DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: FAMILY SERVICES DEPT

Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 2

Report Period: 10/01/2025 to 09/30/2026

Report Status: Submission Accepted by CO (Revision #2)

Report Sections

- 1. Mandatory Grant Application SF-424
- 2. Section 1 Program Components
- 3. Section 2 HEATING ASSISTANCE
- 4. Section 3 COOLING ASSISTANCE
- 5. Section 4 CRISIS ASSISTANCE
- 6. Section 5 WEATHERIZATION ASSISTANCE
- 7. Section 6 Outreach, 2605(b)(3) Assurance 3, 2605(c)(3)(A)
- 8. Section 7 Coordination, 2605(b)(4) Assurance 4
- 9. Section 8 Agency Designation,, 2605(b)(6) Assurance 6
- 10. Section 9 Energy Suppliers,, 2605(b)(7) Assurance 7
- 11. Section 10 Program, Fiscal Monitoring, and Audit, 2605(b)(10) Assurance 10
- 12. Section 11 Timely and Meaningful Public Participation, , 2605(b)(12) Assurance 12, 2605(c)(2)
- 13. Section 12 Fair Hearings, 2605(b)(13) Assurance 13
- 14. Section 13 Reduction of home energy needs, 2605(b)(16) Assurance 16
- 15. Section 14 Leveraging Incentive Program ,2607A
- 16. Section 15 Training
- 17. Section 16 Performance Goals and Measures, 2605(b)
- 18. Section 17 Program Integrity, 2605(b)(10)
- 19. Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- 20. Section 19: Certification Regarding Drug-Free Workplace Requirements
- 21. Section 20: Certification Regarding Lobbying
- 22. Assurances
- 23. Plan Attachments

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.: 0970-013 Expiration Date: 02/28/2027

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

| _ | | | | | | |
|---|------------------|---|---|--------------|----------------------------------|--|
| * 1.a. Type of Submission: Plan | | * 1.b. Frequency: • Annual | * 1.c. Consolidated A Plan/Funding Reque | | * 1.d. Version: | |
| | | | Explanation: | | Resubmission Revision Update | |
| | | | 2. Date Received: | | State Use Only: | |
| | | | 3. Applicant Identific | r: | | |
| | | | 4a. Unique Entity Ide | | 5. Date Received By State: | |
| | | | VMLLVM5LAD44 | (022) | ov Butte 10001/04 By States | |
| | | | 4b. Federal Award Io 830208667 | lentifier: | 6. State Application Identifier: | |
| 7. APPLICANT INFO | ORMATION | | | | | |
| * a. Legal Name: Stat | te of Wyoming | | | | | |
| * b. Address: | | | | | | |
| * Street 1: | 2300 CAPIT | OL AVENUE | Street 2: | HATHAWA | Y BUILDING, 3RD FLOOR | |
| * City: | CHEYENNE | | County: | | | |
| * State: | WY | | Province: | | | |
| * Country: | United States | | * Zip / Postal Code: | 82002 - 0490 | | |
| c. Organizational U | U nit: | | | | | |
| Department Name Department of Family | | | Division Name: Economic Security | | | |
| | | person to be contacted on matters in t of Health and Human Services' LIF | | | be listed on Notice of Funding | |
| * First Name: Kristina | | | * Last Name: Packard | | | |
| Title: LIHEAP Program Ma | anager | | Organizational Affili | ation: | | |
| * Telephone Number: 307-473-3984 | : | | Fax Number | | | |
| * Email: kristina.packard1@w | yo.gov | | | | | |
| * 8. TYPE OF APPLI A: State Government | ICANT: | | | | | |
| * a. Is the applican | t a Tribal Con | sortium: O Yes O No | | | | |
| * b. If yes please at | tach at least or | ne the following documentation: | | | | |
| | | Catalog of Federal Domes Assistance Number: | stic | C | CFDA Title: | |
| 9. CFDA Numbers and | Titles | 93.568 | Low-Income Home Energy Assistance Program | | | |
| 10. DESCRIPTIVE T Low Income Energy | | PLICANT'S PROJECT: gram | | | | |
| 11. AREAS AFFECT Statewide | ED BY FUND | ING: | | | | |
| 12. CONGRESSIONA 00 | AL DISTRICT | S OF APPLICANT: | | | | |
| 13. FUNDING PERIO | OD: | | | | | |
| a. Start Date: 10/01/2025 | | | b. End Date: 09/30/2026 | | | |
| * 14. IS SUBMISSION | N SUBJECT T | O REVIEW BY STATE UNDER EX | XECUTIVE ORDER 1 | 2372 PROCES | SS? | |
| a. This submission | was made avai | ilable to the State under Executive O | rder 12372 | | | |

Process for review on: b. Program is subject to E.O. 12372 but has not been selected by State for review. c. Program is not covered by E.O. 12372. *15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? NO
 NO If Yes, explain: 16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree 🗹 ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 17a. Typed or Printed Name and Title of Authorized Certifying Official 17c. Telephone (area code, number and extension) Kristina Packard 17d. Email Address kristina.packard1@wyo.gov 17b. Signature of Authorized Certifying Official 17e. Date Report Submitted (Month, Day, Year) 09/26/2025 sign

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

| | Section 1 Program Components | | | | | | |
|---|---|------------------|-------------------|--|--|--|--|
| Pro | gram 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 Dates of Operation | | | | | | | |
| | | Start Date | End Date | | | | |
| > | Heating assistance | 10/01/2025 | 09/30/2026 | | | | |
| | Cooling assistance | | | | | | |
| | Summer crisis assistance | | | | | | |
| > | Winter crisis assistance | 10/01/2025 | 09/30/2026 | | | | |
| | Year-round crisis assistance | | | | | | |
| > | Weatherization assistance | 10/01/2025 | 09/30/2026 | | | | |
| Pro | vide further explanation for the dates of operation, if necessary | | | | | | |
| | | | | | | | |
| Esti | imated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16 | | | | | | |
| | Estimate what amount of available LIHEAP funds will be used for each component that you will operate: total of all percentages must add up to 100%. | Percentage (%) | Prior year totals | | | | |
| _ | leating assistance | 50.00% | 52.00% | | | | |
| С | Cooling assistance | 0.00% | 0.00% | | | | |
| St | ummer crisis assistance | 0.00% | 0.00% | | | | |
| W | Vinter crisis assistance | 18.00% | 16.00% | | | | |
| Y | ear-round crisis assistance | 0.00% | 0.00% | | | | |
| W | Veatherization assistance | 15.00% | 15.00% | | | | |
| C | Carryover to the following federal fiscal year | 8.00% | 8.00% | | | | |
| A | dministrative and planning costs | 9.00% | 9.00% | | | | |
| Se | ervices to reduce home energy needs including needs assessment (Assurance 16) | 0.00% | 0.00% | | | | |
| _ | sed to develop and implement leveraging activities | 0.00% | 0.00% | | | | |
| TOT | 'AL | 100.00% | 100.00% | | | | |

