

## DETAILED MODEL PLAN (LIHEAP)

### 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: 06/30/2017

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

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

#### 7. APPLICANT INFORMATION

<b>* a. Legal Name:</b> Indiana Housing Development and Authority			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 35-1485172		<b>* c. Organizational DUNS:</b> 086870479	
<b>* d. Address:</b>			
<b>* Street 1:</b>	30 South Meridian Street, Suite 1000	<b>Street 2:</b>	
<b>* City:</b>	INDIANAPOLIS	<b>County:</b>	MARION
<b>* State:</b>	IN	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	46204 -

#### e. Organizational Unit:

<b>Department Name:</b> Community Programs	<b>Division Name:</b> LIHEAP
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#### f. Name and contact information of person to be contacted on matters involving this application:

<b>Prefix:</b>	<b>* First Name:</b> Gina	<b>Middle Name:</b>	<b>* Last Name:</b> Kerr
<b>Suffix:</b>	<b>Title:</b> Community Programs Manager	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> 317-234-5303	<b>Fax Number:</b>	<b>* Email:</b> GiKerr@theda.in.gov	

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

A: State Government
<b>b. Additional Description:</b>
<b>* 9. Name of Federal Agency:</b>

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

**11. Descriptive Title of Applicant's Project**

**12. Areas Affected by Funding:**

#### 13. CONGRESSIONAL DISTRICTS OF:

<b>* a. Applicant</b> 07	<b>b. Program/Project:</b> Statewide
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Attach an additional list of Program/Project Congressional Districts if needed.

<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
a. Start Date: 10/01/2016	b. End Date: 09/30/2017	* a. Federal (\$): \$0	b. Match (\$): \$0
<b>16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt?			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
I Agree <input type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18a. Typed or Printed Name and Title of Authorized Certifying Official		18c. Telephone (area code, number and extension)	
		18d. Email Address	
18b. Signature of Authorized Certifying Official		18e. Date Report Submitted (Month, Day, Year)	
Attach supporting documents as specified in agency instructions.			

## Section 1 - Program Components

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 06/30/2017

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

Department of Health and Human Services  
Administration for Children and Families  
Office of Community Services  
Washington, DC 20447

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Approval No. 0970-0075  
Expiration Date: 02/28/2005

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

## Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program.

(Note: You must provide information for each component designated here as requested elsewhere in this plan.)

Dates of Operation

		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2016	05/31/2017
<input checked="" type="checkbox"/>	Cooling assistance	06/01/2017	09/30/2017
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2016	05/31/2017
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2016	09/30/2017

Provide further explanation for the dates of operation, if necessary

Indiana is committed to its Weatherization services for low income individuals and will allocate up to the maximum funding allowed for program administration using the same program dates listed above. Additionally, since Indiana experiences more cold weather months, funds will be set aside for Crisis Assistance through the end of Moratorium, or March 15 of each year. However, Crisis Assistance, if funds are available will be offered year round. Additionally, if funds are available, a Summer Cooling program will be administered beginning in June.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.

Percentage ( % )

Heating assistance	45.00%
Cooling assistance	10.00%
Crisis assistance	10.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	5.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%
Used to develop and implement leveraging activities	0.00%
<b>TOTAL</b>	<b>100.00%</b>

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"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input checked="" type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify):

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

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

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

	Heating	Cooling	Crisis	Weatherization
TANF	<input type="radio"/> Yes <input type="radio"/> No			
SSI	<input type="radio"/> Yes <input type="radio"/> No			
SNAP	<input type="radio"/> Yes <input type="radio"/> No			
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No			

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1		<input type="radio"/> Yes <input type="radio"/> No			

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

If Yes, explain:  
N/A

1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?  
N/A

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

<input type="checkbox"/>	Once Per Year
<input type="checkbox"/>	Once every five years
<input type="checkbox"/>	Other - Describe:

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

N/A

Determination of Eligibility - Countable Income

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

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income

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

<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input type="checkbox"/>	Payments from mortgage or Sales Contracts

