

# Low Income Home Energy Assistance Program (LIHEAP)

## **LIHEAP Model Plan Template**

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

## Mandatory Grant Application SF-424

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

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

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

<b>* 1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual	<b>* 1.c. Consolidated Application/Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Unique Entity Identifier (UEI):</b>	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier: 93.568</b>	<b>6. State Application Identifier:</b>

#### 7. APPLICANT INFORMATION

**\*a. Legal Name:** State of Maryland

**\*b. Address:**

<b>*Street 1:</b>	25 S. Charles Street	<b>Street 2:</b>	
<b>*City:</b>	Baltimore	<b>County:</b>	
<b>*State:</b>	MD	<b>Province:</b>	
<b>*County:</b>	United States	<b>*Zip/Postal Code:</b>	21201

**c. Organizational Unit:**

**Department Name:** \_\_\_\_\_ **Division Name:** \_\_\_\_\_

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

<b>*First Name:</b>	Courtney	<b>*Last Name:</b>	Thomas-Winterberg
<b>Title:</b>	Acting Director, Office of Home Energy Programs	<b>Organizational Affiliation:</b>	Department of Human Services
<b>*Telephone Number:</b>	301-784-7099	<b>Fax Number:</b>	
<b>*Email:</b> Courtney.thomas@maryland.gov			

**\*8. TYPE OF APPLICANT:**

State Government

**a. Is the applicant a Tribal Consortium:**

\_\_\_\_\_

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

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

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

**10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Low-Income Home Energy Assistance Program for the State of Maryland

**11. AREAS AFFECTED BY FUNDING:**

Statewide	
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>	
<b>13. FUNDING PERIOD:</b>	
<b>a. Start Date:</b> 10/01/2024	<b>b. End Date:</b> 09/30/2025
<b>*14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>	
<b>a. This submission was made available to the State under Executive Order 12372</b>	
<b>Process for review on:</b>	
<b>b. Program is subject to E.O. 12372 but has not been selected by State for review.</b>	
<b>c. Program is not covered by E.O. 12372.</b>	
<b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO	
<b>If yes, explain:</b>	
<b>16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>	
<input checked="" type="checkbox"/> I AGREE	
<b>**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.</b>	
<b>17a. Typed or Printed Name and Title of Authorized Certifying Official</b>	<b>17c. Telephone (area code, number, and extension)</b>
Courtney Thomas-Winterberg, Acting Director, Office of Home Energy Programs	301-784-7099
<b>17b. Signature of Authorized Certifying Official (on)</b>	<b>17d. Email Address:</b>
	Courtney.Thomas@maryland.gov
<b>17e. Date Report Submitted (Month, Day, Year)</b>	09/01/2024
<b>Attach supporting documents as specified in agency instructions</b>	

**Section 1 - Program Components**

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

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

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

**Section 1 – Program Components**

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

**Section 1 Program Components**

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

<b>1.1 Check which components you will operate under the LIHEAP program.</b> (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		<b>Dates of Operation</b>	
		<b>Start Date:</b>	<b>End Date:</b>
<input checked="" type="checkbox"/>	Heating assistance	10/01/2024	09/30/2025
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2024	09/30/2025
<input type="checkbox"/>	Summer Crisis assistance		
<input type="checkbox"/>	Winter Crisis assistance		
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/01/2024	09/30/2025

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

Crisis assistance is delivered as expedited support, in accordance with Code of Maryland Regulations (COMAR) 07.03.21.10. In FY25, Maryland will also offer an additional one-time crisis assistance benefit during the winter months to prevent or mitigate a crisis if the customer's heating benefit is insufficient. Additionally, crisis assistance funds are allocated to the Maryland Department of Housing and Community Development through an Inter-Agency Agreement for emergency heating and cooling system repair and replacement.

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

<b>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%</b>	<b>Percentage (%):</b>	<b>Prior year totals (auto-populate)</b>
Heating assistance	74%	
Cooling assistance		
Summer crisis assistance		
Winter crisis assistance		
Year-round crisis assistance	8.0%	
Weatherization assistance	3.0%	
Carryover to the following federal fiscal year	5.0 %	
Administrative and planning costs	10%	
Services to reduce home energy needs including needs assessment (Assurance 16)		
Used to develop and implement leverages activities		
<b>TOTAL:</b>	<b>100%</b>	

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

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

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

<input checked="" type="checkbox"/>	<b>Heating assistance</b>	<input type="checkbox"/>	<b>Cooling assistance</b>
<input type="checkbox"/>	<b>Weatherization assistance</b>	<input checked="" type="checkbox"/>	<b>Other (specify):</b> Unallocated Funds for Winter Crisis will be prioritized for Heating Assistance and Carry-over to the following federal fiscal year.

