DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance
Grantee Name: Alaska
Report Name: DETAILED MODEL PLAN (LIHEAP)
Report Period: 10/01/2019 to 09/30/2020
Report Status: Saved

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Mandatory Grant Application SF-424

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

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

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 Application/Plan/Funding Request?** **Explanation:**	*** 1.d. Version:** (•) Initial ( ) Resubmission ( ) Revision ( ) Update
		2. Date Received:	**State Use Only:**
		3. Applicant Identifier:	
		4a. Federal Entity Identifier:	**5. Date Received By State:**
		4b. Federal Award Identifier:	**6. State Application Identifier:**

7. APPLICANT INFORMATION

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

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 926001185	*** c. Organizational DUNS:** 809386543

*** d. Address:**

*** Street 1:**	PO Box 110640	**Street 2:**	
*** City:**	JUNEAU	**County:**	
*** State:**	AK	**Province:**	
*** Country:**	United States	*** Zip / Postal Code:**	99811-0640

e. Organizational Unit:

Department Name: Department of Health & Social Services	**Division Name:** Division of Public Assistance

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	*** First Name:** Susan	**Middle Name:** M	*** Last Name:** Marshall
Suffix:	**Title:** LIHEAP Coordinator	**Organizational Affiliation:** Heating Assistance	
*** Telephone Number:** 907-465-3099	**Fax Number** 907-465-5154	*** Email:** susan.marshall@alaska.gov	

*** 8a. TYPE OF APPLICANT:**
A: State Government

b. Additional Description:

*** 9. Name of Federal Agency:**

	Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles	93568	Low-Income Home Energy Assistance

11. Descriptive Title of Applicant's Project
Low Income Home Energy Assistance Program

12. Areas Affected by Funding:
Statewide

13. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant**	**b. Program/Project:**

1	Statewide

Attach an additional list of Program/Project Congressional Districts if needed.
only 1 district (At Large) in Alaska

14. FUNDING PERIOD:		**15. ESTIMATED FUNDING:**	
a. Start Date: 10/01/2019	**b. End Date:** 09/30/2020	*** a. Federal ($):** $0	**b. Match ($):** $0

*** 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372

Process for Review on :

b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

*** 17. Is The Applicant Delinquent On Any Federal Debt?**
○ YES
◉ NO

Explanation:

18. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**
****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.**

18a. Typed or Printed Name and Title of Authorized Certifying Official	**18c. Telephone (area code, number and extension)** **18d. Email Address**
18b. Signature of Authorized Certifying Official	**18e. Date Report Submitted (Month, Day, Year)**

Attach supporting documents as specified in agency instructions.

Section 1 - Program Components

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

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

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

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

Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		**Dates of Operation**	
		Start Date	**End Date**
☑	**Heating assistance**	10/01/2019	04/30/2020
☐	**Cooling assistance**		
☑	**Crisis assistance**	11/01/2019	04/30/2020
☑	**Weatherization assistance**	04/01/2020	06/30/2020

Provide further explanation for the dates of operation, if necessary

We do not run a cooling program. Crisis is expedited processing of an application, not a second application.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	**Percentage (%)**
Heating assistance	67.00%
Cooling assistance	0.00%
Crisis assistance	10.00%
Weatherization assistance	3.00%
Carryover to the following federal fiscal year	10.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%

Used to develop and implement leveraging activities	0.00%
TOTAL	100.00%

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

☑		☐	
☑	**Weatherization assistance**	☐	**Other (specify:)**

Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8

1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? ◉ Yes ○ No

If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.

	Heating	Cooling	Crisis	Weatherization
TANF	◉ Yes ○ No	○ Yes ◉ No	◉ Yes ○ No	○ Yes ◉ No
SSI	◉ Yes ○ No	○ Yes ◉ No	◉ Yes ○ No	○ Yes ◉ No
SNAP	◉ Yes ○ No	○ Yes ◉ No	◉ Yes ○ No	○ Yes ◉ No
Means-tested Veterans Programs	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1	LIHEAP	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No	◉ Yes ○ No

1.5 Do you automatically enroll households without a direct annual application? ○ Yes ◉ No

If Yes, explain:

1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?
Categorical eligibility is only used for the income verification portion of our calculation. All households must complete an application, provide proof of out-of-pocket costs greater than $200 per year, and meet the other eligibility criteria. We use the same benefit determination calculation for all households.

SNAP Nominal Payments

1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? ○ Yes ◉ No

If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.

1.7b Amount of Nominal Assistance: $0.00

1.7c Frequency of Assistance

☐	**Once Per Year**
☐	**Once every five years**
☐	**Other - Describe:**

1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?

Determination of Eligibility - Countable Income

1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?

☑	**Gross Income**
☐	**Net Income**

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP

☑	**Wages**
☑	**Self - Employment Income**
☑	**Contract Income**

☑	**Payments from mortgage or Sales Contracts**
☑	**Unemployment insurance**
☑	**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**
☐	**Supplemental Nutrition Assistance Program (SNAP) benefits**
☐	**Women, Infants, and Children Supplemental Nutrition Program (WIC) 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**

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

Section 2 - HEATING ASSISTANCE

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

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

Section 2 - Heating Assistance

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

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

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

2.2 Do you have additional eligibility requirements for HEATING ASSITANCE?	(•) Yes ( ) No
2.3 Check the appropriate boxes below and describe the policies for each.	
Do you require an Assets test ?	( ) Yes (•) No
Do you have additional/differing eligibility policies for:	
Renters?	( ) Yes (•) No
Renters Living in subsidized housing ?	(•) Yes ( ) No
Renters with utilities included in the rent ?	( ) Yes (•) No
Do you give priority in eligibility to:	
Elderly?	(•) Yes ( ) No
Disabled?	(•) Yes ( ) No
Young children?	(•) Yes ( ) No
Households with high energy burdens ?	( ) Yes (•) No
Other?	( ) Yes (•) No

Explanations of policies for each "yes" checked above:

Renters who live in subsidized housing, pay for their own heat, **and** receive a utility allowance will receive a benefit equal to 50% of what they would have received if they did not get the utility allowance. If they live in subsidized housing and all utilities are included, they do not qualify for a heating assistance benefit because they have no costs.

Priority is given to elders and disabled in two ways. First, they are sent applications in late August/early September and can apply in September (before anyone else). After the start of the season their applications are identified by a green dot on the folder and these cases are worked first when we get to the date they applied on (so if we have 100 cases on a given day, the green dots are worked first). Families with young children are pre-mailed applications in September, before the official start of the season.