<input checked="" type="checkbox"/>	Unemployment insurance		
<input checked="" type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits		
<input type="checkbox"/>	Including MediCare deduction	<input 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"/>	Supplemental Nutrition Assistance Program (SNAP) benefits		
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input checked="" type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input checked="" type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.		
<input type="checkbox"/>	Jury duty compensation		
<input checked="" type="checkbox"/>	Rental income		
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input checked="" type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input type="checkbox"/>	Child support		
<input checked="" type="checkbox"/>	Interest, dividends, or royalties		
<input checked="" type="checkbox"/>	Commissions		
<input checked="" type="checkbox"/>	Legal settlements		
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured		
<input checked="" type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate		
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits		
<input type="checkbox"/>	Earned income of a child under the age of 18		
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.		

<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

**Section 2 - HEATING ASSISTANCE**

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

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

**Section 2 - Heating Assistance**

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

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

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

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

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

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

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

**Renters?**  Yes  No

**Renters Living in subsidized housing ?**  Yes  No

**Renters with utilities included in the rent ?**  Yes  No

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young children?**  Yes  No

**Households with high energy burdens ?**  Yes  No

**Other? Veterans**  Yes  No

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

Households who receive a housing subsidy with heat and electric utilities included are not eligible for energy assistance because they are not vulnerable to rising costs.

Households that do not receive a housing subsidy and whose rent includes heat and electric utilities are not vulnerable to rising energy costs in the form of higher rent. Therefore, these households are not eligible for energy assistance.

The elderly, veterans, disabled and households with young children are given a higher priority because they are considered at-risk.

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.**

Vulnerable populations (i.e. elderly(60+), disabled, veterans, households with young (ages 0-5) children) that receive benefits the prior year, will receive a new application early by mail and the eligibility process is typically completed before the harsh part of the winter season begins.

Also, if the household falls within a vulnerable group, they are awarded points according to the benefit matrix.

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

Income

Family (household) size

Home energy cost or need:

Fuel type

<input checked="" type="checkbox"/> Climate/region			
<input type="checkbox"/> Individual bill			
<input checked="" type="checkbox"/> Dwelling type			
<input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)			
<input checked="" type="checkbox"/> Energy need			
<input type="checkbox"/> Other - Describe:			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for FY 2016:			
Minimum Benefit	\$205	Maximum Benefit	\$890
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
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**

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 MODEL PLAN  
 SF - 424 - MANDATORY**

**Section 3 - Cooling Assistance**

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

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

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

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

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

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

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

**Renters?**  Yes  No

**Renters Living in subsidized housing ?**  Yes  No

**Renters with utilities included in the rent ?**  Yes  No

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young children?**  Yes  No

**Households with high energy burdens ?**  Yes  No

**Other? Veterans**  Yes  No

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

Households who receive a housing subsidy with heat and electric utilities included are not eligible for energy assistance because they are not vulnerable to rising costs. However, households who receive a housing subsidy without heat and electric included are eligible for energy assistance and a cooling benefit if the optional Summer Cooling Program is offered.

Households that do not receive a housing subsidy are not vulnerable to rising energy cost in the form of immediate higher rent. Therefore, these households are not eligible for energy assistance.

The elderly(60+), disabled, veterans and households with young(ages 0-5) children are given a higher priority because they are considered at-risk.

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

If additional funds are available at the end of heating season, clients who applied and received heating assistance automatically receive cooling assistance. Any additional funds will be available for new applicants.

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

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

Income

Family (household) size

Home energy cost or need:

Fuel type

Climate/region

<input type="checkbox"/> Individual bill			
<input checked="" type="checkbox"/> Dwelling type			
<input type="checkbox"/> Energy burden (% of income spent on home energy)			
<input checked="" type="checkbox"/> Energy need			
<input checked="" type="checkbox"/> Other - Describe:			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for FY 2016:			
Minimum Benefit	\$0	Maximum Benefit	\$75
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
Air conditioners are provided for medical reasons with a signed affidavit. In FFY2016, over 103,000 citizens received a cooling benefit of \$75. Additionally, if funds were available during the summer months, newly approved clients received a \$75 summer cooling benefit.			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

## Section 4 - CRISIS ASSISTANCE

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

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#### Section 4: CRISIS ASSISTANCE

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

**4.1 Designate the income eligibility threshold used for the crisis component**

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

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

A LIHEAP eligible crisis situation is an energy emergency when there is a potential shut-off or depletion of the energy sources and is not considered a life threatening crisis. Non-life threatening crisis situations are to be alleviated within 48 hours.

