor and Inspector's Office, LIHEAP administrative staff randomly pull and review 5-10% of the LIHEAP processed applications.
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
LIHEAP administrative staff monitoring included in audit completed by State Auditor and Inspector's Office. Oklahoma LIHEAP administrative staff conduct site visits to our centralized unit once per LIHEAP program such as winter heating, energy crisis, and summer cooling LIHEAP administrative staff also pull cases randomly each week during each open enrollment period for desk review.
<b>10.7. Describe how you select local agencies for monitoring reviews.</b>
<b>Site Visits:</b> LIHEAP administrative staff and State Auditor and Inspector's may choose to visit OKDHS offices or our centralized processing unit to review, observe, and audit during the LIHEAP open enrollment period.
<b>Desk Reviews:</b> LIHEAP administrative staff may choose to complete a desk review at their discretion. Oklahoma LIHEAP administrative staff choose to pull cases randomly for review to ensure our agents are following our policy and procedures. If an error is found, we would address it at our management meeting to ensure staff would receive adequate coaching.
<b>10.8. How often is each local agency monitored ?</b>
Cases may be randomly selected on a yearly basis by the State Auditor and Inspector's Office or LIHEAP administrative staff.
<b>10.9. What is the combined error rate for eligibility determinations? OPTIONAL</b>
<b>10.10. What is the combined error rate for benefit determinations? OPTIONAL</b>
<b>10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0</b>
<b>10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0</b>
<b>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.</b>

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b>	

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

**11.1 How did you obtain input from the public in the development of your LIHEAP plan?  
 Select all that apply.**

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

Comments regarding the LIHEAP program administration may also be received via email, survey, mail, phone from public, applicants, or employees throughout the years at our public events or local field offices.

**11.2 What changes did you make to your LIHEAP plan as a result of this participation?**

We make online LIHEAP applications available 24-7 during our General Open Enrollment period for each program.

**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		
2		
3		
4		

**11.4. How many parties commented on your plan at the hearing(s)?** 319

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

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

We deployed the new client's portal of our new OKBenefit one-stop system for clients to apply for benefits. Our call center has expanded hours into the evening during open enrollment.



LIHEAP open enrollment to assist with influx of incoming calls and applications. We are working with our contractors and software developer to gather business requirements for the new system's logic. We are also working with our programmer on the automated process to increase the number of households for pre-authorization as well as intake for LIHEAP.

**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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 12/31/2023

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

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

**12.1 How many fair hearings did the grantee have in the prior Federal fiscal year?** 5

**12.2 How many of those fair hearings resulted in the initial decision being reversed?** 1

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

OKDHS proposed a policy change for supplements and refunds. If approved, it will effective September 2024.

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

Households are given 30 days from the date of the notice received to request a fair hearing at their local field office or call in to the energy assistance contact center.

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

Information regarding appeals for any action is included in the application as well as in the notice received after action is taken on the application.

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

The LIHEAP applicant was informed at the intake the right to appeal any delay in decision and any action considered improper by requesting a fair hearing.

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

The LIHEAP application includes language informing applicants of their right to appeal any decision made on their application.

**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**

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**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?**

Oklahoma does not implement Assurance 16

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

Oklahoma does not implement Assurance 16

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

Oklahoma does not implement Assurance 16

**13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.**

Oklahoma does not implement Assurance 16

**13.5 How many households applied for these services? 0**

**13.6 How many households received these services? 0**

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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OMB Clearance No.: 0970-0075

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
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**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 and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.**

No formal instructions are given to 3rd parties or local agencies regarding leveraging. Interaction is between utility vendors and AFS LIHEAP staff.

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Reduced rate for natural gas customer	Oklahoma Natural Gas	The reduced rate is only applied to accounts that have received a LIHEAP payment.
2	\$10 credit on monthly electric bill. Free weatherization assessment services. Smart meter to help household regulate their usage.	Oklahoma Gas and Electric	Customers receive a \$10 credit on their bill each month after a LIHEAP payment is made on the account. The credit continues for 12 months until the customer moves. Customers also receive free weatherization assessment services along with care package that contains energy light bulbs, weatherize window seal, etc.
3	Reduced rate for LIHEAP electric customer and energy saver rebate up-to \$500 on energy rate appliances replacement	American Electric Power	The reduced rate is only applied to accounts that have received a LIHEAP payment. AEP also offers qualified LIHEAP customers up-to \$500 on energy rate appliances replacement
4	\$15-\$35 credit monthly electric bill	Empire District Electric/ Liberty Utility	Customers receive a \$15 or \$35 on their bill each month depending on their income level after a LIHEAP payment is mad on the account. The credit continues for 12 months until the customer moves.