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

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

Priority is given to elders and disabled in two ways. First, they are sent applications in late August/early September and can apply in September (before anyone else). After the start of the season their applications are identified by a green dot on the folder and these cases are worked first when we get to the date they applied on (so if we have 100 cases on a given day, the green dots are worked first). Families with young children are pre-mailed applications in early September, before the official start of the season. Also, if an elder, disabled person or a household with a young child (under age 6) apply, they get one extra point ($125 extra) because they are part of the vulnerable population.

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

- [x] **Income**
- [x] **Family (household) size**
- [x] **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 FY 2020:

Minimum Benefit	$125	**Maximum Benefit**	$4,375

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? ○ 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

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Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

3.2 Do you have additional eligibility requirements for COOLING ASSITANCE?	◯ Yes ◯ No
3.3 Check the appropriate boxes below and describe the policies for each.	
Do you require an Assets test ?	◯ Yes ◯ No
Do you have additional/differing eligibility policies for:	
Renters?	◯ Yes ◯ No
Renters Living in subsidized housing ?	◯ Yes ◯ No
Renters with utilities included in the rent ?	◯ Yes ◯ No
Do you give priority in eligibility to:	
Elderly?	◯ Yes ◯ No
Disabled?	◯ Yes ◯ No
Young children?	◯ Yes ◯ No
Households with high energy burdens ?	◯ Yes ◯ No
Other?	◯ Yes ◯ No
Explanations of policies for each "yes" checked above:	

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

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 (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)

3.6 Describe estimated benefit levels for FY 2020:

Minimum Benefit	$0	**Maximum Benefit**	$0

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? ◯ 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 4 - CRISIS ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

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

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

The household must be within 48 hours of shutoff, out of fuel, or within a day of running out of fuel. Also, their income for the month prior to the date they signed their application must be less than their shelter costs (mortgage/rent, electric and heat) for the same time period.

4.3 What constitutes a life-threatening crisis?

Same as above except the outdoor temperature is at or below 32 degrees Fahrenheit.

Crisis Requirement, 2604(c)

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

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

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

4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?	○ Yes ◉ No
4.7 Check the appropriate boxes below and describe the policies for each	
Do you require an Assets test ?	○ Yes ◉ No
Do you give priority in eligibility to :	
Elderly?	◉ Yes ○ No
Disabled?	◉ Yes ○ No
Young Children?	○ Yes ◉ No
Households with high energy burdens?	○ Yes ◉ No
Other?	○ Yes ◉ No
In Order to receive crisis assistance:	
Must the household have received a shut-off notice or have a near empty tank?	◉ Yes ○ No
Must the household have been shut off or have an empty tank?	◉ Yes ○ No
Must the household have exhausted their regular heating benefit?	○ Yes ◉ No
Must renters with heating costs included in their rent have received an eviction notice ?	◉ Yes ○ No
Must heating/cooling be medically necessary?	○ Yes ◉ No
Must the household have non-working heating or cooling equipment?	○ Yes ◉ No

Other?	○ Yes ◉ No
Do you have additional / differing eligibility policies for:	
Renters?	○ Yes ◉ No
Renters living in subsidized housing?	◉ Yes ○ No
Renters with utilities included in the rent?	○ Yes ◉ No

Explanations of policies for each "yes" checked above:

As with the regular heating program, we give priority to elders and the disabled by working their applications ahead of others.

In order to receive a crisis, they must have a need and provide proof such as a shut-off notice (within 48 hours of shutoff), an empty tank of fuel or a renter who will be evicted for nonpayment of rent where their heat is included in their rent. They must also meet the shelter costs vs. income criteria where their shelter costs must be more than their income.

Renters who live in subsidized housing, pay for heating costs, and receive a utility allowance, receive 50% of the benefit they qualify for because they are already receiving a subsidy (utility allowance). If they live in subsidized housing and all utilities are included, they do not qualify for a heating assistance benefit because they have no costs.

Determination of Benefits

4.8 How do you handle crisis situations?

☐	**Separate component**
☑	**Fast Track**
☐	**Other - Describe:**

4.9 If you have a separate component, how do you determine crisis assistance benefits?

☐	**Amount to resolve the crisis.**
☑	**Other - Describe:** Amount to resolve the crisis up to the total grant amount they are eligible for.

Crisis Requirements, 2604(c)

4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?

◉ Yes ○ No **Explain.**

Clients may apply at any DPA office, by mail, or by faxing or e-mailing their application to us. We also use fee agents in rural, outlying communities to assist with completing the application and ensuring all documentation is included. In extenuating circumstances, we will take the application over the phone, work the benefit and send the application to the household to sign and return with all required proof (income, identity, heating bills, etc.). If they do not qualify after we get all the documentation back, we recoup the payment. This is only done in emergency and extreme cases.

4.11 Do you provide individuals who are physically disabled the means to:

Submit applications for crisis benefits without leaving their homes?

◉ Yes ○ No **If No, explain.**

Travel to the sites at which applications for crisis assistance are accepted?

○ Yes ◉ No **If No, explain.**

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?

In extenuating circumstances, we will take the application over the phone, work the benefit and send the application to the household for signature and support documentation after their benefit is worked. If they do not qualify after we get all the documentation back, we recoup the payment.

Benefit Levels, 2605(c)(1)(B)

4.12 Indicate the maximum benefit for each type of crisis assistance offered.

Winter Crisis	$4,375.00 **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?

○ Yes ◉ No

If you answered "Yes" to question 4.14, you must complete question 4.15.

4.15 Check appropriate boxes below to indicate type(s) of assistance provided.

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	☐	☐	☐
Heating system replacement	☐	☐	☐
Cooling system repair	☐	☐	☐
Cooling system replacement	☐	☐	☐
Wood stove purchase	☐	☐	☐
Pellet stove purchase	☐	☐	☐
Solar panel(s)	☐	☐	☐
Utility poles / gas line hook-ups	☐	☐	☐
Other (Specify):	☐	☐	☐

4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?

○ Yes ◉ No

If you responded "Yes" to question 4.16, you must respond to question 4.17.

4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.

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

Section 5 - WEATHERIZATION ASSISTANCE

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

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SF - 424 - MANDATORY

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency. Alaska Housing Finance Corporation (AHFC)

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

WEATHERIZATION - Types of Rules

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

- [x] **Entirely under LIHEAP (not DOE) rules**
- [ ] **Entirely under DOE WAP (not LIHEAP) rules**
- [ ] **Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):**
  - [ ] **Income Threshold**
  - [ ] **Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days**
  - [ ] **Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).**
  - [ ] **Other - Describe:**
- [ ] **Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)**
  - [ ] **Income Threshold**
  - [ ] **Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.**
  - [ ] **Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards.**
  - [ ] **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 eligibility policies for :	
Renters	( ) Yes (•) No
Renters living in subsidized housing?	(•) Yes ( ) No
5.8 Do you give priority in eligibility to:	
Elderly?	(•) Yes ( ) No
Disabled?	Yes No

Young Children?	(●) Yes ( ) No
House holds with high energy burdens?	( ) Yes (●) No
Other?	( ) Yes (●) No

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.