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

**1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below?**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**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	
<b>TANF</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>SSI</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>SNAP</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Means-tested Veterans programs</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**1.4 a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e., do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.**

In compliance with state legislation enacted under Article II, Section 17(c) of the Maryland Constitution— Chapter 207 of the 2023 legislative session established Categorical Eligibility and automatic enrollment into Maryland’s Energy Assistance programs for households that have received benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), or other means-tested veterans’ benefits starting in January 2024. Recipients of these benefits on an ongoing basis will be categorically income-eligible for LIHEAP and EUSP benefits.

TANF and SNAP recipients who meet all other eligibility criteria and receive ongoing benefits will not need to complete a separate application to receive OHEP benefits. OHEP will use the TANF, SNAP, and SSI eligibility information from the Eligibility and Enrollment (E&E) system within the Maryland Total Human Services Integrated Network (MDTHINK) to determine eligibility for MEAP and EUSP benefits, as well as other eligibility criteria.

If all necessary energy assistance factors, including vendor information, can be collected from E&E, a regular eligibility determination is made, and a payment amount is electronically issued to the appropriate vendor, landlord, or household. Applicants approved for a regular benefit through the Categorical Eligibility process receive an Eligibility Determination notice, confirming the OHEP benefits they have been screened for, the amount of their benefit, and their right to a fair hearing.

If required MEAP eligibility factors beyond income eligibility cannot be retrieved from E&E, the application will be reviewed by the Local Administering Agency. In such cases, missing eligibility information will be requested from the applicant, and an eligibility determination will be made.

**1.5 Do you automatically enroll households without a direct annual application?**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**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?**

The same eligibility criteria for determining program benefits applies to all applicant households.

**SNAP Nominal Payments**

**1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If you answered “yes” to question 1.7a, you must provide a response to questions 1.7b, 1.7c and 1.7d.

<b>1.7b Amount of Nominal Assistance:</b>	\$21.00
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**1.7c Frequency of Assistance**

<input checked="" type="checkbox"/>	Once per year
<input type="checkbox"/>	Once every five years
<input type="checkbox"/>	Other – Describe:
<b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>	
Nominal payments were introduced in fiscal year 2023 to comply with newly established state statutes enacted under Article II, Section 17(c) of the Maryland Constitution—Chapters 362 and 363. Households are screened for energy costs during the application process for the Supplemental Nutrition Assistance Program (SNAP).	
<b>Determination of Eligibility - Countable Income</b>	
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?</b>	
<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income
<input type="checkbox"/>	Other – Describe:
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>	
<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits
	<input type="checkbox"/> Including Medicare deduction <input checked="" type="checkbox"/> Excluding Medicare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)
<input checked="" type="checkbox"/>	Retirement/pension benefits
<input checked="" type="checkbox"/>	General Assistance benefits
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input checked="" type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input checked="" type="checkbox"/>	One-time lump sum payments, such as rebates or credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input type="checkbox"/>	Interest, dividends, or royalties
<input type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid

<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)		
<input checked="" type="checkbox"/>	Other		
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			
Workers' Compensation, Railroad Retirement Benefits, Mine Worker Benefits, Armed Forces Allowance Benefits, Criminal Injuries Compensation Board Payments, Severance Pay, Monetary Settlements from Insurance Claims or Lawsuits, Inheritances.			
<b>1.10 Do you have an online application process?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.10a If yes, describe the type of online application (select all boxes that apply)</b>			
<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person, or faxed in for processing.		
<input checked="" type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing		
<input type="checkbox"/>	One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing		
<input checked="" type="checkbox"/>	Online application that is also mobile friendly		
<input type="checkbox"/>	Other, please describe		
<input type="checkbox"/>	Please include a link(s) to a statewide application, if available:		
<b>1.10b Can all program components be applied for online?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain which components can and cannot be applied for online:			
<b>1.11 Do you have a process for conducting and completing applications by phone:</b>			
Yes			
<b>1.12 Do you or any of your subrecipients require in person appointments in order to apply?</b>			
No			
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.			
<b>1.13 How can applicants submit documentation for verification? Select all that apply:</b>			
<input checked="" type="checkbox"/>	In-person		
<input checked="" type="checkbox"/>	Mail		
<input checked="" type="checkbox"/>	Email		
<input checked="" type="checkbox"/>	Portal application		
<input type="checkbox"/>	Other, describe:		



**Section 2 - HEATING ASSISTANCE**

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

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

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

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
	<b>1-10</b>	<b>Federal Poverty Level</b>	<b>200%</b>
	<b>11+</b>	<b>State Median Income</b>	<b>60%</b>

**2.2 Do you have additional eligibility requirements for heating assistance?**

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

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

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

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

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

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

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

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

<b>Individuals with a disability?</b>	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

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

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

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

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

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

Applicants who are renters are eligible to receive energy assistance benefits provided they meet all other eligibility requirements. Specific rental arrangements between the renter (tenant) and the landlord must be verified to determine if and how benefits will be paid.