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

| Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C) | | | | | | |
|--|---|----------------------------|-------------------------|-------------------------|------------------|--|
| 1.3 T | he funds reserved for wir | nter crisis assistance tha | t have not been expen | ded by March 15 will | be reprogran | nmed to: |
| > | | Heating assistance | | | Co | oling assistance |
| | | Weatherization assista | nce | | Ot | her (specify:) |
| Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8 | | | | | | |
| | o you consider household e left column below? C | | if at least one househo | ld member receives a | t least one of t | the following categories of benefits |
| If yo | u answered "Yes" to que | stion 1.4, you must com | plete the table below a | and answer questions | 1.5 and 1.6. | |
| | | | Heating | Cooling | Crisi | s Weatherization |
| TANF C Yes C No C Yes C No C Yes C No | | | | | | No C Yes C No |
| SSI CYes CNo CYes CNo CYes CNo CYes CNo | | | | | | |
| SNAF | • | | C Yes C No | C Yes C No | C Yes C | No C Yes C No |
| Mean | s-tested Veterans Programs | : | O Yes O No | C Yes C No | C Yes C | No C Yes C No |
| need appli | to receive the benefits or cation process. | just one member, is the | ere a data exchange in | place?) and how cate | | le (i.e, do all household members lity streamlines the LIHEAP |
| | o you automatically enro | oll households without a | direct annual applica | tion? • Yes • No | | |
| If Ye | s, explain: | | | | | |
| | low do you ensure there is a determining eligibility a | | eatment of categorical | ly eligible households | from those no | ot receiving other public assistance |
| | P Nominal Payments | | | | | |
| _ | Do you allocate LIHEAP | | | | | |
| Ě | u answered "Yes" to que | | ovide a response to que | estions 1.7b, 1.7c, and | 1.7d. | |
| | Amount of Nominal Assistance | stance: \$0.00 | | | | |
| 1.70 | Once Per Year | | | | | |
| | | | | | | |
| | Once every five years | | | | | |
| | Other - Describe: | | | | | |
| 1.7d | How do you confirm that | the household receiving | g a nominal payment | has an energy cost or | need? | |
| Dete | rmination of Eligibility - | Countable Income | | | | |
| 1.8. I | n determining a househo | ld's income eligibility fo | or LIHEAP, do you us | e gross income or net | income? | |
| > | Gross Income | | | | | |
| | Net Income | | | | | |
| | Other - Describe | | | | | |
| 1.9. 8 | Select all the applicable fo | orms of countable incom | ne used to determine a | household's income e | ligibility for I | LIHEAP |
| > | Wages | | | | | |
| > | Self - Employment Inco | me | | | | |
| > | Contract Income | | | | | |
| > | Payments from mortgag | ge or Sales Contracts | | | | |
| ~ | Unemployment insuran | ce | | | | |

| | Strike Pay |
|-------------|--|
| > | Social Security Administration (SSA) benefits |
| | Including MediCare deduction Excluding MediCare deduction |
| > | Supplemental Security Income (SSI) |
| > | Retirement / pension benefits |
| > | General Assistance benefits |
| | Temporary Assistance for Needy Families (TANF) benefits |
| | Loans that need to be repaid |
| > | Cash gifts |
| | Savings account balance |
| > | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. |
| | Jury duty compensation |
| > | Rental income |
| | Income from employment through Workforce Investment Act (WIA) |
| | Income from work study programs |
| > | Alimony |
| | Child support |
| > | Interest, dividends, or royalties |
| > | Commissions |
| | Legal settlements |
| | Insurance payments made directly to the insured |
| | Insurance payments made specifically for the repayment of a bill, debt, or estimate |
| > | Veterans Administration (VA) benefits |
| | Earned income of a child under the age of 18 |
| | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |
| | Income tax refunds |
| | Stipends from senior companion programs, such as VISTA |
| | Funds received by household for the care of a foster child |
| | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
| | Reimbursements (for mileage, gas, lodging, meals, etc.) |

| | Other | | | | | |
|-------------|--|--|--|--|--|--|
| | • | the above questions require further explanation or clarification that could not be made in sprovided, attach a document with said explanation here. | | | | |
| 1.10 | 1.10 Do you have an online application process 💽 Yes 🔘 No | | | | | |
| 1.1 | l0a If ye | s, describe the type of online application (Select all boxes that apply) | | | | |
| | | A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing. | | | | |
| > | | A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing. | | | | |
| | | One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing. | | | | |
| > | | Online application that is also mobile friendly | | | | |
| | | Other, please describe | | | | |
| Pleas | se includ | le a link(s) to a statewide application, if available: | | | | |
| | | https://dfsgovcloud.my.site.com/UtilityAssistanceOnlinePortal/s/ | | | | |
| 1.10 | Can al | l program components be applied for online? • Yes O No | | | | |
| If no | , explaiı | n which components can and cannot be applied for online. | | | | |
| 1.11 | Do you | have a process for conducting and completing applications by phone 💽 Yes 🔘 No | | | | |
| 1.12 | Do you | or any of your subrecipients require in person appointments in order to apply C Yes 🕟 No | | | | |
| If yes | If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required. | | | | | |
| 1.13 | 1.13 How can applicants submit documentation for verification? Select all that apply: | | | | | |
| > | | In-person | | | | |
| V | | Mail | | | | |
| > | | Email | | | | |
| > | | Portal application | | | | |
| | | Other, please describe | | | | |

Hidden for Section 1

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.: 0970-013 Expiration Date: 02/28/2027

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

| | Section 2 - Heating Assistance | | | | | | | |
|-------------------------------------|--|--------------|---|-----------------------|--|--|--|--|
| Eligibility, 2605(| b)(2) - Assurance 2 | | | | | | | |
| 2.1 Designate the | e income eligibility threshold used for the | heating c | omponent: | | | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Threshold | | | | |
| 1 | All Household Sizes | | State Median Income | 60.00% | | | | |
| 2.2 Do you have Heating Assistar | additional eligibility requirements for nce? | C Yes | ⊙ No | | | | | |
| 2.3 Check the ap | propriate boxes below and describe the p | | | | | | | |
| Do you require a | nn Assets test? | O Yes | ⊙ No | | | | | |
| If yes, describe: | Do you have additional/differing eligibili | ty policies | for: | | | | | |
| Renters? | | C Yes | ⊙ No | | | | | |
| If yes, describe: | | | | | | | | |
| Renters Li | ving in subsidized housing? | C Yes | ⊙ No | | | | | |
| If yes, describe: | | | | | | | | |
| Renters wi | th utilities included in the rent? | C Yes | ⊙ No | | | | | |
| If yes, describe: | | | | | | | | |
| Do you give prio | rity in eligibility to: | | | | | | | |
| Older Adu | lts (60 years or older)? | Yes | CNo | | | | | |
| the pre applica househ | couseholds with adults aged 60 ceding season, shall be affordations in advance. This provisiolds may receive benefits as provided the series of the series of the series and the series are series as provided the series and the series are series as provided the series are series. | ed the o | opportunity to submit ures that such | | | | | |
| Individual | s with a disability? | ⊙ Yes | C _{No} | | | | | |
| If yes, describe: | | - | | | | | | |
| eligible submit househ | Households with an individual who is disabled, who were eligible in the preceding season, shall be afforded the opportunity to submit applications in advance. This provision ensures that such households may receive benefits as priority applicants, subject to meeting eligibility criteria. | | | | | | | |
| Young chi | ldren? | Yes | CNo | | | | | |
| in the p applica househ | ouseholds with a child aged foreceding season, shall be affortions in advance. This provisiolds may receive benefits as progression of the control of the co | orded the | ne opportunity to submit ures that such | | | | | |
| Household | s with high energy burdens? | • Yes | C No | | | | | |
| If yes, describe: | | | | | | | | |

Households with a high energy burden, who were eligible in the preceding season, shall be afforded the opportunity to submit applications in advance. This provision ensures that such households may receive benefits as priority applicants, subject to meeting eligibility criteria. Other? Unregulated Fuel Types **⊙**Yes ○No If yes, describe: Invoices for unregulated fuel types are eligible for payment beginning October 1, 2025. Explanations of policies for each "yes" checked above: Clients classified as a priority by federal law will be notified in early September that the portal is open for applications. This practice allows the priority clients the opportunity to apply prior to accepting regular seasonal applications. The portal will open to all potential applicants on October 1. Priority clients are: Households with a member who is age 60 or older: Households with a member who is disabled; Households with a child who is age 5 or younger; and · Households with high energy burden 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, For the 2025-2026 heating season, the application will open to priority households on September 2, 2025. This allows for ease in application and more timlely approval. 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 Dwelling type Energy burden (% of income spent on home energy) Energy need 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. Please note: the maximum and minimum benefits must be shown in the payment matrix. **Minimum Benefit** \$48 **Maximum Benefit** \$1,901 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?2 🖸 Yes . 💽 No If yes, describe. If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013