If a household contains an elder, disabled individual or a child under the age of 6, their weatherization application is moved ahead of other households so that they can be addressed ahead of other households.

If the applicant lives in subsidized housing, weatherization is usually addressed by their housing authority.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? ( ) Yes (●) No

5.10 If yes, what is the maximum? $0

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

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

[x] **Weatherization needs assessments/audits**	[ ] **Energy related roof repair**
[x] **Caulking and insulation**	[ ] **Major appliance Repairs**
[x] **Storm windows**	[ ] **Major appliance replacement**
[x] **Furnace/heating system modifications/ repairs**	[ ] **Windows/sliding glass doors**
[x] **Furnace replacement**	[x] **Doors**
[ ] **Cooling system modifications/ repairs**	[x] **Water Heater**
[x] **Water conservation measures**	[ ] **Cooling system replacement**
[x] **Compact florescent light bulbs**	[x] **Other - Describe:** health and safety items as needed

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

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Section 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:

- [x] **Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.**
- [ ] **Publish articles in local newspapers or broadcast media announcements.**
- [x] **Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.**
- [x] **Mass mailing(s) to prior-year LIHEAP recipients.**
- [x] **Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.**
- [ ] **Execute interagency agreements with other low-income program offices to perform outreach to target groups.**
- [x] **Other (specify):**

We place a display ad in ***Senior Voice***, a monthly newspaper for seniors. Our ads appear twice during the heating season.
We send out pre-season, start-up packets with posters, flyers, staff contact information, crisis information, etc. to over 400 agencies in early September.
Information is put on the State's Facebook page and the Heating Assistance website.
We take advantage of other opportunities to make presentations and attend fairs as they arise.
For FY 2020 we are looking into radio advertising to increase our reach and application numbers.

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

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

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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**
☑	**Intake referrals to/from other programs**
☐	**One - stop intake centers**
☐	**Other - Describe:**

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

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

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

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

☐	**Administration Agency**
☐	**Commerce Agency**
☐	**Community Services Agency**
☐	**Energy / Environment Agency**
☐	**Housing Agency**
☑	**Welfare Agency**
☐	**Other - Describe:**

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

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

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

Fee agents are used in outlying, rural communities throughout Alaska.

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?

Fee agents are used in outlying, rural communities throughout Alaska.

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

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

8.6 What is your process for selecting local administering agencies?

8.7 How many local administering agencies do you use? 0

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

- ○ Yes
- ○ No

8.9 If so, why?

☐	**Agency was in noncompliance with grantee requirements for LIHEAP -**
☐	**Agency is under criminal investigation**
☐	**Added agency**
☐	**Agency closed**
☐	**Other - describe**

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating	(•) Yes	No
Cooling	( ) Yes	No
Crisis	Yes	No
Are there exceptions?	Yes	No

If yes, Describe.

Direct payments are made to applicants' whose heat is included in their rent and our wood (and/or self-harvest wood) heat clients. We continue to conduct outreach to wood vendors so that we may reduce the number of direct pays we issue. We are now requesting that our client use approved HAP vendors -- those we have vendor agreements with or to provide us with the contact info for their vendor so we can contact them about becoming an approved vendor.

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

Clients are mailed a Notice of Action (NOA) to their home. The NOA details how much assistance is being paid to each vendor (some clients chose to have part of their benefit go towards their electric account.)

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

It is covered in their vendor agreement.

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

It is in our vendor agreement. We investigate any reports from clients of unfair treatment they feel they have suffered.

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

( ) Yes (•) No

If so, describe the measures unregulated vendors may take.

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

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

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

- Case workers do not process payments; they work the case and the account technician processes the actual payments.
- The Program Coordinator works with the chief admin office to monitor spending.
- Legislative Audit audits the program to ensure we are doing things accurately and correctly.
- We work with our chief administrative officer who also reviews spending to be sure we are on track and in compliance.

Audit Process

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

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.

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 Grantee as part of compliance process.**
- ☐ **Grantee conducts fiscal and program monitoring of local agencies/district offices**

Compliance Monitoring

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply

Grantee employees:

- ☑ **Internal program review**
- ☐ **Departmental oversight**
- ☑ **Secondary review of invoices and payments**
- ☑ **Other program review mechanisms are in place. Describe:**

See attached HAP training plan and ET case review documents.

Local Administering Agencies / District Offices:

- [ ] **On - site evaluation**
- [ ] **Annual program review**
- [ ] **Monitoring through central database**
- [ ] **Desk reviews**
- [x] **Client File Testing / Sampling**
- [ ] **Other program review mechanisms are in place. Describe:**

A percentage of all client files are reviewed and tested.

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

not applicable - do not use local agencies

10.7. Describe how you select local agencies for monitoring reviews.

Site Visits:

not applicable - do not use local agencies

Desk Reviews:

not applicable - do not use local agencies

10.8. How often is each local agency monitored ?

not applicable - do not use local agencies

10.9. What is the combined error rate for eligibility determinations? OPTIONAL

10.10. What is the combined error rate for benefit determinations? OPTIONAL

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0

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

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

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

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

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

- The hearing and plan comment requests were advertised through our legislative information offices, on Facebook and through our On-Line Public Notice system.
- Notices were sent to vendors and partner agency offices informing them of the public hearing and opportunity to comment on the plan outside of the hearing.

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

None

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

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

	Date	Event Description
1	07/10/2019	Public Hearing held in Juneau and open statewide via a toll-free number

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

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

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

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

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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 0

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

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

No changes.

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

Information about requesting a review or fair hearing is included in the clients' notice of action. If a client decides to pursue a fair hearing they must notify the Heating Assistance Program in writing. Once the request is received, the supervisor reviews the case for accuracy and then a pre-hearing conference follows. If the matter is not resolved at the pre-hearing conference, a copy of the entire file and all case notes are forwarded to the Hearing Officer in Anchorage for them to proceed with the fair hearing.

12.5 When and how are applicants informed of these rights?

Applicants are informed in the application booklet under the "Rights and Responsibilities Section." It is also printed on each client's notice of action they receive in the mail informing them of the decision on their application.

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

If the application hasn't been worked yet and it is over 45 days old, we will pull the application and work it immediately. If the client complains after the application has been processed and benefit has been paid, then we would follow the same procedure as in section 12.4.