Utilities:

- Client has received a current Notice of Disconnection on residence primary heating sources, such as the electric or natural gas utility but yet not disconnected.

Bulk Fuel:

- Client is low on bulk fuel (at or below 25% of a tank) but not out of fuel.
- Client households who heat with biofuel, such as corn, wood pellets, coal or wood may self-declare that are within (10) days of running out of their primary heating source.

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

A LIHEAP eligible life-threatening crisis situations must be alleviated within (18) hours. The (18) hour timeframe begins at the point in time eligibility is determined. A life threatening crisis situation is defined when any of the following are met:

1. Heating and/or electric service is currently shut off or disconnected out of bulk fuel (empty tank).
2. Documented medical need where there is an extreme safety concern.
3. Need of propane tank safety inspection.

**Crisis Requirement, 2604(c)**

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

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

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

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

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

Do you require an Assets test ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you give priority in eligibility to :</b>	
Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Households with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other? Veterans	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>In Order to receive crisis assistance:</b>	
Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have been shut off or have an empty tank?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have exhausted their regular heating benefit?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must renters with heating costs included in their rent have received an eviction notice ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must heating/cooling be medically necessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you have additional / differing eligibility policies for:</b>	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters with utilities included in the rent?	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>The elderly, veterans, disabled and households with young children are given a higher priority because they are considered at-risk.</p> <p>If heat and electric is included in the rent, the household is not eligible for energy assistance as they are not vulnerable to rising costs.</p>	
<b>Determination of Benefits</b>	
<b>4.8 How do you handle crisis situations?</b>	
<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:
<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.
<input checked="" type="checkbox"/>	Other - Describe: Crisis assistance is offered to clients who are shutt off, facing disconnection, low on fuel or out of fuel with documentation or a bill reflecting the amount necessary qualifies the household for a crisis benefit. Crisis is given up to \$400 as needed.
<b>Crisis Requirements, 2604(c)</b>	
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.	
<b>4.11 Do you provide individuals who are physically disabled the means to:</b>	
<b>Submit applications for crisis benefits without leaving their homes?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> 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>	
Households are able to apply for crisis benefits by mail.	
<b>Benefit Levels, 2605(c)(1)(B)</b>	

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

Winter Crisis	\$400.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$0.00 maximum benefit

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

Yes  No If yes, Describe

**4.14 Do you provide for equipment repair or replacement using crisis funds?**

Yes  No

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

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

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): LSP's have the opportunity to offer a Window A/C Unit initiative as part of a Summer Cool Program based on the noted eligibility requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes  No

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

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

The Indiana General Assembly has enacted Indiana Code 8-1-2-121 governing the termination of natural gas and electric service without the customer's request. This law, which first became effective in 1983, states that utility (Municipally-owned, privately-owned or cooperatively-owned) may not, during the period from December 1 through March 15 of any year, terminate residential utility service to any customer who is eligible for and who has applied for the Energy Assistance Program. The Indiana Utility Regulatory Commission (IURC) later promulgated regulations under the authority of IC 8-1-2-121 at 170 IAC 4-4-16.6 and 170 IAC 5-1-16.6.

Under Indiana state law and regulations, utilities may not disconnect service to customers if:

- The customer has submitted a complete application and eligibility is being determined by the local LSP or their subcontractor.
- The customer has furnished proof to the utility provider of his/her application to receive such benefits, or IHCD, the local LSP or the LSP's subcontractor has notified the utility in writing.

If you are an electric or gas utility, including a municipality owned, privately owned, or cooperatively owned utility, then you qualify as a "utility" for the purposes of the moratorium law. The definition of "municipally owned utility" means every utility owned or operated by any city or town in Indiana.