- **Direct Payment of Heating Costs:** Renters who pay their heating costs directly must identify their energy supplier and fuel type.
- **Indirect Payment of Energy Costs:** Renters, including roomers and boarders, who pay their energy costs indirectly as undesignated portions of rent payments must provide the name, address, and phone number of the landlord to whom the rent payments are made. If their



application is approved, benefits will be paid to the landlord, and the rent will be reduced accordingly.

- **Residents of Subsidized Housing:** Applicants living in subsidized housing must provide proof that they are directly responsible for paying their own heating costs. These applicants receive a lower benefit level than those with similar incomes who do not have access to subsidized housing, as a utility allowance is incorporated into their subsidy.

In FFY 2019, Maryland launched its Critical Medical Needs Program. This program provides a streamlined and expedited application process for individuals with medical vulnerabilities. Applicants with a Physician's Certification receive expedited processing. Under the arrearage assistance program, vulnerable applicants may receive a waiver to obtain forgiveness of past due electric and gas bills multiple times within a 5-year period, unlike non-vulnerable applicants who can only obtain this benefit once every 5 years.

In 2023, in compliance with state legislation enacted under Article II, Section 17(c) of the Maryland Constitution—Chapter 665, Maryland began its Universal Redetermination Process. This process expanded the Redetermination Process launched in Maryland in 2019. The redetermination process provides a streamlined application process for OHEP recipients aged 60 and older. With the implementation of Uniform Redetermination, the annual redetermination process was expanded beyond seniors to include disabled applicants and critically ill applicants who received benefits through Maryland’s Critical Medical Needs Program. While the Uniform Redetermination process requires applicants to submit a new, streamlined application every year, additional supporting documentation is not requested from the applicant and is instead pulled from the previous year’s application file.

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

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size
<input checked="" type="checkbox"/>	Home energy cost or need:
<input checked="" type="checkbox"/>	Fuel type
<input checked="" type="checkbox"/>	Climate/region
<input type="checkbox"/>	Individual bill
<input type="checkbox"/>	Dwelling type
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)
<input type="checkbox"/>	Energy need
<input checked="" type="checkbox"/>	Other - Describe: The program takes into account whether a customer lives in subsidized housing and whether the utility bill is in the name of the customer or the landlord.

**Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)**

**2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.**

Minimum Benefit	\$25.00	Maximum Benefit	\$750.00
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**2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?**

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

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

**Section 3 - COOLING ASSISTANCE**

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

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

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

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold

**3.2 Do you have additional eligibility requirements for cooling assistance?**

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

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

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

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

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

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

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

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

<b>Individuals with a disability?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe:

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

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

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

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

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

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

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

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

**Section 4 - CRISIS 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  
Section 4 – Crisis Assistance**

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
	<b>1-10</b>	<b>Federal Poverty</b>	<b>200%</b>
	<b>11+</b>	<b>State Median Income</b>	<b>60%</b>

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

Maryland offers expedited application processing and issues 55-day holds to prevent utility terminations or to restore service year-round.

During FY25 Maryland will issue an additional crisis benefit to households, if their regular benefit does not resolve an energy crisis. Maryland defines an energy crisis as a situation where a household has no heat, a shortage of fuel supply, or an imminent utility shutoff (less than three days) during the winter period (November 1 through March 31). Local agencies may request a waiver to adjust the length of the winter period based on climate conditions.

LIHEAP funds are also used to address non-functioning heating and cooling equipment. OHEP maintains an inter-agency agreement with the Department of Housing and Community Development (DHCD) to carry out this work. Energy assistance applicants indicate on their application if they have non-functioning equipment. Upon receiving a referral regarding non-functioning equipment from the local energy assistance agency, DHCD promptly assigns the work to a licensed HVAC contractor for assessment within 48 hours.

For heating and cooling system repair, priority is given to elderly, handicapped homeowners. The second preference is given to dwellings with children under five years of age and/or inefficient heating systems and those with critical medical needs.

**4.3 What constitutes a life-threatening crisis?**

Maryland defines “life-threatening” as a situation where a household experiences a life-threatening or health-related emergency due to a heating or cooling issue, or a crisis situation involving a household member under the age of two or over the age of sixty (COMAR 07.03.21.10).