12.7 When and how are applicants informed of these rights?

Applicants are informed that it may take up to 45 days to process their application on the front page of our application booklet. Their right to a fair hearing is on page 2 of the application booklet under "Rights and Responsibilities."

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

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

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

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

We have not had a formal program in the past. This service has been provided as part of the weatherization program through AHFC.

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

This is included with our weatherization services. We do not track separately.

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

This was not provided by our program in the previous fiscal year. It was provided by AHFC.

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

No energy education benefits were provided during the previous federal fiscal year through LIHEAP

13.5 How many households applied for these services? 0

13.6 How many households received these services? 0

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

Section 14 - Leveraging Incentive Program ,2607A

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Section 14:Leveraging Incentive Program, 2607(A)

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

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

14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of45 C.F.R. Â§ 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			

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

Section 15 - Training

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Section 15: Training

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

a. Grantee Staff:

- [x] **Formal training on grantee policies and procedures**

How often?

- [x] **Annually**
- [ ] **Biannually**
- [x] **As needed**
- [ ] **Other - Describe:**

- [x] **Employees are provided with policy manual**
- [x] **Other-Describe:**

HIPAA and Social Security Awareness Training

b. Local Agencies:

- [ ] **Formal training conference**

How often?

- [ ] **Annually**
- [ ] **Biannually**
- [ ] **As needed**
- [x] **Other - Describe:** not applicable

- [ ] **On-site training**

How often?

- [ ] **Annually**
- [ ] **Biannually**
- [ ] **As needed**
- [x] **Other - Describe:** not applicable

- [ ] **Employees are provided with policy manual**
- [ ] **Other - Describe**

c. Vendors

- [ ] **Formal training conference**

How often?

- [ ] **Annually**
- [ ] **Biannually**
- [x] **As needed**
- **Other - Describe:**

☑ **Policies communicated through vendor agreements**

☑ **Policies are outlined in a vendor manual**

☑ **Other - Describe:**

E-mails and letters are sent to vendors about policy or accounting changes. We are developing a vendor portal so we will hold meetings with the vendors once the portal has been developed to introduce the portal, provide training on how to use it, and answer any other questions/items of interest to all parties in attendance.

15.2 Does your training program address fraud reporting and prevention?

(•) Yes

( ) No

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 16 - Performance Goals and Measures, 2605(b)

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

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

Information about disconnects avoided and reconnections is collected at the time of application and by phone calls from clients throughout the season. We will be collecting annual usage information through our new vendor portal every July for the time period of July 1 through June 30. We plan on collecting data from all vendors except wood and coal vendors. We will bring them on board in a future year. We currently collect from a handful of wood vendors.

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

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

17.1 Fraud Reporting Mechanisms

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

- [ ] **Online Fraud Reporting**
- [x] **Dedicated Fraud Reporting Hotline**
- [x] **Report directly to local agency/district office or Grantee office**
- [ ] **Report to State Inspector General or Attorney General**
- [x] **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

- [x] **Printed outreach materials**
- [ ] **Addressed on LIHEAP application**
- [x] **Website**
- [x] **Other - Describe:**

Fraud brochure. We also include verbiage on our award notices informing clients that it is illegal to trade, sell or barter their fuel paid for with heating assistance funds.

17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	[x]	Required	[ ]	Required	[ ]	Required
	[ ]	Requested	[x]	Requested	[x]	Requested
Social Security Number (Without actual Card)	[x]	Required	[x]	Required	[x]	Required
	[ ]	Requested	[ ]	Requested	[ ]	Requested
Government-issued identification card	[x]	Required	[ ]	Required	[ ]	Required

(i.e.: driver's license, state ID, Tribal ID, passport, etc.)	☐ Requested	☑ Requested	☑ Requested

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	Verify against the State's Eligibility Information System (EIS)	☐	☐	☐	☐	☑	☐

b. Describe any exceptions to the above policies.

None

17.3 Identification Verification

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

- ☐ **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**
- ☑ **Match with state child support system**
- ☑ **Verification using private software (e.g., The Work Number)**
- ☐ **In-person certification by staff (for tribal grantees only)**
- ☐ **Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)**
- ☑ **Other - Describe:**

We use VineLink to check for household members that are incarcerated. This is a change from last year where we downloaded information from the Department of Corrections once a month. Staff found that information outdated and felt VineLink was a better tool.

17.4. Citizenship/Legal Residency Verification

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.

- ☑ **Clients sign an attestation of citizenship or legal residency**
- ☐ **Client's submission of Social Security cards is accepted as proof of legal residency**
- ☐ **Noncitizens must provide documentation of immigration status**
- ☐ **Citizens must provide a copy of their birth certificate, naturalization papers, or passport**
- ☐ **Noncitizens are verified through the SAVE system**
- ☑ **Tribal members are verified through Tribal enrollment records/Tribal ID card**
- ☑ **Other - Describe:**

Non-citizens are verified if questionable

17.5. Income Verification

What methods does your agency utilize to verify household income? Select all that apply.

- ☑ **Require documentation of income for all adult household members**
  - ☑ **Pay stubs**
  - ☑ **Social Security award letters**
  - ☐ **Bank statements**
  - ☑ **Tax statements**
  - ☐ **Zero-income statements**
  - ☑ **Unemployment Insurance letters**
  - ☑ **Other - Describe:**

The Work Number; Dept of Labor Interface

- [x] **Computer data matches:**
  - [x] **Income information matched against state computer system (e.g., SNAP, TANF)**
  - [x] **Proof of unemployment benefits verified with state Department of Labor**
  - [ ] **Social Security income verified with SSA**
  - [ ] **Utilize state directory of new hires**
  - [x] **Other - Describe:**

Work Number.

17.6. Protection of Privacy and Confidentiality

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.

- [ ] **Policy in place prohibiting release of information without written consent**
- [ ] **Grantee LIHEAP database includes privacy/confidentiality safeguards**
- [x] **Employee training on confidentiality for:**
  - [x] **Grantee employees**
  - [x] **Local agencies/district offices**
- [x] **Employees must sign confidentiality agreement**
  - [x] **Grantee employees**
  - [x] **Local agencies/district offices**
- [x] **Physical files are stored in a secure location**
- [ ] **Other - Describe:**

17.7. Verifying the Authenticity

What policies are in place for verifying vendor authenticity? Select all that apply.

- [x] **All vendors must register with the State/Tribe.**
- [x] **All vendors must supply a valid SSN or TIN/W-9 form**
- [x] **Vendors are verified through energy bills provided by the household**
- [ ] **Grantee and/or local agencies/district offices perform physical monitoring of vendors**
- [x] **Other - Describe and note any exceptions to policies above:**

We check to see if the business is registered with the Better Business Bureau. If they are, we check to see if there are any complaints and their resolution.