Expiration Date: 02/28/2027

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

| Section 3 - Cooling Assistance | | | | | | |
|---|---|--------------|---|---------------------------|---------|--|
| Eligibility, 2605(| c)(1)(A), 2605 (b)(2) - Assurance 2 | | | | | |
| | e income eligibility threshold used for th | e Cooling o | component: | | | |
| Add | Household size | | Eligibility Guideline | Eligibility Thresho | old | |
| 1 | | | · · | | 0.00% | |
| 3.2 Do you have a | additional eligibility requirements for ce? | C Yes | C _{No} | | | |
| 3.3 Check the ap | propriate boxes below and describe the | policies for | each. | | | |
| Do you require a | n Assets test? | C Yes | C _{No} | | | |
| If yes, describe: | | | | | | |
| Do you have add | itional/differing eligibility policies for: | | | | | |
| Renters? | | C Yes | C _{No} | | | |
| If yes, describe: | | | | | | |
| Renters Li | ving in subsidized housing? | C Yes | C _{No} | | | |
| If yes, describe: | | • | | | | |
| Renters wi | th utilities included in the rent? | C Yes | C _{No} | | | |
| If yes, describe: | | | | | | |
| Do you give prio | rity in eligibility to: | | | | • | |
| Older Adu | lts (60 years or older)? | C Yes | C _{No} | | | |
| If yes, describe: | | | | | | |
| Individuals | s with a disability? | O Yes | C _{No} | | | |
| If yes, describe: | | | | | | |
| Young chil | dren? | O Yes | C _{No} | | | |
| If yes, describe: | | | | | | |
| Household | s with high energy burdens? | O Yes | C _{No} | | | |
| If yes, describe: | | | | | | |
| Other? | | Oyes | C _{No} | | | |
| If yes, describe: | | | | | | |
| | policies for each "yes" checked above: | | | | | |
| 3.4 Describe how etc. | you prioritize the provision of cooling a | ssistance to | o vulnerable populations, e.g., benefit amour | nts, early application pe | eriods, | |
| | | | | | | |
| 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): | | | | | | |
| Income | | | | | | |
| Family (hor | usehold) size | | | | | |
| | gy cost or need: | | | | | |
| Fuel | type | | | | | |
| Clin | nate/region | | | | | |
| Indi | vidual bill | | | | | |

| Dwelling type | | | | | | | |
|--|--|---|-------------------|--------|--|--|--|
| Energy burden (% of income spent on home energy) | | | | | | | |
| Energy need | | | | | | | |
| Other - Describe: | | | | | | | |
| | | | | | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605 | 5(c)(1)(B) | | | | | | |
| 3.6 Describe estimated benefit levels for the fi shown in the payment matrix. | iscal year for which this plan | applies. Please note: the maximum and minim | num benefits must | be | | | |
| Minimum Benefit | \$0 | Maximum Benefit | \$0 | | | | |
| 3.7 Do you provide in-kind (e.g., fans, air con | 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? C Yes C No | | | | | | |
| If yes, describe. | | | | | | | |
| If any of the above questions re | - | | ıld not be ma | ade in | | | |

Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027

| | LOW INCOME HOME ENERGY MOD | PEL PLAN | KAWI(L | .IHEAP) | |
|--|--|---|--|---|--|
| | Section 4: CR | ISIS ASSISTANCE | | | |
| Eligibility - 2604 | c(c), 2605(c)(1)(A) | | | | |
| 4.1 Designate the | e income eligibility threshold used for the crisis com | ponent | | | |
| Add | Household size | Eligibility Guideline | | Eligibility T | hreshold |
| 1 | All Household Sizes | State Median Income | | | 60.00% |
| | LIHEAP program's definition for determining a cond), Include all program definitions. | risis. If you administer multiple cri | sis assistan | ce programs (win | ter, summer, |
| deposi restore fuel; p failure remed to rem | yoming refers to Crisis Situations ts either to restore or establish power after disconnection; deliver ropane tank set and rental assistant; heating system failure prevention iation/repair/installation and replatove or prevent a life or health three ency or cooling loss emergency. | ver; back bill assistance rable fuel special fill to a ce; heat loss mitigation assistance, as well as cocement. These types of C | to avoid avoid ru due to l ooling sy Crisis as | d disconnect inning out of heating syste ystem assess ssistance are | ion and f heating em ment and e designed |
| 4.3 What constitu | utes a <u>life-threatening crisis?</u> | | | | |
| imminent t | tening crisis is defined as an energy hreat to the health and safety of a h ate danger with the potential to resu | nousehold member. An i | mmine | nt threat is d | lefined as |
| Crisis Requirem | ent, 2604(c) | | | | |
| 4.4 Within how r | many hours do you provide an intervention that wil | l resolve the energy crisis for eligib | le househo | lds? 48Hours | |
| 4.5 Within how r situations? 18He | many hours do you provide an intervention that wil ours | l resolve the energy crisis for eligib | le househo | lds in life-threater | ning |
| Crisis Eligibility | , 2605(c)(1)(A) | | | | |
| | | | Winter Crisis | Summer Crisis | Year-Round Crisis |
| 4.6 Do you have | additional eligibility requirements for Crisis Assista | ance? | ~ | | |
| 4.7 Check the ap | propriate boxes below to indicate type(s) of assistan | nce provided | | • | ,, |
| Do you require a | nn Assets test? | | | | |
| Do you give prio | rity in eligibility to: | <u>"</u> | | | |
| Older Adu | lts (60 years or older)? | | ~ | | |
| Individual | s with a disability? | İ | V | | |
| Young Chi | ildren? | | V | | |
| Household | s with high energy burdens? | | v | | |
| Other (Spe | ecify): Deliverable fuel users | | <u> </u> | | |
| In Order to rece | ive crisis assistance: | | | | |