**Crisis Requirement, 2604(c)**

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
<b>4.6 Do you have additional eligibility requirements for crisis assistance?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**4.7 Check the appropriate boxes below to indicate type(s) of assistance provided**

Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
Older adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>In Order to receive crisis assistance:</b>			
Must the household have received a shut-off notice or have a near empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating or cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have additional or differing eligibility policies for:</b>			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanations of policies for each "yes" checked above:			
<b>Crisis Assistance Summary</b>			
<p>Maryland prioritizes older adults, individuals with disabilities, households with young children and those with a critical medical needs' certification. These households will have their application and benefit issuance expedited and they qualify for a second arrearage waiver. Further, these households are prioritized for heating and cooling system repairs and replacements.</p>			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input type="checkbox"/>	Separate component.		
<input checked="" type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather, benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe: Fast Track		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input checked="" type="checkbox"/>	Amount to resolve the crisis.	up to \$900	
<input type="checkbox"/>	Other - Describe:		
<p>Maryland Fast Tracks benefit assistance year-round to address crisis situations. From November through March, Maryland also has crisis funds available to help resolve a crisis. The crisis benefit is the difference between the customer's regular benefit and what is needed to resolve the crisis up to \$900.</p>			
<b>Crisis Requirements, 2604(c)</b>			
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>Explain. OHEP operates a network of 20 Local Administering Agencies with locations in each county to ensure all households have access to a site that is conveniently located. Additionally, all Local Administering Agencies are required to provide reasonable accommodations for customers with mobility issues who have difficulty accessing a local office</p> <p>DHCD also provides Weatherization through a network of providers throughout the State of Maryland to make needed system repairs and replacements available to households.</p>			
<b>4.11 Do you provide individuals with a disability the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain.			

<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain.			
<b>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?</b>			
<b>Benefit Levels, 2605(c)(1)(B)</b>			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	Maximum Benefit	\$900	
Summer Crisis	Maximum Benefit	\$0	
Year-Round Crisis	Maximum Benefit	\$0* Expedited Benefit Issuance only	
<b>4.13 Do you provide in-kind (e.g., blankets, space heaters, fans) or other forms of benefits?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, describe.			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>If you answered "Yes" to question 4.14, you must complete question 4.15.</b>			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>	Winter Crisis	Summer Crisis	Year-Round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles/gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): Hot Water heater repair/replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>If you responded "Yes" to question 4.16, you must respond to question 4.17.</b>			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
<b>4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, describe:			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

**Section 5 - WEATHERIZATION ASSISTANCE**

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 5 – Weatherization Assistance**

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

**5.1 Designate the income eligibility threshold used for the Weatherization component**

Add	Household Size	Eligibility Guideline	Eligibility Threshold
	1-10	Federal Poverty	200%
	11 or more	SMI	60%

**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 and attach a copy of the internal agreement or contract.**

Maryland Department of Housing and Community Development

**5.4 Is there a separate monitoring protocol for weatherization?**

Yes  No

**Weatherization - Types of Rules**

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

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

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

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- and 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: Re-weatherization is permissible under LIHEAP. Health and safety items not covered by the DOE WAP Health and Safety Plan may be included. The State of Maryland allows for the following measures under LIHEAP: wood-burning stove repair/replacement and gas cook stove repair/replacement for health and safety concerns. The total fiscal cost for these measures cannot exceed 25% of the LIHEAP allocation designated for deferral prevention services.