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**
- [x] **Applicants must submit current utility bill**
- [x] **Data exchange with utilities that verifies:**
  - [x] **Account ownership**
  - [x] **Consumption**
  - [x] **Balances**
  - [ ] **Payment history**
  - [x] **Account is properly credited with benefit**
  - [ ] **Other - Describe:**
- [x] **Centralized computer system/database tracks payments to all utilities**
- [x] **Centralized computer system automatically generates benefit level**

- [x] Separation of duties between intake and payment approval
- [x] 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
- [x] Direct payment to households are made in limited cases only
- [x] Procedures are in place to require prompt refunds from utilities in cases of account closure
- [x] 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
- [x] Centralized computer system/database is used to track payments to all vendors
- [x] Clients are relied on for reports of non-delivery or partial delivery
- [ ] Two-party checks are issued naming client and vendor
- [ ] Direct payment to households are made in limited cases only
- [ ] Vendors are only paid once they provide a delivery receipt signed by the client
- [ ] Conduct monitoring of bulk fuel vendors
- [ ] Bulk fuel vendors are required to submit reports to the Grantee
- [x] Vendor agreements specify requirements selected above, and provide enforcement mechanism
- [ ] Other - Describe:

17.10. Investigations and Prosecutions

Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.

- [ ] Refer to state Inspector General
- [ ] Refer to local prosecutor or state Attorney General
- [ ] Refer to US DHHS Inspector General (including referral to OIG hotline)
- [x] Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
- [x] Grantee attempts collection of improper payments. If so, describe the recoupment process

  - If the client provided inaccurate information, the Eligibility Office Manager sends a letter requesting the full amount of the overpayment, with a request for the client to call to set up a schedule for recoupment/repayment if full payment cannot be made.
  - If it is an agency error, the client is notified of the error but recoupment is not enforced.
  - If the client doesn't follow through, their next year's benefit is reduced by the amount owed the program.

- [ ] 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
- [x] 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.

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment,

Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. For grantees other than individuals, Alternate I applies.

4. For grantees who are individuals, Alternate II applies.

5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously

identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

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

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
(b) Establishing an ongoing drug-free awareness program to inform employees about --
(1)The dangers of drug abuse in the workplace;
(2) The grantee's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

10002 Glacier Highway, Suite 200 (physical address)
*** Address Line 1**

PO Box 110642, Juneau, AK 99811-0642 (mailing address)
Address Line 2

Address Line 3

Juneau *** City**	AK *** State**	99811 *** Zip Code**

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

Alternate II. (Grantees Who Are Individuals)

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

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other

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

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

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

Section 20: Certification Regarding Lobbying

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

(8) provide assurances that,

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

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

(9) provide that--

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

(B) the State will pay from non-Federal sources the remaining costs of planning

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

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

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

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

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

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

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

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

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with

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

Plan Attachments

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

FY 2020 Heating Assistance Benefit Computation

Step 1 – Community fuel points
The division has assigned heating cost points to each community in the state, based upon the community's annual fuel cost and climatic conditions.

- If the household uses natural gas and another fuel type for heat, the division will use the community heating cost points for natural gas.
- If the household uses self-harvested wood or coal for heat, the division will use the community heating cost points for oil multiplied by 0.5.
- If the household uses purchased wood or coal for heat, the division will use the community heating cost points for oil multiplied by 0.8.

Step 2 – Dwelling type
The division will multiply the community heating cost points by the first one of the following factors that describes the household's dwelling. If more than one factor applies, the division will use the factor listed first:

(1) the factor of 1.4 if the household resides in a mobile home or boat with heated living space of 980 square feet or more;
(2) the factor of 0.4 if the household resides in a recreational vehicle, tent, or pickup camper;
(3) the factor of 0.15 if the household resides in a one-room dwelling such as a studio apartment, hotel or boarding home;
(4) the factor of 0.35 if the household resides on a boat with heated living space less than 980 square feet;
(5) the factor of 0.55 if the household resides in a one-bedroom dwelling, or a one-room house or cabin without bedrooms;
(6) the factor of 1.3 if the household resides in a three-or-more-bedroom single family, duplex or triplex home;
(7) the factor of 0.7 if the household resides in a two-bedroom unit in an apartment building of four or more attached units, or resides in a mobile home with less than 980 square feet of heated living space, regardless of the number of bedrooms.
(8) the factor of 1 if the household resides in a two-bedroom single family home;

If the household resides in a single residence with one or more other households, the heating cost points are reduced to the household's proportionate share of the home heating expenses.

Step 3 – Household size and income
The division reviews and verifies each household's gross income for the month prior to application. Verification may be provided through: documentary evidence (wage stub, award letter, etc.); Division of Public Assistance and Department of Labor records; or impartial third parties such as fee agents, village council representatives, or social service agencies.

The division will assign each household the following percentage of heating cost points based upon the household's gross monthly income and family size, expressed as a percentage of the Alaska poverty level.

- 100 percent of points if the household's gross monthly income is no more than 25 percent of the Alaska poverty level;
- 90 percent of points if the household's gross monthly income is more than 25 percent but no more than 50 percent of the Alaska poverty level;
- 80 percent of points if the household's gross monthly income is more than 50 percent but no more than 75 percent of the Alaska poverty level;
- 70 percent of points if the household's gross monthly income is more than 75 percent but no more than 100 percent of the Alaska poverty level;
- 60 percent of points if the household's gross monthly income is more than 100 percent but no more than 125 percent of the Alaska poverty level;
- 50 percent of points if the household's gross monthly income is more than 125 percent of the Alaska poverty level but no more than the maximum allowable.

If the household's gross monthly income exceeds the maximum allowable poverty level the household is not eligible.

Step 4 – Priority groups
The division will add one point to the income adjusted heating cost points if the household includes one or more members 60 years of age or older, legally disabled, or under six years of age.

Step 5 – Subsidized Housing Adjustment – If Applicable

Households residing in any type of subsidized housing who are responsible for paying all or a portion of their heating costs directly to a vendor and who also receive a utility allowance as part of their housing cost calculation shall have their benefit reduced by 50 percent regardless of the amount of the utility allowance for heat.

Step 6 – Heating points of 2.0 or more
Households must have heating cost points of 2.0 or more before rounding to be eligible for heating assistance.

Step 7 – Round points
The division will round the final total heating cost points to the nearest whole number. The total heating cost points may not exceed 35 points.