| · - | Must the household have received a shut-off notice or have a near empty tank? | | | | | | |
|--|--|--|---|--|--|--|--|
| Must the hor | usehold have been shut off or have an empty tank? | | | | | | |
| Must the hor | usehold have exhausted their regular heating benefit? | | | | | | |
| Must renters | s with heating costs included in their rent have received an eviction notice? | | | | | | |
| Must heating | g/cooling be medically necessary? | | | | | | |
| Must the hor | usehold have non-working heating or cooling equipment? | ~ | | | | | |
| Other (Speci | ify): | | | | | | |
| Do you have addit | ional/differing eligibility policies for: | | | | | | |
| Renters? | | ~ | | | | | |
| Renters livir | ng in subsidized housing? | ~ | | | | | |
| Renters with | utilities included in the rent? | ~ | | | | | |
| Explanations of po | olicies for each "yes" checked above: | | | " | | | |
| | ration if it can be documented and verified that the landlord resources to fix or replace the heating system Benefits | l is also lo | w-income | and does not | | | |
| 4.8 How do you ha | andle crisis situations? | | | | | | |
| ✓ | Separate component | | | | | | |
| | Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefit response time frames. | its are issued | to crisis custo | mers within crisis | | | |
| | Other - Describe: | | | | | | |
| 4.9 If you have a se | eparate component, how do you determine crisis assistance benefits? | | | | | | |
| | Amount to resolve the crisis. \$0 | | | | | | |
| Other - Describe: Crisis assistance must resolve the crisis. There are times when clients may have to locate resources in addition to the amount of LIEAP Crisis benefit they are eligible for in order to completely resolve the crisis. Verification is required. There is no maximum benefit amount for the No Heat Broken Furnace crisis, however. To determine the crisis benefit levels for all Crisis types other than No Heat Broken Furnace, No Heat Prevention, and cooling assessment and remediation, Wyoming uses a sliding scale which is attached to this State Plan | | | | | | | |
| ∀ | have to locate resources in addition to the amount of eligible for in order to completely resolve the crisis is no maximum benefit amount for the No Heat Bro determine the crisis benefit levels for all Crisis type | of LIEAP s. Verifica oken Furn es other the ent and re | Crisis bention is requace crisis, nan No He | efit they are uired. There however. To at Broken | | | |
| Crisis Requiremer | have to locate resources in addition to the amount of eligible for in order to completely resolve the crisis is no maximum benefit amount for the No Heat Brodetermine the crisis benefit levels for all Crisis type Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Futs, 2604(c) | of LIEAP S. Verifica oken Furr es other the ent and re Plan. | Crisis ben tion is req ace crisis, an No He mediation | efit they are uired. There however. To at Broken , Wyoming | | | |
| Crisis Requiremer 4.10 Do you accept | have to locate resources in addition to the amount of eligible for in order to completely resolve the crisis is no maximum benefit amount for the No Heat Brodetermine the crisis benefit levels for all Crisis type Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Ints, 2604(c) | of LIEAP S. Verifica oken Furr es other the ent and re Plan. | Crisis ben tion is req ace crisis, an No He mediation | efit they are uired. There however. To at Broken , Wyoming | | | |
| Crisis Requiremer 4.10 Do you accept Yes O No Wy Crisis as for crisis There is | have to locate resources in addition to the amount of eligible for in order to completely resolve the crisis is no maximum benefit amount for the No Heat Brodetermine the crisis benefit levels for all Crisis type Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Ints, 2604(c) | of LIEAP S. Verifica oken Furn es other th ent and re Plan. de to all house sistance. clients m oproval fo have also | Crisis bention is requace crisis, an No Heamediation holds in the area applicants ay phone is the ating a implementation | efit they are uired. There however. To at Broken , Wyoming rea to be served? | | | |
| Crisis Requirement 4.10 Do you accept Yes No Wy Crisis as for crisis There is portal ar | have to locate resources in addition to the amount of eligible for in order to completely resolve the crisis is no maximum benefit amount for the No Heat Brodetermine the crisis benefit levels for all Crisis type Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, a sliding scale which is attached to this State Furnace, a sliding scale which is attached to this State Furnace, a splication for energy crisis assistance at sites that are geographically accessible Explain. Explain. From the Amount of the No Heat Brown and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is att | of LIEAP S. Verifica oken Furn es other th ent and re Plan. de to all house sistance. clients m oproval fo have also | Crisis bention is requace crisis, an No Heamediation holds in the area applicants ay phone is the ating a implementation | efit they are uired. There however. To at Broken , Wyoming rea to be served? | | | |
| Crisis Requiremer 4.10 Do you accept Yes O No Wy Crisis as for crisis There is portal ar 4.11 Do you provid Submit applicat | have to locate resources in addition to the amount of eligible for in order to completely resolve the crisis is no maximum benefit amount for the No Heat Brodetermine the crisis benefit levels for all Crisis type Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, a sliding scale which is attached to this State Furnace, a sliding scale which is attached to this State Furnace, a splication for energy crisis assistance at sites that are geographically accessible Explain. The provided Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, a splication for energy crisis assistance at sites that are geographically accessible explain. The provided Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, and the provided Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, a split spli | of LIEAP S. Verifica oken Furn es other th ent and re Plan. de to all house sistance. clients m oproval fo have also | Crisis bention is requace crisis, an No Heamediation holds in the area applicants ay phone is the ating a implementation | efit they are uired. There however. To at Broken , Wyoming rea to be served? | | | |
| Crisis Requirement 4.10 Do you accept Yes O No Wy Crisis as for crisis There is portal ar 4.11 Do you provid Submit applicat Yes O No | have to locate resources in addition to the amount of eligible for in order to completely resolve the crisis is no maximum benefit amount for the No Heat Brodetermine the crisis benefit levels for all Crisis type Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, a splication for energy crisis assistance at sites that are geographically accessible Explain. Explain. From the application at the time of application. And, as assistance on the application at the time of application. And, as assistance should the crisis situation present itself after application and email address available for this purpose. We and clients may enter requests for crisis assistance directly in the individuals who are individuals with a disability the means to: | of LIEAP S. Verifica oken Furn es other th ent and re Plan. de to all house sistance. clients m oproval fo have also | Crisis bention is requace crisis, an No Heamediation holds in the area applicants ay phone is the ating a implementation | efit they are uired. There however. To at Broken , Wyoming rea to be served? | | | |
| Crisis Requiremer 4.10 Do you accept Yes No Wy Crisis as for crisis There is portal ar 4.11 Do you provid Submit applicat Yes No If No, explain. | have to locate resources in addition to the amount of eligible for in order to completely resolve the crisis is no maximum benefit amount for the No Heat Brodetermine the crisis benefit levels for all Crisis type Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, a sliding scale which is attached to this State Furnace, a sliding scale which is attached to this State Furnace, a splication for energy crisis assistance at sites that are geographically accessible Explain. It is a splication for energy crisis assistance at sites that are geographically accessible explain. It is a splication for Crisis assistance on the application at the time of application. And, as assistance should the crisis situation present itself after application and email address available for this purpose. We are also delients may enter requests for crisis assistance directly in the individuals who are individuals with a disability the means to: It is a splication to the amount for the No Heat Brown and cooling assessmuses as sistance at sites that are geographically accessible explain. | of LIEAP S. Verifica oken Furn es other th ent and re Plan. de to all house sistance. clients m oproval fo have also | Crisis bention is requace crisis, an No Heamediation holds in the area applicants ay phone is the ating a implementation | efit they are uired. There however. To at Broken , Wyoming rea to be served? | | | |
| Crisis Requirement 4.10 Do you accept Yes No Wy Crisis as for crisis There is portal ar 4.11 Do you provid Submit applicat Yes No If No, explain. Travel to the sit | have to locate resources in addition to the amount of eligible for in order to completely resolve the crisis is no maximum benefit amount for the No Heat Brodetermine the crisis benefit levels for all Crisis type Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, a splication for energy crisis assistance at sites that are geographically accessible Explain. Explain. From the application at the time of application. And, as assistance on the application at the time of application. And, as assistance should the crisis situation present itself after application and email address available for this purpose. We and clients may enter requests for crisis assistance directly in the individuals who are individuals with a disability the means to: | of LIEAP S. Verifica oken Furn es other th ent and re Plan. de to all house sistance. clients m oproval fo have also | Crisis bention is requace crisis, an No Heamediation holds in the area applicants ay phone is the ating a implementation | efit they are uired. There however. To at Broken , Wyoming rea to be served? | | | |
| Crisis Requiremer 4.10 Do you accept Yes No Wy Crisis as for crisis There is portal ar 4.11 Do you provid Submit applicat Yes No If No, explain. | have to locate resources in addition to the amount of eligible for in order to completely resolve the crisis is no maximum benefit amount for the No Heat Brodetermine the crisis benefit levels for all Crisis type Furnace, No Heat Prevention, and cooling assessmuses a sliding scale which is attached to this State Furnace, a sliding scale which is attached to this State Furnace, a sliding scale which is attached to this State Furnace, a splication for energy crisis assistance at sites that are geographically accessible Explain. It is a splication for energy crisis assistance at sites that are geographically accessible explain. It is a splication for Crisis assistance on the application at the time of application. And, as assistance should the crisis situation present itself after application and email address available for this purpose. We are also delients may enter requests for crisis assistance directly in the individuals who are individuals with a disability the means to: It is a splication to the amount for the No Heat Brown and cooling assessmuses as sistance at sites that are geographically accessible explain. | of LIEAP S. Verifica oken Furn es other th ent and re Plan. de to all house sistance. clients m oproval fo have also | Crisis bention is requace crisis, an No Heamediation holds in the area applicants ay phone is the ating a implementation | efit they are uired. There however. To at Broken , Wyoming rea to be served? | | | |

Wyoming does not provide travel assistance. However, Wyoming does allow applications to be taken via telephone when the applicant is not able to apply online. This provides our diverse applicant population the greatest possible accessibility, preference, and ease in applying for assistance. Many of our Wyoming applicants live extremely remote and have zero to unreliable internet connectivity, so Wyoming allows the full range of application submission options to ensure that no eligible applicant household is excluded due to restrictive application policies and procedures. If there is enough interest, the Agency will travel to local areas to assist with application completion and submission.