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

**5.6 Do you require an assets test?**

Yes  No

**5.7 Do you have additional or differing eligibility policies for:**

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

**Do you have additional or 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:**

Older adults?  Yes  No



Individuals with a disability?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Young children?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Households with high energy burdens?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.				
<p>The Department of Housing &amp; Community Development (DHCD) defines a weatherization crisis situation as "life-threatening" under the following conditions:</p> <ul style="list-style-type: none"> <li>• A household is experiencing or at risk of experiencing a life-threatening or health-related emergency.</li> <li>• A member of the household is over the age of 60.</li> <li>• A member of the household is under the age of 2.</li> </ul> <p>The elderly, households with young children, and those facing an energy emergency that threatens their situation are treated with expedited processing due to the life-threatening nature of their circumstances.</p> <p>For renters, DHCD must obtain permission from the property owner before providing weatherization services. The landlord must also comply with DHCD's Weatherization policies on rental housing.</p>				
<b>Benefit Levels</b>				
<b>5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?</b>				
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
If yes, what is the maximum:		\$		
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>				
<b>5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)</b>				
<input type="checkbox"/>	Weatherization needs assessments/audits	<input type="checkbox"/>	Energy-related roof repair	
<input type="checkbox"/>	Caulking and insulation	<input type="checkbox"/>	Major appliance Repairs	
<input type="checkbox"/>	Storm windows	<input type="checkbox"/>	Major appliance replacement	
<input checked="" type="checkbox"/>	Furnace/heating system modifications/repairs	<input type="checkbox"/>	Windows/sliding glass doors	
<input checked="" type="checkbox"/>	Furnace replacement	<input type="checkbox"/>	Doors	
<input checked="" type="checkbox"/>	Cooling system modifications/repairs	<input checked="" type="checkbox"/>	Water Heater	
<input type="checkbox"/>	Water conservation measures	<input checked="" type="checkbox"/>	Cooling system replacement	
<input type="checkbox"/>	Compact florescent light bulbs	<input type="checkbox"/>	Community Solar projects	
<input type="checkbox"/>	Rooftop solar	<input type="checkbox"/>	Other - Describe:	
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.				

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

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

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

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

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

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

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

In July 2019, Maryland launched an important outreach effort through the Critical Medical Needs Program (CMNP). This program includes trained "Navigators" who work within hospitals and healthcare communities to assist clients with energy assistance applications. Navigators conduct risk assessments, provide counseling, and offer help with energy suppliers. Applications are submitted directly to OHEP CMNP Liaisons for expedited processing to ensure the maintenance or restoration of service.

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

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

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

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

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

Joint application for multiple programs

**Indicate programs included:**

Intake referrals to or from other programs

**Indicate programs included:**

One-stop intake centers

Other - Describe:

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

In January 2024, OHEP implemented Categorical Eligibility and automatic enrollment for recipients of SNAP, TCA, SSI, and certain means-tested veterans' benefits.

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

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

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

**Section 8 – Agency Designation**

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

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

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

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

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

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

Local Administering Agencies, as required by their contract with the Maryland Department of Human Services, must conduct home visits for intake when requested by customers.

During the heating season, targeted messaging is used to promote LIHEAP to prepare for winter. Satellite intake is conducted by several program partners, such as Area Agencies on Aging, to enhance access to LIHEAP. Customers can obtain information, access applications, and complete applications for heating assistance by contacting the DHS Call Center or any local administering agency.

In compliance with state legislation enacted under Article II, § 17(c) of the Maryland Constitution - Chapter 665, Maryland launched a universal redetermination process in 2023. This process streamlines the application process for OHEP recipients aged 60 and older, as well as for disabled customers who are permanently disabled and/or have completed an OHEP application through the Critical Medical Needs program, with eligible income types.

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

Maryland does not conduct specific outreach for cooling assistance and does not have a cooling assistance benefit. Maryland has Electric Universal Service Program benefits for electric assistance that customers apply for throughout the program year.

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

Maryland expedites crisis application assistance and benefit issuance year-round. Outreach is provided through the Local Administering Agencies as well as Community and Faith based partners.

<b>8.5 LIHEAP Component Administration</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	Local Administering Agencies		Local Administering Agencies; State Administering Agency; State Housing Agency	State Housing Agency
<b>8.5b Who processes benefit payments</b>	State	State	State	

<b>to gas and electric vendors?</b>	Administering Agency	Administering Agency	Administering Agency	
<b>8.5c Who processes benefit payments to bulk fuel vendors?</b>	State Administering Agency	State Administering Agency	State Administering Agency	
<b>8.5d Who performs installation of weatherization measures?</b>				
<b>Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.</b>				
<b>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.</b>				
<b>8.6 What is your process for selecting local administering agencies?</b>				
<p>The Department of Human Services conducts a Request for Proposal (RFP) process in jurisdictions not served by a local Department of Social Services or local government entity. Interagency agreements are executed with participating local governments, such as Baltimore City and Frederick. The remaining administering agencies are local Departments of Social Services, which are local welfare offices that fall under the Department of Human Services.</p>				
<b>8.7 How many local administering agencies do you use? 20</b>				
<b>8.8 Have you changed any local administering agencies in the last year?</b>				
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
<b>8.9 If so, why?</b>				
<input type="checkbox"/>	Agency was in non-compliance with grant recipient requirements for LIHEAP -			
<input type="checkbox"/>	Agency is under criminal investigation.			
<input type="checkbox"/>	Added agency			
<input type="checkbox"/>	Agency closed			
<input type="checkbox"/>	Other – describe			
<b>8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?</b>				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>8.10a If yes, please explain:</b>				
<b>8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc.</b>				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>8.10c if yes, please explain:</b>				
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>				

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

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

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

**Section 9 – Energy Suppliers**

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

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

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

If yes, Describe.