Step 8 – Multiply by the benefit rate to determine household benefit
The division will multiply by the FY 2020 benefit rate of $125 per point to determine the amount of the household's heating assistance.

The amount of heating assistance may be reduced by the amount of the unpaid balance that the household owes the division for previously awarded heating assistance to which the household was not entitled. The division will use this method of recoupment of overpayments only if the household has not responded to the division's request for repayment or the household defaults on its repayment agreement.

EXAMPLES

The following examples illustrate how a household's heating assistance benefit is determined.

	Example 1		**Benefit calculation:**
Step 1.	Community, Fuel	Anchorage, N Gas	5 points
Step 2.	Dwelling	3 bedroom house	5 points x 1.3 = 6.5 points
Step 3.	Household Size, Income	4, $3,100	101-125% of poverty = 60% 6.5 points x 0.6 = 3.9 points
Step 4.	Household includes elderly, disabled or child under age 6	No	N/A
Step 5.	Heating points of 2.0 or more	Yes	3.9 points
Step 6.	Round points		Rounded = 4 points
Step 7.	Multiply by benefit rate		4 points x 125 = $500

	Example 2		**Benefit calculation:**
Step 1.	Community, Fuel	Fairbanks, Oil	10 points
Step 2.	Dwelling	2 bedrm, 4+unit bldg	10 points x 0.7 = 7 points
Step 3.	Household Size, Income	2, $2,250	126-150% of poverty = 50% 7 points x 0.5 = 3.5 points
Step 4.	Household includes elderly, disabled or child under age 6	Yes	3.5 points + 1 = 4.5 points
Step 5.	Heating points of 2.0 or more	Yes	4.5 points
Step 6.	Round points		Rounded = 5 points
Step 7.	Multiply by benefit rate		5 points x $125 = $625

	Example 3		**Benefit calculation:**
Step 1.	Community, Fuel	Savoonga, Oil	27 points
Step 2.	Dwelling	2 bedroom house	No adjustment
Step 3.	Household Size, Income	5, $2,700	76-100% of poverty = 70% 27 points x 0.7 = 18.9 points
Step 4.	Household includes elderly, disabled or child under age 6	Yes	18.9 points + 1 = 19.9 points
Step 5.	Heating points of 2.0 or more	Yes	19.9 points
Step 6.	Round points		Rounded = 20 points
Step 7.	Multiply by benefit rate		20 points x $125 = $2,500

	Example 4		**Benefit calculation:**
Step 1.	Community, Fuel	Anchorage, N Gas	5 points
Step 2.	Dwelling	Studio apartment	5 points x 0.15 = 0.75 points
Step 3.	Household Size, Income	1, $1,600	100-125% of poverty = 60% .75 points x 0.6 = 0.45 points
Step 4.	Household includes elderly, disabled or child under age 6	No	N/A
Step 5.	Heating points of 2.0 or more	No	0.45 points = less than1 point
Step 6.	Round points		N/A
Step 7.	Multiply by benefit rate		Ineligible

FY 2020
LIHEAP

Percent of Federal Poverty Income Guidelines

# of People	25%	50%	75%	100%	125%	150%
Income Factor	1	0.9	0.8	0.7	0.6	0.5
1	$325	$650	$975	$ 1,300	$1,625	$1,950
2	$440	$880	$1,320	$ 1,760	$2,200	$2,641
3	$555	$1,111	$1,666	$ 2,221	$2,776	$3,332
4	$671	$1,341	$2,012	$ 2,682	$3,353	$4,023
5	$786	$1,572	$2,357	$ 3,143	$3,929	$4,715
6	$901	$1,802	$2,703	$ 3,604	$4,505	$5,406
7	$1,016	$2,033	$3,049	$ 4,065	$5,081	$6,097
8	$1,131	$2,263	$3,394	$ 4,525	$5,656	$6,788
9	$1,247	$2,493	$3,740	$ 4,986	$6,233	$7,480
10	$1,362	$2,724	$4,085	$ 5,447	$6,809	$8,171
11	$1,477	$2,954	$4,431	$ 5,908	$7,385	$8,862
12	$1,592	$3,185	$4,777	$ 6,369	$7,961	$9,553
13	$1,708	$3,415	$5,123	$ 6,830	$8,538	$10,245
14	$1,823	$3,645	$5,468	$ 7,290	$9,113	$10,936
15	$1,938	$3,876	$5,813	$ 7,751	$9,689	$11,627
16	$2,053	$4,106	$6,159	$ 8,212	$10,265	$12,318
17	$2,168	$4,337	$6,505	$ 8,673	$10,841	$13,010
18	$2,284	$4,567	$6,851	$ 9,134	$11,418	$13,701

All dollars rounded down to guarantee they are below income guidelines

Rounded down so as to not go over income when calculated out
Based on 2020 Federal Register Notice

FY 2020 Community List

"*" Indicates the tribe serves Alaska Native/American Indians only
"0" Indicates the tribe serves all residents
All remaining communities served by the state of Alaska

Zip Code	Community Name	Served By	Points Oil / N Gas
99546	Adak (Station)	/	06/00/
99615	Akhiok	/	08/00/
99551	Akiachak	0/AVCP	21/00/
99552	Akiak	0/AVCP	21/00/
99553	Akutan	*/APIA	11/00/
99554	Alakanuk	0/AVCP	21/00/
99720	Alatna	0/TCC	27/00/
99555	Aleknagik	0/BBNA	13/00/
99645	Alexander Creek	/	07/00/
99720	Allakaket	0/TCC	27/00/
99786	Ambler	/	35/00/
99721	Anaktuvuk Pass	/	16/00/
99556	Anchor Point	/	06/06/
99501	Anchorage	*/CITC	08/05/
99744	Anderson	*/TCC	11/00/
99820	Angoon	0/THRHA	08/00/
99557	Aniak	+/ATC	21/00/
99926	Annette	/	06/00/
99558	Anvik	0/TCC	19/00/
99722	Arctic Village	0/TCC	32/00/
99547	Atka	*/APIA	06/00/
99559	Atmautluak	0/AVCP	19/00/
99791	Atqasuk	/	24/00/
99821	Auke Bay	*/THRHA	05/00/
99723	Barrow	/	21/06/
99724	Beaver	0/TCC	24/00/
99695	Beluga	/	07/06/
99559	Bethel	0/ONC	16/00/
99726	Bettles	0/TCC	29/00/
99623	Big Lake	/	07/05/
99730	Birch Creek	0/TCC	27/00/
99785	Brevig Mission	/	23/00/
99727	Buckland	/	33/00/
99729	Cantwell	/	11/00/
99730	Central	0/TCC	23/00/
99788	Chalkyitsik	0/TCC	28/00/
99676	Chase	/	08/00/
99561	Chefornak	0/AVCP	20/00/
99790	Chena Hot Springs	/	11/00/
99574	Chenega Bay	/	08/00/
99563	Chevak	0/AVCP	25/00/
99674	Chickaloon	/	08/00/