If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled? Benefit Levels, 2605(c)(1)(B) 4.12 Indicate the maximum benefit for each type of crisis assistance offered. Winter Crisis \$1,100.00 maximum benefit Summer Crisis \$0.00 maximum benefit **Year-round Crisis** \$0.00 maximum benefit 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits? Yes No If yes, Describe 4.14 Do you provide for equipment repair or replacement using crisis funds? If you answered "Yes" to question 4.14, you must complete question 4.15. 4.15 Check appropriate boxes below to indicate type(s) of assistance provided. Winter **Year-round Crisis** Summer Crisis Crisis Heating system repair V Heating system replacement V Cooling system repair Cooling system replacement Wood stove purchase V Pellet stove purchase V Solar panel(s) Utility poles / gas line hook-ups Other (Specify): V Fire extinguishers 4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? If you responded "Yes" to question 4.16, you must respond to question 4.17. 4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period. There is a moratorium on shut offs for LIEAP clients with one of our natural gas providers. If yes, describe

| Crisis | assistance wil | ll be provided as | needed. | | | |
|--------------|----------------|----------------------------------|---------|----------|---------------|----------------|
| | | | | | | |
| ny of the ab | 4 • | | | T 100 (1 | | |
| • | - | require further document with | _ | | n that could | not be made in |
| • | - | - | _ | | on that could | not be made i |
| • | - | - | _ | | on that could | not be made |

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.: 0970-013

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| Section 5: WEATHERIZATION ASSISTANCE | | | | | | |
|--|-------------------------|---|--|--|--|--|
| Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assur | rance 2 | | | | | |
| 5.1 Designate the income eligibility threshold | ld used for the Weathe | erization component | | | | |
| Add Househo | old Size | Eligibility Guideline | Eligibility Threshold | | | |
| 1 All Household Sizes | | State Median Income | 60.00% | | | |
| 5.2 Do you enter into an interagency agreer No | ment to have another g | government agency administer a WEATH | ERIZATION component? O Yes | | | |
| 5.3 If yes, name the agency and attach a cop | py of the Internal Agro | eement or Contract. | | | | |
| 5.4 Is there a separate monitoring protocol | for weatherization? | Yes O No | | | | |
| WEATHERIZATION - Types of Rules | | | | | | |
| 5.5 Under what rules do you administer LII | HEAP weatherization | ? (Check only one.) | | | | |
| Entirely under LIHEAP (not DOE) r | ules | | | | | |
| Entirely under DOE WAP (not LIHE | EAP) rules | | | | | |
| Mostly under LIHEAP rules with the | e following DOE WAP | rule(s) where LIHEAP and WAP rules di | ffer (Check all that apply): | | | |
| ✓ Income Threshold | | | | | | |
| Weatherization of entire multi- eligible units or will become eligible within | | ure is permitted if at least 66% of units (50 | % in 2- & 4-unit buildings) are | | | |
| Weatherize shelters temporaril care facilities). | y housing primarily lo | ow income persons (excluding nursing hom | es, prisons, and similar institutional | | | |
| Other - Describe: | | | | | | |
| Use of Department | of Energy Wear | therization Assistance Progra | am Priority Measure List. | | | |
| Mostly under DOE WAP rules, with | the following LIHEAF | Prule(s) where LIHEAP and WAP rules d | iffer (Check all that apply.) | | | |
| Income Threshold | | | | | | |
| Weatherization not subject to I | OOE WAP maximum s | statewide average cost per dwelling unit. | | | | |
| Weatherization measures are n | ot subject to DOE Sav | rings to Investment Ration (SIR) standard | ls. | | | |
| Other - Describe: | | | | | | |
| Eligibility, 2605(b)(5) - Assurance 5 | | | | | | |
| 5.6 Do you require an assets test? | ○Yes ⊙No | | | | | |
| 5.7 Do you have additional/differing eligibil | lity policies for : | | | | | |
| Renters | C Yes O No | | | | | |
| Renters living in subsidized housing? | C Yes O No | | | | | |
| Renters with utilities included in the rent? | C Yes ⊙ No | | | | | |
| 5.8 Do you give priority in eligibility to: | | | | | | |
| Older Adults? | ⊙ Yes ONo | | | | | |
| Individuals with a disability? | ⊙ Yes CNo | | | | | |
| Young Children? | ⊙ Yes O No | | | | | |

| House holds with high energy burdens? | ⊙ Yes ○ No | | |
|--|--|-----------------------------|--|
| Other? Priority Points | €Yes CNo | | |
| 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. After the clients have been added to the Weatherization Service List to receive services, the clients are prioritized based on a point system which gives different point values based on the client information. The categories of elderly, children, disabled, high energy use and high energy burden all receive additional points and the list is developed with the clients with the highest priority points receiving services first. | | | |
| Benefit Levels | | | |
| 5.9 Do you have a maximum LIHEAP weat | herization benefit/expenditur | e per household? • Yes No | |
| 5.9a If yes, what is the maximum? \$15,00 | | | |
| 5.10 Do you use an Average Cost per Unit (| | | |
| 5.10a If so, what is the ACPU amount? \$ | 60 | | |
| Types of Assistance, 2605(c)(1), (B) & (D) | | | |
| 5.11 What LIHEAP weatherization measur | es do you provide ? (Check a | ll categories that apply.) | |
| Weatherization needs assessments/a | Weatherization needs assessments/audits Energy related roof repair | | |
| ✓ Caulking and insulation | Caulking and insulation Major appliance repairs | | |
| ✓ Storm windows | | Major appliance replacement | |
| ✓ Furnace/heating system modification | ns/repairs | Windows/sliding glass doors | |
| ✓ Furnace replacement | Doors | | |
| ✓ Cooling system modifications/repair | rs | ✓ Water Heater | |
| ✓ Water conservation measures | | Cooling system replacement | |
| Roof top solar | | Community solar projects | |
| Compact florescent light bulbs Lighting: We install high-efficiency LED light bulbs, replacing outdated or less efficient lighting. Appliances: We replace existing refrigerators and cookstoves with modern, energy-efficient models. HVAC Systems: We upgrade or replace heating and cooling systems as recommended by a professional inspection or energy audit. Building Envelope: We enhance the building's integrity with the installation of vapor barriers and mechanical ventilation systems to improve air quality and moisture control. Health and Safety: We incorporate energy-related health and safety measures to ensure a safe and comfortable living environment. | | | |
| 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. | | | |

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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: 4 Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. V 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 lowincome programs. Execute interagency agreements with other low-income program offices to perform outreach to target groups. ~ Web Posting Email Texting **Events** V Social Media Other (specify):

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 7: Coordination, 2605(b)(4) - Assurance 4 7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.). Joint application for multiple programs (indicate programs included) Wyoming uses a joint LIEAP/WAP application. Intake referrals to/from other programs (indicate programs included) Wyoming Medicaid, Community Services Block Grant, Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Department of Workforce Services, Public Health Offices, Senior Centers One - stop intake centers Other - Describe:

Wyoming uses a joint LIEAP/WAP application. Use of Wyoming 211 referral service to put low income applicants in contact with other programs is available to assist low income households.

Wyoming LIEAP coordinates and refers to and receives referrals from Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Community Services Block Grant (CSBG), WAP, Department of Workforce Services, Senior Centers, local Wyoming Department of Family Services offices, 211, local community organizations, and Public Health offices. Wyoming LIEAP receives referrals from Medicaid.

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027

| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN | | |
|---|--|--|
| | Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state Grant recipients and the Commonwealth of Puerto Rico) | |
| 8.1 Ho | w would you categorize the primary responsibility of your State agency? | |
| | Administration Agency | |
| | Commerce Agency | |
| | Community Services Agency | |
| | Energy/Environment Agency | |
| | Housing Agency | |
| > | State Department of Welfare (administers TANF, SNAP, and/or Medicaid) | |
| | Economic Development Agency | |
| | Other - Describe: | |
| | e current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and umber. Used for Near hotline and OCS Service Provider Tool and clearinghouse. | |
| Altern | ate Outreach and Intake, 2605(b)(15) - Assurance 15 | |
| If you | selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" in question 8.1, you must complete questions 8.2, 8.3, | |
| 8.2 Ho | w do you provide alternate outreach and intake for heating assistance? | |
| | The State of Wyoming utilizes a non-profit agency contractor for the centralized reception (LIEAP) and the Weatherization Assistance Program (WAP). This streamlined approach allow | |
| | Online Submissions: Applicants can complete and submit their applications electrons | |
| | • Mail-In Applications: Physical application forms will be provided upon request, a | |
| | • Telephonic Assistance: For individuals unable to utilize the online or mail options, | |

| W | Ve utilize a focused media plan for outreach. Outre | ach targets priority clients, including, |
|---------|---|---|
| offices | and the offices of Community Based Organizations | s, online news sites, press releases, tar |