The clear majority of payments are made directly to home energy suppliers, facilitated by Energy Supplier Agreements. In special circumstances where a landlord or supplier will not accept the benefit payment, occasional payments are made directly to customers. If a landlord refuses to sign a Landlord Agreement or an energy supplier refuses to sign an Energy Supplier Agreement, and no alternative supplier is available, a payment may be made directly to the customer. Direct payments may also be used for purchasing unusual fuel types, such as wood pellets and corn.

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

Maryland sends a benefit letter to the customer's mailing address.

**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?**

Maryland requires all vendors to send the State OHEP office an Energy Delivery Record for reconciliation at the end of each year.

**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?**

All vendor agreements that are executed with energy suppliers in Maryland include non-discrimination language.

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

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

Maryland requires that unregulated vendors provide a 3% discount off their cash price for the fuel delivered to program participants as part of their LIHEAP benefit.

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

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

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

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

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

**Section 10 – Program, Fiscal Monitoring, and Audit**

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

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

The State OHEP Office tracks grant awards in partnership with the Department of Human Services Office and Budget and Finance. Available funding is tracked in the State’s Financial Management Information System (FMIS) and the OHEP Data Management System. The OHEP Data Management System tracks benefit commitments as Local Administering Agencies certify applications. Weekly the State OHEP Office generates Electronic Delivery Statements that are issued to the program vendors and Budget and Finance. Budget and Finance enters the payments into FMIS and transmits to the Office of the Comptroller to process payments. State OHEP staff record payments by week to track expenditures.

Vendor refunds are sent to the State OHEP Office where they are recorded by funding source and sent to Budget and Finance to deposit. State OHEP staff also record the refunds by funding source in the OHEP data Management System.

**10.1a Provide Definitions for the following:**

Obligation:	A commitment of funds for a specific use in accordance with programmatic requirements. Examples include signed contracts with Local Administering Agencies, Benefit issuance notices to customers, Purchase Orders.
Expenditures:	Payments made.
Expenditure timeframe:	The time period for which an expenditure can be made in accordance with the funding requirements. Example: October 1, 2024- September 30, 2025.
Administrative costs:	Non-benefit expenditures are used to fund local operations, support technology enhancements, conduct outreach, and ensure program integrity.

**Audit Process**

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

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

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

<input checked="" type="checkbox"/>	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 or district offices? Select all that apply.**

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

**Compliance Monitoring**

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



<b>Grant recipient employees:</b>	
<input checked="" type="checkbox"/>	Internal program review
<input checked="" type="checkbox"/>	Departmental oversight
<input checked="" type="checkbox"/>	Secondary review of invoices and payments
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:
<b>Local Administering Agencies or District Offices:</b>	
<input checked="" type="checkbox"/>	On-site evaluation
<input checked="" type="checkbox"/>	Annual program review
<input checked="" type="checkbox"/>	Monitoring through central database
<input checked="" type="checkbox"/>	Desk reviews
<input checked="" type="checkbox"/>	Client File Testing/Sampling
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:
<b>10.6 Explain or attach a copy of your local agency monitoring schedule and protocol.</b>	
<ul style="list-style-type: none"> <li>• The State Office of Home Energy Programs (OHEP) uses risk-based assessment to determine what agencies will be selected for monitoring.</li> <li>• The OHEP Quality Assurance Analyst provides written notification to the local agency of the upcoming monitoring visit and what is needed from the agency in order to prepare for the visit. An entrance conference call is scheduled to discuss the upcoming visit and address any questions from the local agency.</li> <li>• The Quality Assurance Analyst conducts remote monitoring of the local agency, as applicable, using the State's monitoring tool.</li> <li>• The Quality Assurance Analyst and OHEP Fiscal staff visits the local agency to complete the monitoring of the local agency using the State monitoring tool.</li> <li>• An exit interview is conducted with the local agency Director to review preliminary results of the monitoring visit. The agency provides verbal response to any preliminary results that may result in findings or areas of concern.</li> <li>• After the final monitoring conference, the State Director signs off on the monitoring report and the Quality Assurance Analyst provides a report to the local agency Director. Report summarizes any areas of concern, findings and/or corrective action required.</li> <li>• Agency may provide an official, written response to report within 30-days of issuance.</li> <li>• If the report includes findings and corrective action plan, the local agency must submit an update on corrective action 90-days after the report is issued, with an update on status of resolving findings.</li> </ul>	
<b>10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.</b>	
Site Visits:	Local agencies are selected for monitoring reviews based on a risk-based assessment policy. The State considers factors such as the history of audit findings, the amount of administrative funding and bulk fuel funding processed, key staff turnover, application denial rates, and application processing timeliness to determine which agencies pose the highest risk and require auditing. All Local agencies will have a site visit at minimum once every three years.
Desk Reviews:	Local agencies not having a site review, will have a desk review annually.
<b>10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.</b>	
<input checked="" type="checkbox"/>	Annually
<input type="checkbox"/>	Biannually
<input type="checkbox"/>	Triannually
<input type="checkbox"/>	Other,
<b>10.9. How many local agencies are currently on corrective action plans? 8</b>	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	
The prevailing issue of most agencies was Application Completeness, Accuracy, Documentation and Application Timeliness. In addition to the Corrective Action Plans, the State OHEP Office is providing policy training and is standardizing the application process statewide. System enhancements are also being implemented to enhance support for the Local Administering agencies.	