Zip Code	Community Name	Served By	Points Oil / N Gas
99732	Chicken	0/TCC	19/00/
99564	Chignik	0/BBNA	09/00/
99565	Chignik Lagoon	0/BBNA	09/00/
99548	Chignik Lake	0/BBNA	09/00/
99615	Chiniak	/	06/00/
99586	Chistochina	/	12/00/
99566	Chitina	/	11/00/
99557	Chuathbaluk	+/CTC	21/00/
99567	Chugiak	*/CITC	07/05/
99733	Circle	0/TCC	23/00/
99730	Circle Hot Springs	0/TCC	23/00/
99568	Clam Gulch	/	07/06/
99569	Clarks Point	0/BBNA	16/00/
99704	Clear	*/TCC	11/00/
99918	Coffman Cove	/	06/00/
99571	Cold Bay	/	11/00/
99701	Coldfoot	/	19/00/
99709	College	/	10/00/
99572	Cooper Landing	* /KIT	09/06/
99573	Copper Center	/	11/00/
99574	Cordova	/	07/00/
99921	Craig	0/THRHA	05/00/
99575	Crooked Creek	/	26/00/
99736	Deering	/	31/00/
99737	Delta Junction	*/TCC	11/00/
99755	Denali Park	/	10/00/
99576	Dillingham	0/BBNA	11/00/
99762	Diomede	/	27/00/
99737	Dot Lake	0/TCC	12/00/
99824	Douglas	*/THRHA	05/00/
99692	Dutch Harbor	*/APIA	06/00/
99738	Eagle	0/TCC	19/00/
99577	Eagle River	*/CITC	08/05/
99921	Edna Bay	/	11/00/
99578	Eek	0/AVCP	22/00/
99579	Egegik	0/BBNA	15/00/
99702	Eielson AFB	0/USA	11/00/
99567	Eklutna	/	08/05/
99576	Ekuk	0/BBNA	16/00/
99580	Ekwok	0/BBNA	14/00/
99825	Elfin Cove	/	06/00/
99739	Elim	/	26/00/
99506	Elmendorf AFB	0/USA	08/05/
99581	Emmonak	0/AVCP	24/00/
99603	English Bay	/	19/00/
99725	Ester	/	11/00/
99726	Evansville	0/TCC	29/00/
99827	Excursion Inlet	/	07/00/
99701	Fairbanks	/	10/08/
99583	False Pass	*/APIA	11/00/
99731	Fort Greely	0/USA	11/00/

Zip Code	Community Name	Served By	Points Oil / N Gas
99703	Fort Wainwright	/	10/00/
99740	Fort Yukon	0/TCC	23/00/
99712	Fox	/	11/00/
99603	Fritz Creek	/	07/06/
99850	Funter Bay	/	07/00/
99586	Gakona	/	11/00/
99741	Galena	0/TCC	20/00/
99742	Gambell	/	27/00/
99742	Georgetown	0/AVCP	26/00/
99587	Girdwood	*/CITC	08/05/
99588	Glennallen	/	11/00/
99762	Golovin	/	26/00/
99589	Goodnews Bay	0/AVCP	20/00/
99590	Grayling	0/TCC	22/00/
99586	Gulkana	/	11/00/
99826	Gustavus	/	06/00/
99827	Haines	*/THRHA	06/00/
99603	Halibut Cove	/	07/06/
99743	Healy	*/TCC	10/00/
99706	Healy Lake	*/TCC	13/00/
99921	Hollis	/	05/00/
99602	Holy Cross	0/TCC	21/00/
99603	Homer	/	07/06/
99829	Hoonah	0/THRHA	07/00/
99604	Hooper Bay	0/AVCP	25/00/
99605	Hope	/	07/00/
99623	Houston	/	07/05/
99745	Hughes	0/TCC	33/00/
99746	Huslia	0/TCC	30/00/
99922	Hydaburg	0/THRHA	05/00/
99923	Hyder	/	04/00/
99613	Igiugig	0/BBNA	12/00/
99606	Iliamna	0/BBNA	19/00/
99540	Indian	/	08/05/
99695	Ivanof Bay	0/BBNA	12/00/
99801	Juneau	*/THRHA	05/00/
99830	Kake	0/THRHA	06/00/
99747	Kaktovik	/	24/00/
99626	Kalskag (lower)	0/AVCP	23/00/
99607	Kalskag (upper)	0/AVCP	23/00/
99748	Kaltag	0/TCC	22/00/
99608	Karluk	/	10/00/
99901	Kasaan	0/THRHA	05/00/
99609	Kasigluk	0/AVCP	19/00/
99610	Kasilof	* /KIT	07/06/
99611	Kenai	*/KIT	08/06/
99588	Kennicott	/	11/00/
99573	Kenny Lake (Tonsina)	/	11/00/
99901	Ketchikan	*/THRHA	04/00/
99749	Kiana	/	26/00/
99612	King Cove	*/APIA	11/00/

Zip Code	Community Name	Served By	Points Oil / N Gas
99549	King Salmon	0/BBNA	13/00/
99614	Kipnuk	0/AVCP	20/00/
99750	Kivalina	/	28/00/
99925	Klawock	0/THRHA	05/00/
99827	Klukwan	0/THRHA	08/00/
99654	Knik	/	07/05/
99751	Kobuk	/	35/00/
99615	Kodiak	/	06/00/
99606	Kokhanok	0/BBNA	19/00/
99576	Koliganek	0/BBNA	16/00/
99545	Kongiganak	0/AVCP	22/00/
99620	Kotlik	0/AVCP	24/00/
99752	Kotzebue	/	21/00/
99753	Koyuk	/	25/00/
99754	Koyukuk	0/TCC	20/00/
99621	Kwethluk	0/AVCP	20/00/
99622	Kwigillingok	0/AVCP	22/00/
99757	Lake Minchumina	0/TCC	27/00/
99624	Larsen Bay	/	07/00/
99625	Levelock	0/BBNA	12/00/
99557	Lime Village	0/AVCP	26/00/
99790	Livengood	/	14/00/
99901	Loring	/	04/00/
99756	Manley Hot Springs	0 /TCC	13/00/
99628	Manokotak	0/BBNA	16/00/
99585	Marshall	0/AVCP	25/00/
99588	McCarthy	/	11/00/
99627	McGrath	0/TCC	22/00/
99755	Mckinley Park	/	10/00/
99630	Mekoryuk	0/AVCP	21/00/
99780	Mentasta Lake	/	12/00/
99926	Metlakatla	0/THRHA	06/00/
99758	Minto	0/TCC	16/00/
99705	Moose Creek	/	11/00/
99631	Moose Pass	/	06/00/
99835	Mount Edgecumbe	*/THRHA	06/00/
99632	Mountain Village	0/AVCP	25/00/
99903	Myers Chuck	/	05/00/
99633	Naknek	0/BBNA	13/00/
99603	Nanwalek	/	08/00/
99634	Napakiak	0/AVCP	11/00/
99559	Napaskiak	0/AVCP	20/00/
99950	Naukati	/	06/00/
99571	Nelson Lagoon	*/APIA	08/00/
99760	Nenana	0/TCC	11/00/
99636	New Stuyahok	0/BBNA	16/00/
99606	Newhalen	0/BBNA	19/00/
99559	Newtok	0/AVCP	25/00/
99690	Nightmute	0/AVCP	21/00/
99611	Nikiski	*/KIT	07/06/
99556	Nikolaevsk	/	06/06/