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

N/A

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

The State of Wyoming utilizes a non-profit agency for the centralized reception and procest Weatherization Assistance Program (WAP). This streamlined approach allows applicants to su

Online Submissions: Applicants can complete and submit their applications electro

Mail-In Applications: Physical application forms will be provided upon request an

Telephonic Assistance: For individuals unable to utilize the online or mail options,

We utilize a focused media plan for outreach. Outreach targets priority clients, including, offices and the offices of Community Based Organizations, online news sites, press releases, targets

| 8.5 LIHEAP Component Administration. | Heating | Cooling |
|--|----------------------|---------|
| 8.5a Who determines client eligibility? | Non-profits | |
| 8.5b Who processes benefit payments to gas and electric vendors? | State Welfare Agency | |
| 8.5c who processes benefit payments to bulk fuel vendors? | State Welfare Agency | |
| 8.5d Who performs installation of weatherization measures? | | |

Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone num

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

Wyoming uses an open and competitive Request For Proposal bid process in accordance with State Weatherization Contractors. Wyoming currently has one (1) centralized non-profit agency as we the state.

8.7 How many local administering agencies do you use? $\,3\,$

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

Yes Yes

⊙ No

| 8.9 If s | so, why? |
|----------------|--|
| | Agency was in noncompliance with Grant recipient requirements for LIHEAP - |
| | Agency is under criminal investigation |
| | Added agency |
| | Agency closed |
| | Other - describe |
| 8.10 I O No | f a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? C Yes |
| 8.10 | a If yes, please explain. |
| | b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy nerization funding, etc. O Yes O No |
| 8.10 | c If yes, please explain. |
| | by of the above questions require further explanation or clarification that could not be made the fields provided, attach a document with said explanation here. |

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| | Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7 |
|--|--|
| 9.1 Do you make payı | nents directly to home energy suppliers? |
| Heating | ⊙ Yes O No |
| Cooling | C Yes C No |
| Crisis | ⊙ Yes C No |
| Are there exception | s? C Yes O No |
| If yes, Describe. | |
| 9.2 How do you notify | the client of the amount of assistance paid? |
| for benefit informs th benefit has | ts receive a Notice of Action letter for action taken on their application. When approved s, clients receive a letter informing them of the amount of the seasonal benefit. It also at the benefit will be applied monthly upon invoice from the fuel supplier until the been exhausted or the program year ends, whichever occurs first. Fuel suppliers are note LIEAP payments on client/customer billing statements. |
| actual cost of the hon Partic specificall Fuel Supp conditions | e that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the energy and the amount of the payment? Expanding as a fuel supplier within the State of Wyoming's energy assistance programs, by the Low Income Energy Assistance Program (LIEAP), is formally governed by the ier Rights and Responsibilities Agreement. This agreement delineates the terms, and obligations that must be adhered to by any entity providing heating fuel services in with these programs. |
| To ensure program of qua sampling of verto verify complete. | adherence to the Fuel Supplier Rights and Responsibilities Agreement, a systematic rterly compliance reviews will be implemented. This program will involve the random ador invoices submitted by participating fuel suppliers. The objective of these reviews is ete conformity with all terms and conditions stipulated within the aforementioned reby maintaining program integrity and accountability. |
| 9.5. Do you make pay households? Yes No | ments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible |
| | neasures unregulated vendors may take. remplate statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and |
| | |

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 10: Program, Fiscal Monitoring

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

The State of Wyoming maintains robust fiscal management and internal controls for its Low Inc federal regulations.

Dedicated Fund Management: LIEAP funds are meticulously budgeted and tracked as a distinct account number, which comprehensively includes a unit number, program code, program period code eligible categories.

Benefit Tracking and Payment Processing: Benefits disbursed to fuel suppliers on behalf of eliging These payments are subsequently processed through the state accounting system, with the correspond records.

Cost Allocation and Personnel Tracking: The Wyoming Department of Family Services (DFS) caccounting for salaries, leases, and indirect costs, State personnel rigorously track their time through

Independent Audit and Specific Fund Tracking: Furthermore, the State undergoes an independent of financial integrity. For enhanced transparency and reporting, unique coding structures are in place LIEAP Infrastructure funds.

Internal Control Framework: The DFS's internal controls and procedures are developed and rigo procedures are consistently reviewed and adhered to by all Department employees, including supervi funds is recognized as a collective responsibility, incumbent upon all state administrators, managers,

10.1a Provide your definitions of the following:

Obligation

When used in connection with a non-Federal entity, utilization of funds under a Federal award, oblig and similar transactions during a given period that require payment by the non-Federal entity during the sallowable period of the grant.

Expenditures

This document outlines the formal definitions and reporting requirements for expenditures made by a

Expenditures may be reported on either a cash or accrual basis. The chosen methodology must be dis

Cash Basis Reporting

When reporting on a cash basis, expenditures are defined as the sum of the following:

•

Cash disbursements for direct charges related to property and services.

The amount of indirect expenses charged. The value of third-party in-kind contributions. Cash advance payments and payments disbursed to subrecipients. Accrual Basis Reporting When reporting on an accrual basis, expenditures are defined as the sum of the following: Cash disbursements for direct charges related to property and services. The amount of indirect expenses incurred. The value of third-party in-kind contributions. The net increase or decrease in amounts owed by the non-Federal entity for the followin Goods and other property received. Services performed by employees, contractors, subrecipients, and other payees. Programs that do not require current services or performance, such as annuities,

Expenditure timeframe

Expenditures charged to a Federal award are permissible only if they are incurred within the grant's s

- Start Date: The beginning of the period during which costs may be incurred and charged
- End Date: The conclusion of the period during which costs may be incurred and charged

The timeframe for the obligation of funds is specified within the grant award documentation, as liquidated within these defined timeframes to be allowable

Administrative costs

All direct and indirect costs associated with the management of grant programs. Wyoming LIE.

Audit Process

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133? \bigcirc Yes \bigcirc No

10.2a - if yes, describe your auditor selection process.

The State of Wyoming undergoes an annual financial and compliance audit conducted by an ext **Office of Management and Budget (OMB) Uniform Guidance**.

The Wyoming Department of Family Services (DFS), as a State agency, is included within the s as reported on the Schedule of Expenditures of Federal Awards (SEFA). The external auditor's select considers various factors, including:

•

The total dollar value of Federal expenditures for a given program, as reported on the Sl

Responses to risk-related inquiries.

Other factors that may increase the risk of non-compliance, such as significant program

The external auditor's risk assessment and program selection process are designed to ensure that

The selection of the external audit firm is managed by the Wyoming Department of Audit, which

10.3. Describe any audit findings of the grant recipient (i.e. State/Tribe/Territory) rising to the level of material weakness or reportable condition c fiscal year.

No Findings

| Finding | Type | Brief Summary | Resolved? | Action Taken |
|---------|------|---------------|-----------|--------------|
| 1 | | | | |

10.4. Audits of Local Administering Agencies

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

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

Compliance Monitoring

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

Grant recipients have a policy in place for appropriate separation of duties and internal controls.

| > | Internal program review |
|-----------|--|
| > | Departmental oversight |
| > | Secondary review of invoices and payments |
| | Other program review mechanisms are in place. Describe: |
| | |
| Local Ad | ministering Agencies/District Offices: |
| > | On - site evaluation |
| > | Annual program review |
| > | Monitoring through central database |
| > | Desk reviews |
| > | Client File Testing/Sampling |
| | Other program review mechanisms are in place. Describe: |
| | |
| | |
| | |
| 10.6 Expl | ain, or attach a copy of your local agency monitoring schedule and protocol. |

To ensure accuracy and compliance, the **Agency** conducts a Quality Control audit of approved applications. These reviews are based on a random sample of files selected from the LIEAP system.

This process helps monitor the work of the sole local agency responsible for LIHEAP intake and processing. In addition, weekly management meetings are held between the grantee program manager and the managers of the local administering agency to address any issues and ensure smooth operations.