**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

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 SF - 424 - MANDATORY

## Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

Policy manual and program specific guidance are available on our agency infonet. Centralized energy assistance contact center staff are trained prior to each open enrollment application. Field staff also are trained through modules on LMS.

**b. Local Agencies:**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

Centralized energy assistance contact center staff attend a training session prior to each open enrollment application period.

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements



<input type="checkbox"/> Policies are outlined in a vendor manual
<input type="checkbox"/> Other - Describe:
15.2 Does your training program address fraud reporting and prevention? Yes No
<b>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.</b>

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

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

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

OMB Clearance No.: 0970-0075

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

In FY2024, OKDHS plans to continue to work with technical staff to develop the infrastructure for data exchange between our system and utility providers to ensure the improvement of accuracy for data we are reporting. We are continuing to update our handbook as well as fine tune our Standard Operating Procedure and Policies to be consistent and provide a uniform interpretation for our staff.

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

**17.1 Fraud Reporting Mechanisms**

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

- Online Fraud Reporting
- Dedicated Fraud Reporting Hotline
- Report directly to local agency/district office or Grantee office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
- Other - Describe:

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

- Printed outreach materials
- Addressed on LIHEAP application
- Website
- 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		
	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Other		Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>b. Describe any exceptions to the above policies.</b>
<b>17.3 Identification Verification</b>
<b>Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply</b>
<input checked="" type="checkbox"/> <b>Verify SSNs with Social Security Administration</b>
<input checked="" type="checkbox"/> <b>Match SSNs with death records from Social Security Administration or state agency</b>
<input checked="" type="checkbox"/> <b>Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)</b>
<input checked="" type="checkbox"/> <b>Match with state Department of Labor system</b>
<input checked="" type="checkbox"/> <b>Match with state and/or federal corrections system</b>
<input checked="" type="checkbox"/> <b>Match with state child support system</b>
<input checked="" type="checkbox"/> <b>Verification using private software (e.g., The Work Number)</b>
<input type="checkbox"/> <b>In-person certification by staff (for tribal grantees only)</b>
<input type="checkbox"/> <b>Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)</b>
<input type="checkbox"/> <b>Other - Describe:</b>
<b>17.4. Citizenship/Legal Residency Verification</b>
<b>What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.</b>
<input type="checkbox"/> <b>Clients sign an attestation of citizenship or legal residency</b>
<input type="checkbox"/> <b>Client's submission of Social Security cards is accepted as proof of legal residency</b>
<input checked="" type="checkbox"/> <b>Noncitizens must provide documentation of immigration status</b>
<input type="checkbox"/> <b>Citizens must provide a copy of their birth certificate, naturalization papers, or passport</b>
<input type="checkbox"/> <b>Noncitizens are verified through the SAVE system</b>
<input type="checkbox"/> <b>Tribal members are verified through Tribal enrollment records/Tribal ID card</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b>  The application addresses citizenship and includes statement on signature page regarding requirement to report status of all household members.
<b>17.5. Income Verification</b>
<b>What methods does your agency utilize to verify household income? Select all that apply.</b>
<input checked="" type="checkbox"/> <b>Require documentation of income for all adult household members</b>
<input checked="" type="checkbox"/> <b>Pay stubs</b>
<input checked="" type="checkbox"/> <b>Social Security award letters</b>
<input type="checkbox"/> <b>Bank statements</b>
<input checked="" type="checkbox"/> <b>Tax statements</b>
<input type="checkbox"/> <b>Zero-income statements</b>
<input checked="" type="checkbox"/> <b>Unemployment Insurance letters</b>
<input type="checkbox"/> <b>Other - Describe:</b>
<input checked="" type="checkbox"/> <b>Computer data matches:</b>
<input checked="" type="checkbox"/> <b>Income information matched against state computer system (e.g., SNAP, TANF)</b>
<input checked="" type="checkbox"/> <b>Proof of unemployment benefits verified with state Department of Labor</b>
<input checked="" type="checkbox"/> <b>Social Security income verified with SSA</b>
<input checked="" type="checkbox"/> <b>Utilize state directory of new hires</b>
<input type="checkbox"/> <b>Other - Describe:</b>
<b>17.6. Protection of Privacy and Confidentiality</b>
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>