Zip Code	Community Name	Served By	Points Oil / N Gas
99691	Nikolai	0/TCC	27/00/
99638	Nikolski	*/APIA	06/00/
99639	Ninilchik	/	08/06/
99761	Noatak	/	32/00/
99762	Nome	/	17/00/
99640	Nondalton	0/BBNA	19/00/
99763	Noorvik	/	26/00/
99705	North Pole	/	11/00/
99764	Northway	0/TCC	12/00/
99789	Nuiqsut	/	20/00/
99765	Nulato	0/TCC	24/00/
99666	Nunam Iqua (Sheldon Pt)	0/AVCP	24/00/
99641	Nunapitchuk	0/AVCP	19/00/
99643	Old Harbor	/	07/00/
99559	Oscarville	0/AVCP	20/00/
99644	Ouzinkie	/	06/00/
99645	Palmer	/	07/05/
99586	Paxson	/	12/00/
99647	Pedro Bay	/	19/00/
99832	Pelican	*/THRHA	07/00/
99648	Perryville	/	09/00/
99567	Peters Creek	/	08/05/
99833	Petersburg	*/THRHA	05/00/
99649	Pilot Point	0/BBNA	12/00/
99650	Pilot Station	0/AVCP	25/00/
99658	Pitka's Point	0/AVCP	25/00/
99651	Platinum	0/AVCP	20/00/
99712	Pleasant Valley	/	11/00/
99927	Point Baker	/	11/00/
99766	Point Hope	/	23/00/
99759	Point Lay	/	18/00/
99836	Port Alexander	/	11/00/
99653	Port Alsworth	/	19/00/
99603	Port Graham	/	08/00/
99549	Port Heiden	0/BBNA	12/00/
99550	Port Lions	/	08/00/
99927	Port Protection	/	11/00/
99587	Portage	*/CITC	08/05/
99576	Portage Creek	0/BBNA	14/00/
99655	Quinhagak	0/AVCP	20/00/
99767	Rampart	0/TCC	20/00/
99656	Red Devil	0/AVCP	26/00/
99505	Richardson (Fort)	0/USA	08/05/
99768	Ruby	0/TCC	19/00/
99657	Russian Mission	0/AVCP	25/00/
99591	Saint George	*/APIA	11/00/
99658	Saint Mary’s	0/AVCP	25/00/
99659	Saint Michael	/	23/00/
99660	Saint Paul	*/APIA	11/00/
99714	Salcha	/	11/00/
99661	Sand Point	*/APIA	08/00/

Zip Code	Community Name	Served By	Points Oil / N Gas
99769	Savoonga	/	27/00/
99901	Saxman	0/THRHA	04/00/
99662	Scammon Bay	0/AVCP	22/00/
99770	Selawik	/	29/00/
99663	Seldovia	*/SVT	09/00/
99664	Seward	/	06/00/
99665	Shageluk	0/TCC	24/00/
99771	Shaktoolik	/	21/00/
99666	Sheldon Point-Nunam Iqua	0/AVCP	24/00/
99772	Shishmaref	/	29/00/
99773	Shungnak	/	35/00/
99835	Sitka	*/STA	06/00/
99840	Skagway	*/THRHA	08/00/
99667	Skwentna	/	11/00/
99586	Slana	/	12/00/
99668	Sleetmute	0/AVCP	26/00/
99669	Soldotna	*/KIT	09/06/
99613	Solomon	/	26/00/
99670	South Naknek	0/BBNA	13/00/
99671	Stebbins	/	21/00/
99672	Sterling	*/KIT	09/06/
99774	Stevens Village	0/TCC	23/00/
99557	Stony River	/	26/00/
99667	Susitna	/	10/00/
99674	Sutton	/	07/05/
99675	Takotna	0/TCC	20/00/
99676	Talkeetna	/	08/00/
99776	Tanacross	0/TCC	12/00/
99777	Tanana	0/TCC	20/00/
99677	Tatitlek	/	11/00/
99757	Telida	0/TCC	27/00/
99778	Teller	/	23/00/
99841	Tenakee	*/THRHA	07/00/
99780	Tetlin	0/TCC	16/00/
99919	Thorne Bay	/	05/00/
99678	Togiak	0/BBNA	17/00/
99780	Tok	*/TCC	12/00/
99637	Toksook Bay	0/AVCP	21/00/
99573	Tonsina	/	11/00/
99683	Trapper Creek	/	08/00/
99679	Tuluksak	0/AVCP	21/00/
99680	Tuntutuliak	0/AVCP	20/00/
99681	Tununak	0/AVCP	20/00/
99576	Twin Hills	0/BBNA	17/00/
99716	Two Rivers	/	11/00/
99682	Tyonek	/	07/00/
99649	Ugashik	0/BBNA	12/00/
99684	Unalakleet	/	21/00/
99685	Unalaska	*/APIA	06/00/
99686	Valdez	/	08/00/
99781	Venetie	0/TCC	23/00/

Zip Code	Community Name	Served By	Points Oil / N Gas
99782	Wainwright	/	21/00/
99783	Wales	/	27/00/
99928	Ward Cove	/	04/00/
99623	Wasilla	/	07/05/
99921	Whale Pass	/	06/00/
99784	White Mountain	/	26/00/
99693	Whittier	/	08/05/
99688	Willow	/	07/00/
99701	Wiseman	/	19/00/
99929	Wrangell	*/THRHA	05/00/
99689	Yakutat	0 /YTT	06/00/