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

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

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

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

**Section 11 – Timely and Meaningful Public Participation**

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

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

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

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

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

	Date	Event Description
1	07/23/2024	Virtual Public Comment Hearing 5:00-7:00pm
2	07/24/2024	Virtual Public Comment Hearing 2:00-4:00pm

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

**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 public participation and solicitation of input?**

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

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

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

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**Section 12 – Fair Hearings**

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

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

5

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

2 (1 is still pending a decision)

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

No. Just additional training on program policy for all Local Administering Agencies.

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

Households that are denied may reapply after 30 days if their circumstances change. If an applicant disagrees with the reason for denial, they may either resolve the issue informally with the local office or submit a request for a formal hearing within 30 days. The formal hearing is conducted through the Office of Administrative Hearings, where an administrative law judge will hear the case and issue a ruling.

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

All benefit notices sent out include instructions for requesting a Fair Hearing, detailing how customers can appeal a program decision if they wish to do so.

**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.**

If an applicant does not submit the required documentation within the stated time frame, they are sent a letter informing them of the case status and the outstanding documents needed. The application is placed in “pending” status, and the client has 15 days to provide the documentation. If the documentation is not submitted within this period, the application is denied, and the applicant receives a denial notice that includes a Request for Fair Hearing form.

The applicant may then choose to informally resolve the missing documents with their local agency, reapply after 30 days, or request a formal hearing with the Office of Administrative Hearings to review the matter.

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
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**Section 13 – Reduction of Home Energy Needs**

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

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

Maryland uses LIHEAP funds to provide energy efficiency measures /weatherization.

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

See MOU information under weatherization.

**13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year? Impact can be measured in many different ways: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management for example.**

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

**13.5 How many households received these services?**

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

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

U.S. Department of Health and Human Services  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
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**Section 14 – Leveraging Incentive Program**

**Section 14: Leveraging Incentive Program, 2607(A)**

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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**14.2 Describe instructions to any third parties or local agencies for submitting LIHEAP leveraging resource information and retaining records.**

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

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

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

**Section 15 - Training**

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

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

**Section 15: Training**

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

**a. Grant recipient Staff:**

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

**How often?**

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe:

**b. Local Agencies:**

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

**How often?**

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe:

**c. Vendors**

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

**How often?**

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

**15.2 Does your training program address fraud reporting and prevention?**

Yes  No

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

U.S. Department of Health and Human Services  
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**Section 16 – Performance Goals and Measures**

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

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

Maryland continues to refine its process to accurately capture data to report on the four required LIHEAP performance measures. For FY24 Maryland is requiring utilities to return reports in an Excel format to eliminate the need to manually enter data, which could result in clerical errors. State staff will also work with our TA partners on reviewing and compiling data until the data can be captured through an API. The timeline for this is yet to be determined as it is dependent on the OHEP program being fully integrated into Maryland's Eligibility and Enrollment System.

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



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

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

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

**Section 17 – Program Integrity**

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

**17.1 Fraud Reporting Mechanisms**

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

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

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

<input checked="" type="checkbox"/>	Printed outreach materials
<input checked="" type="checkbox"/>	Addressed on LIHEAP application
<input checked="" type="checkbox"/>	Website
<input checked="" type="checkbox"/>	Printed outreach materials
	Other - Describe: The Maryland Office of Home Energy Programs provides signs at the Local Administering Agency sites.

**17.2. Identification Documentation Requirements**

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

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

**b. Describe any exceptions to the above policies.**

Subject to guidance issued under the LIHEAP Information Memorandum "HHS Guidance on the Use of Social Security Numbers and Citizenship Status Verification," Maryland has adopted policies that align with the federally-allowable definition of eligible and ineligible household members. As a result, Maryland collects income information for both eligible and ineligible household members when determining eligibility. However, an eligible household member is not excluded from receiving a benefit due to the presence of an ineligible individual living in the unit.