<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Other - Describe: Applications are generated from the online portal and stored in OnBase.
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input type="checkbox"/> Consumption
<input type="checkbox"/> Balances
<input type="checkbox"/> Payment history
<input type="checkbox"/> Account is properly credited with benefit
<input checked="" type="checkbox"/> Other - Describe: Applicant is required to provide correct utility account number and account holder's information when an application is completed so it can be double checked with the utility providers through data exchanges to ensure validity of the account while preventing waste, fraud, identity theft, and abuse from happening.
<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 type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe: LIHEAP participating utility providers must agree with specific conditions when accepting LIHEAP payment as part of the standard state and utility provider contract.

<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
<b>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.</b>
<input checked="" type="checkbox"/> Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/> Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe:  LIHEAP participating utility providers must agree with specific conditions when accepting LIHEAP payment as part of the standard state and utility provider contract.
<b>17.10. Investigations and Prosecutions</b>
<b>Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.</b>
<input checked="" type="checkbox"/> Refer to state Inspector General
<input checked="" type="checkbox"/> Refer to local prosecutor or state Attorney General
<input checked="" type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process  OKDHS Adult and Family Services - LIHEAP administrative staff typically initiate refund request by phone, email, or mail. In the case of client error, staff may need to request recoupment from household through the AFS Benefit Integrity and Recoupment Section. Once refunds are received, Finance division staff updates issuance record. If a reissuance is necessary, AFS LIHEAP administrative staff reauthorizes payment to correct vendor/account.
<input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 year
<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 checked="" type="checkbox"/> Other - Describe:  OKDHS uses administrative discipline for employees found to be committing fraud. Vendors may be removed from the program for fraud as well. In the case of non-participating vendors, the payments is made to the eligible household instead of the vendor. Client(s) who have been found to have committed fraud is banned from LIHEAP assistance for 1 year as individual but the rest of the household members can still be eligible for LIHEAP with a reduce benefit due to the household size reduction of the fraudulent banned member. This fraudulent banned household's member income and resource are partially consider in household total eligibility following our SNAP guidelines.
<b>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.</b>

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

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

**Instructions for Certification**

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

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.BrBbr.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

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

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

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or

voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

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

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

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

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

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

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

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

#### **Instructions for Certification**

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later

determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

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

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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

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

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

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

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

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

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

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

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central 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 grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:



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

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

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

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

#### **Certification Regarding Drug-Free Workplace Requirements**

##### **Alternate I. (Grantees Other Than Individuals)**

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification

number(s) of each affected grant;  
 (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or  
 (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;  
 (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).  
 (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

Department of Human Services  
 \* Address Line 1

2400 N Lincoln Blvd  
 Address Line 2

Address Line 3

Oklahoma City  
 \* City

OK  
 \* State

73125  
 \* Zip Code

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

**Alternate II. (Grantees Who Are Individuals)**

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

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

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

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

Section 20: Certification Regarding Lobbying

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

## Assurances

### Assurances

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

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

**(B) intervene in energy crisis situations;**

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

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

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

**(A) households in which one or more individuals are receiving--**

**(i) assistance under the State program funded under part A of title IV of the Social Security Act;**

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

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

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

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

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

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

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

**(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;**

**(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income**

energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

**(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));**

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

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

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

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

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

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

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

**(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and**

**thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.**

## Plan Attachments

PLAN ATTACHMENTS
<b>The following documents must be attached to this application</b>
<ul style="list-style-type: none"><li>• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</li></ul>
<ul style="list-style-type: none"><li>• Heating component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Cooling component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Minutes, notes, or transcripts of public hearing(s).</li></ul>