The two agencies that administer the Weatherization Program receive a comprehensive administrative review at least once a year. Furthermore, ongoing quality control inspections are performed on-site for all completed weatherization projects. This dual approach ensures both administrative compliance and high-quality work.

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

Site Visits:

All local agencies in Wyoming receive monitoring reviews annually. These agencies also receive site visits a minimum of once per year. We are currently working with the State of Wyoming's Grant Managements Office to create more comprehensive monitoring processes.

Desk Reviews:

All local agencies in Wyoming receive monitoring reviews annually. These agencies also receive site visits a minimum of once per year. We are currently working with the State of Wyoming's Grant Managements Office to create more comprehensive monitoring processes.

10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.

Annually

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013

Expiration Date: 02/28/2027

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

| Section 11: Timely and | l Meaningful Public Participat | ion, 2605(b)(12), 2605(C)(2) |
|---|---|--|
| Section 11. Innery une | 2 ivicumigiui i uone i ui vicipui | 1011, 2002(8)(12), 2002(8)(2) |
| | olic in the development of your LIHEAP plan? Se ring but must ensure participation through other m | |
| Tribal Council meeting(s) | | |
| Public Hearing(s) | | |
| ☑ Draft Plan posted to website and a | vailable for comment | |
| Hard copy of plan is available for p | public view and comment | |
| Comments from applicants are rec | corded | |
| Request for comments on draft Pla | an is advertised | |
| Stakeholder consultation meeting(s | (s) | |
| Comments are solicited during out | treach activities | |
| Other - Describe: | | |
| | | |
| | | |
| Public Hearings 2605(a)(2) - For States and | the Commonwealth of Puerto Rico Only | |
| Public Hearings, 2605(a)(2) - For States and | the Commonwealth of Puerto Rico Only | |
| <u> </u> | eld public hearing(s) on the proposed use and dist | il- |
| 11.2 List the date and location(s) that you he | eld public hearing(s) on the proposed use and dist | Event Description |
| 0, | eld public hearing(s) on the proposed use and dist | il- |
| 11.2 List the date and location(s) that you he | eld public hearing(s) on the proposed use and dist Date 08/20/2025 | Event Description |
| 11.2 List the date and location(s) that you he | peld public hearing(s) on the proposed use and dist Date 08/20/2025 r plan at the hearing(s)? 4 | Event Description |
| 11.2 List the date and location(s) that you he 1 11.3. How many parties commented on your 11.4 Summarize the comments you received | peld public hearing(s) on the proposed use and dist Date 08/20/2025 r plan at the hearing(s)? 4 | Event Description LIEAP State Model Plan Town Hall |
| 11.2 List the date and location(s) that you he 1 11.3. How many parties commented on your 11.4 Summarize the comments you received Proposed change #1: Increase | plan at the hearing(s). Date 08/20/2025 plan at the hearing(s)? 4 | Event Description LIEAP State Model Plan Town Hall ents. |

Proposed change #2: Improve online application process.

Section 1.10- Program components the option to offer "A PDF version of the application that can be downloaded, filled out, mailed, emailed, dropped off in-person, or faxed in for processing." is not selected.

We recommend providing a PDF version of the application that can be downloaded, filled out, mailed, emailed, dropped off in-person, or faxed in for processing. Adding a mail-in application option could significantly improve access for seniors, rural residents, and others who may face barriers to using online systems.

Proposed change #3: Exploring Categorical Eligibility to Streamline Access

 $Section \ 1.4-Program \ components-\ asks\ the\ question\ "Do\ you\ consider\ households\ categorically\ eligible\ if\ at\ least\ one\ household\ member$ receives at least one of the following categories of benefits in the left column below?" The Wyoming Department of Family Services has selected "no" in the FY 2026 model plan.

Extension of Heating and CRISIS Application Dates (Section 1.1)

The Department of Family Services' proposal to extend the CRISIS application period from April 15 to April 30, along with the extension of heating season benefit applications from March 31 to April 30, is a thoughtful and much-needed change. This adjustment will help ensure that households facing energy insecurity, late in the season, have the support they need. Aligning the application window with utility disconnection moratoriums is a practical and compassionate step that enhances protection for those most at risk.

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

Many of the requested changes will require changes to functionality in our LIEAP system, and cannot be completed for this program year.

Previous discussion resulted in the increase to crisis benefits from a maximum of \$550.00 to \$1100.00.

Additional assistance with the application has been implemented for the upcoming season. The telephone application process has been carefully analyzed and streamlined. A paper application is available by contacting the LIEAP office. We have partnered with Community Based Organizations across the state to assist applicants if/when needed.

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013

Expiration Date: 02/28/2027

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

| Section 12: Fair He |
|--|
| 2.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 0 |
| 2.2 How many of those fair hearings resulted in the initial decision being reversed? 0 |
| 12.3 Describe any policy and/or procedural changes made in the last federal Fiscal Year as a result of fair hearings? |
| N/A |
| 2.4 Describe your fair hearing procedures for households whose applications are denied and/or not acted upon in a timely manner. |
| The LIHEAP Appeals Process |
| The following outlines the established process for handling appeals from applicants who receive |
| Local Conference |
| The first step for any applicant who wishes to appeal a decision is to request a local conference |
| • |
| If the initial decision is found to be incorrect, the application is re-processed and appro |
| • If the original decision is upheld, the applicant is given a clear explanation of the reaso |
| Administrative Hearing |
| If a resolution is not reached at the local conference, the applicant has the right to request an ad these hearings. |
| Submitting an Appeal |
| Applicants are encouraged to submit their appeal requests as soon as they receive their denial n |
| Common grounds for appeal include: |
| Disagreement with the reason for denial. |
| Belief that the benefit amount is incorrect. |

The application was not acted upon within 45 days of receipt.

Application Timelines

The local LIEAP agency is contractually obligated to make an eligibility determination on all approcessed within this timeframe, the applicant may request a local conference or an administrative he due to delays in application processing.

12.5 When and how are applicants informed of these rights?

Communication of Applicant Rights

Applicant rights and responsibilities are an integral part of the application process.

The "Applicant Rights and Responsibilities" document is attached to and included as pa

All Notice of Action letters explicitly inform applicants of their rights and the available

If any of the above questions require further explanation or clarification that could not be made in t

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

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

13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year.

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

13.5 How many households received these services?

Section 14 - Leveraging Incentive Program ,2607A

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

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

OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 14:Leveraging Incentive Program, 2607(A)

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

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| Section 15: Training | | | | |
|--|--|--|--|--|
| 15.1 Describe the training you provide for each of the following groups: | | | | |
| a. Grant recipient Staff: | | | | |
| Formal training provided virtually, on-site, and/or formal training conference | | | | |
| How often? | | | | |
| Annually | | | | |
| Biannually | | | | |
| As needed | | | | |
| Other, describe: | | | | |
| Employees are provided with policy manual | | | | |
| Other, describe: | | | | |
| b. Local Agencies: | | | | |
| Formal training provided virtually, on-site, and/or formal training conference | | | | |
| How often? | | | | |
| Annually | | | | |
| Biannually | | | | |
| As needed | | | | |
| Other, describe: | | | | |
| ✓ On-site training | | | | |
| How often? | | | | |
| Annually | | | | |
| Biannually | | | | |
| As needed | | | | |
| Other, describe: | | | | |
| Employees are provided with policy manual | | | | |
| Other, describe: | | | | |
| c. Vendors | | | | |
| Formal training conference | | | | |
| How often? | | | | |
| Annually | | | | |
| Biannually | | | | |
| As needed | | | | |
| Other, describe: Quarterly Virtual Meetings | | | | |
| Policies communicated through vendor agreements | | | | |
| Policies are outlined in a vendor manual | | | | |
| Other, describe: | | | | |

| 15.2 Does your training program address fraud reporting and prevention? | |
|---|--|
| © Yes | |
| C No | |
| | |

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

OMB Clearance No.: 0970-013

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 16: Performan

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (Benefit Targeting Indepelieve will be accomplished in the coming federal fiscal year.

The State of Wyoming uses performance data to make data-driven decisions concerning program and resources to households most in need.