**17.3 Identification Verification**

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

<input type="checkbox"/>	Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
<input checked="" type="checkbox"/>	Verify SSNs with Social Security Administration
<input checked="" type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input checked="" type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Match with state Department of Labor system
<input checked="" type="checkbox"/>	Match with state and/or federal corrections system
<input checked="" type="checkbox"/>	Match with state child support system
<input checked="" type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only)
<input checked="" type="checkbox"/>	Other - Describe:
<b>17.4. Citizenship or Legal Residency Verification</b>	
<b>What are your procedures for ensuring that household members are U.S. citizens or qualified non-citizens who are qualified to receive LIHEAP benefits? Select all that apply.</b>	
<input type="checkbox"/>	Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Non-citizens must provide documentation of immigration status.
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport.
<input type="checkbox"/>	Non-citizens are verified through the SAVE system.
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card.
<input checked="" type="checkbox"/>	Other - Describe: Tax and Assessments, LexisNexis, MVA System, Vital Records
<b>17.5. Income Verification</b>	
<b>What methods does your agency utilize to verify household income? Select all that apply.</b>	
<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input type="checkbox"/>	Bank statements
<input checked="" type="checkbox"/>	Tax statements
<input checked="" type="checkbox"/>	Zero income statements
<input checked="" type="checkbox"/>	Unemployment Insurance letters
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Computer data matches:
<input checked="" type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/>	Social Security income verified with SSA
<input type="checkbox"/>	Utilize state directory of new hires
<input checked="" type="checkbox"/>	Other - Describe: The Work Number (Verification software)
<b>17.6. Protection of Privacy and Confidentiality</b>	
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>	
<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards.
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location.
<input checked="" type="checkbox"/>	Electronic files are protected in a secure location.

<input type="checkbox"/>	Other - Describe:
<b>17.7. Verifying the Authenticity</b>	
<b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>	
<input checked="" type="checkbox"/>	All vendors must register with the state/tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form.
<input checked="" type="checkbox"/>	Vendors are verified through energy bills provided by the household.
<input type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors.
<input type="checkbox"/>	Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>	
<b>What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.</b>	
<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency.
<input checked="" type="checkbox"/>	Applicants must submit current utility bill.
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities.
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level.
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval.
<input type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments.
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy.
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities.
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only.
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above and provide enforcement mechanism.
<input type="checkbox"/>	Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
<b>What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.</b>	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendor list.
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors.
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery.
<input type="checkbox"/>	Two-party checks are issued naming client and vendor.
<input checked="" type="checkbox"/>	Direct payment to households is made in limited cases only.
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client.
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors.
<input checked="" type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.10. Investigations and Prosecutions</b>	
<b>Describe the Grant recipient's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.</b>	
<input checked="" type="checkbox"/>	Refer to state Inspector General.

<input checked="" type="checkbox"/>	Refer to local prosecutor or state Attorney General.
<input type="checkbox"/>	Refer to U.S. DHHS Inspector General (including referral to OIG hotline).
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.
<input checked="" type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process.  <b>For Fraud Amounts Under \$2,500:</b> If a client committed fraud and received less than \$2,500, they are placed on a monthly payment plan to reimburse the State.  <b>For Fraud Amounts Over \$2,500:</b> If a client received over \$2,500, the case is referred to the Attorney General's office for criminal prosecution.
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 Year
<input checked="" type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated.
<input checked="" type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP.
<input type="checkbox"/>	Other - Describe:
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

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

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

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

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

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

**Instructions for Certification**

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.**
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.**
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.**
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.**
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.**
- 7. The prospective primary participant further agrees by submitting this proposal that it will**

include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

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

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

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

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

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

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

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

##### **Instructions for Certification**

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

255 S. Charles Street

Address Line 2

Address Line 3

*City	*State	*Zip Code
Baltimore	Maryland	21201
<p><b>Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients Who Are Individuals)</b></p> <p><b>(a) The grant recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;</b></p> <p><b>(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.</b></p> <p>[55 FR 21690, 21702, May 25, 1990]</p>		
<input checked="" type="checkbox"/>	<p><b>By checking this box, the prospective primary participant is providing the certification set out above.</b></p>	

**Section 20: Certification Regarding Lobbying**

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

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

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

**Section 20 – Certification Regarding Lobbying**

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

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

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

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

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

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

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

**August 1987, revised 05/92, 02/95,  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Plan Attachments**

The following documents must be attached to this application

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

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for Tribes