By measuring program outcomes, Wyoming aims to continually improve and increase the positive ir independence, improved health, and overall well-being.

Looking ahead to Federal Fiscal Year (FFY) 2026, Wyoming plans to utilize performance data to:

Target households with the highest energy burdens for increased benefit amounts, with

Analyze the impact of rising fuel prices on pre- and post-LIEAP energy burdens. This a

If any of the above questions require further explanation or clarification that could not be made in t

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.: 0970-013 Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

| L | | | | | | | | | | |
|--|---|-----------|---------------------|--------------|-----------|----------------------------|----------------------------|----------|--------------------------|--------------------------|
| Section 17: Program Integrity, 2605(b)(10) | | | | | | | | | | |
| 17.1 | 17.1 Fraud Reporting Mechanisms | | | | | | | | | |
| a. D | a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply. | | | | | | | | | |
| | ✓ Online Fraud Reporting | | | | | | | | | |
| | V Dedicated Fraud Reporting Hotline | | | | | | | | | |
| | Report directly to local agency/district office or Grant recipient 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 | | | | | | | | | |
| | Posted in local adminis | terin | g agencies offices. | | | | | | | |
| | Addressed on LIHEAP | app | lication | | | | | | | |
| | Website | | | | | | | | | |
| | Other - Describe: | | | | | | | | | |
| 17.2 | 2. Identification Documentation | ı Red | quirements | | | | | | | |
| | 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 O | nly | | All Adults in Household | | | All Household Members | |
| | | | Required | | | Required | | | Required | |
| | ial Security Card is tocopied and retained | | | | | | | | | |
| | | | Requested | | | Requested | | | Requested | |
| | | | | | | | | ~ | | |
| | | | Required | | | Required | | | Required | |
| | Social Security Number (Without actual Card) | | | | | | | y | | |
| | | | Requested | | Requested | | | | Requested | |
| | | | | | | | | - 4 | | |
| Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | | Required | | Required | | | | Required | | |
| | | |] | | | | | | | |
| | | Requested | | | | Requested | sted | | Requested | |
| | | | | | | | | | | |
| | Other | | Applicant Only | Applicant Or | nly | All Adults in Household | All Adults in Household | | All Household Members | All Household Members |
| Щ | Other | | Required | Requested | | Required | Requested | | Required | Requested |
| 1 | | | | | | | | | | 4 |

| 17.3. (| izenship/Legal Residency Verification |
|-----------------|--|
| | e your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP Select all that apply. |
| | Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen |
| | Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen. |
| > | Non-Citizens must provide documentation of immigration status |
| | Citizens must provide a copy of their birth certificate, naturalization papers, or passport |
| | Non-Citizens are verified through the SAVE system |
| | Tribal members are verified through Tribal enrollment records/Tribal ID card |
| | Other - Describe: |
| 17.4. I | ome Verification |
| | ethods does your agency utilize to verify household income? Select all that apply. |
| > | Require documentation of income for all adult household members |
| <u> </u> | ✓ Pay stubs |
| | Social Security award letters |
| | Bank statements |
| | Tax statements |
| | Zero-income statements |
| | Unemployment Insurance letters |
| | Other - Describe: |
| > | Computer data matches: |
| | ☑ Income information matched against state computer system (e.g., SNAP, TANF) |
| | Proof of unemployment benefits verified with state Department of Labor |
| | Social Security income verified with SSA |
| | Utilize state directory of new hires |
| | Other - Describe: |
| b. Desc | be any exceptions to the above policies. |
| | ntification Verification |
| Descri apply | e what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that |
| | verify SSNs with Social Security Administration |
| | Match SSNs with death records from Social Security Administration or state agency |
| > | Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) |
| | Match with state Department of Labor system |
| | Match with state and/or federal corrections system |
| | Natch with state child support system |
| > | verification using private software (e.g., The Work Number) |
| | n-person certification by staff (for tribal Grant recipients only) |
| | Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only) |
| | Other - Describe: |
| 17.6. I | otection of Privacy and Confidentiality |
| Descri | the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| | |

| Policy in place prohibiting release of information without written consent |
|---|
| Grant recipient LIHEAP database includes privacy/confidentiality safeguards |
| Employee training on confidentiality for: |
| Grant recipient employees |
| ✓ Local agencies/district offices |
| Employees must sign confidentiality agreement |
| Grant recipient employees |
| ✓ Local agencies/district offices |
| ✓ Physical files are stored in a secure location |
| Electronic files are protected in a secure location. |
| ✓ Other - Describe: |
| Contract with the administering agency contains verbiage to ensure confidentiality of data, policies and procedures regarding security and data breaches. A copy of the administering agency's IT and security policies is required annually and kept on file by Wyoming Department of Family Services. |
| 17.7. Verifying the Authenticity |
| What policies are in place for verifying vendor authenticity? Select all that apply. |
| All vendors must register with the State/Tribe. |
| All vendors must supply a valid SSN or TIN/W-9 form |
| Vendors are verified through energy bills provided by the household |
| Grant recipient and/or local agencies/district offices perform physical monitoring of vendors |
| Other - Describe and note any exceptions to policies above: |
| 17.8. Benefits Policy - Gas and Electric Utilities |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| Applicants required to submit proof of physical residency |
| Applicants must submit current utility bill |
| ✓ Data exchange with utilities that verifies: |
| Account ownership |
| Consumption |
| Balances |
| Payment history |
| |
| |
| Other - Describe: |
| Centralized computer system/database tracks payments to all utilities |
| Centralized computer system automatically generates benefit level |
| Separation of duties between intake and payment approval |
| Payments coordinated among other energy assistance programs to avoid duplication of payments |
| Payments to utilities and invoices from utilities are reviewed for accuracy |
| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |
| Direct payment to households are made in limited cases only |
| Procedures are in place to require prompt refunds from utilities in cases of account closure |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism |

| Other - Describe: | | | | |
|---|--|--|--|--|
| 17.9. Benefits Policy - Bulk Fuel Vendors | | | | |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. | | | | |
| ✓ Vendors are checked against an approved vendors list | | | | |
| Centralized computer system/database is used to track payments to all vendors | | | | |
| Clients are relied on for reports of non-delivery or partial delivery | | | | |
| Two-party checks are issued naming client and vendor | | | | |
| Direct payment to households are made in limited cases only | | | | |
| Vendors are only paid once they provide a delivery receipt signed by the client | | | | |
| Conduct monitoring of bulk fuel vendors | | | | |
| Bulk fuel vendors are required to submit reports to the grant recipient. | | | | |
| ✓ Vendor agreements specify requirements selected above, and provide enforcement mechanism | | | | |
| Other - Describe: | | | | |
| 17.10. Investigations and Prosecutions | | | | |
| Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. | | | | |
| Refer to state Inspector General | | | | |
| Refer to local prosecutor or state Attorney General | | | | |
| Refer to US DHHS Inspector General (including referral to OIG hotline) | | | | |
| ✓ Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public | | | | |
| Grant recipient attempts collection of improper payments. If so, describe the recoupment process | | | | |
| Benefits paid in error are recouped from the fuel provider. | | | | |
| Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? | | | | |
| Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated | | | | |
| Vendors found to have committed fraud may no longer participate in LIHEAP | | | | |
| Other - Describe: | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | |

Page 40 of 53

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

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

Instructions for Certification

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

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

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

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

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

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

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later

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

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

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

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

- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- **☑** By checking this box, the prospective primary participant is providing the certification set out above.

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grant recipients Other Than Individuals)
The Grant recipient certifies that it will or will continue to provide a drug-free workplace by:,

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

central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

Place of Performance (That this must be physical address. No PO Boxes allowed.)

| 2300 Capitol Avenue, 3rd Floor * Address Line 1 | | | |
|--|------------|---------------------|--|
| Address Line 2 | | | |
| Address Line 3 | | | |
| Cheyenne * City | wy * State | 82002 * Zip Code | |

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

Alternate II. (Grant recipients Who Are Individuals)

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

- (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 Grant recipients and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

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

(9) provide that--

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

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

By checking this box, the prospective primary participant is agreeing to the Assurances set out above.

Plan Attachments

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