Any person who has agreed to pay for electric or gas services exclusively for residential purposes is a customer. Receipt of an EAP benefit does not affect someone's status as a customer.

Any household who has applied for EAP on or after October 1st cannot have its service disconnected between December 1 and March 15. A "qualified" household is defined as a household that has active service and has submitted a completed application that has been approved by its LSP, and a staff person at the agency has determined or is determining that eligibility meets the program requirements based on household income, number of household members, and utility bills ( See Section 701 of the 2015-16 Program Operations Manual for all of the components of a complete application).

Simply submitting an application does not automatically make a household eligible. If the local LSP has insufficient resources to conduct an eligibility review of the application, the household is not protected.

Once the household has submitted an application and has been deemed or is being deemed eligible for the EAP benefit, the client is protected under the moratorium, whether a benefit has been received or not. Clients deemed eligible for EAP, but do not have a benefit due to insufficient program funds, will be placed in a HOLD status. All clients deemed eligible, but in this HOLD status, will be placed on a report. That report will be submitted to the utility vendors to ensure moratorium protection.

If a utility has negotiated a payment arrangement with a client who has qualified for EAP and the client violates that payment arrangement before December 1, the utility has the right to disconnect that client prior to December 1, as that client is not yet protected by the moratorium. If the same client has active service as of December 1, the utility may not disconnect that client until March 16.

A utility vendor may refuse EAP benefit at any time during the heating season. Benefit refusal does not prevent moratorium protection. A client who has submitted a

complete application and is being deemed or has been deemed EAP eligible and has active service on December 1 will receive moratorium protection through March 15.

Based on the utility policy change, utilities are required to be in the name of a household member, age one (1) or over, unless the lease agreement requires the utilities to be listed in the landlord's name. Circumstance may arise where landlords and tenants must create a utility payment arrangement to ensure that the utility bills are paid on time. This policy provides clarification on moratorium protection when the payment between the landlord and client is breached.

If the utility is listed in the landlord's name, but the client has breached payment agreement with the landlord, the landlord may request service disconnection during the moratorium period. Though the client was deemed eligible for EAP assistance, the landlord is the customer of record on the utility bill.

If the utility is listed in the client's name, but the landlord had breached the payment agreement, then the client is protected under the moratorium because the client is the customer of record on the utility bill.

regulations allow the utility to disconnect the utilities for a customer otherwise covered under the moratorium in the following circumstances:

- If a condition dangerous or hazardous to life, physical safety or property exists.
- Upon order by any court, the IURC, or other duly authorized public authority.
- If fraudulent or unauthorized use of electricity or gas is detected, and the utility has reasonable grounds to believe the affected customer is responsible for such use.
- If the utility's regulating or measuring equipment has been tampered with and the utility has reasonable grounds to believe the affected customer is responsible for such tampering.

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

**Section 5 - WEATHERIZATION ASSISTANCE**

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

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  
 SF - 424 - MANDATORY**

**Section 5: WEATHERIZATION ASSISTANCE**

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency.

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

**WEATHERIZATION - Types of Rules**

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

- Entirely under LIHEAP (not DOE) rules
- Entirely under DOE WAP (not LIHEAP) rules
- Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
  - Income Threshold
  - Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
  - Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
  - Other - Describe:

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

- Income Threshold
- Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
- Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
- Other - Describe:

The State of Indiana allows the replacement of gas cook stoves with LIHEAP funds where necessary.

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No

House holds with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>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> <p>If heat and/or electric are included in the rent, the household is not eligible for energy assistance as they are not vulnerable to rising costs.</p> <p>The elderly, veterans, disabled and young children have a higher priority because they are in the at-risk category. Also, households with the highest financial burdens are a priority. Landlords must sign a landlord agreement with the sub-grantee giving permission for the work to be performed.</p> <p>Indiana will define where its health safety rules differ from DOE guidelines as it pertains to the LIHEAP block grant funding and mitigate issues related to the "healthy homes".</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10 If yes, what is the maximum? \$11,500	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input 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 checked="" type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Gas stoves only with LIHEAP funds.
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>	

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

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

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

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

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

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

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

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

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

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)**

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

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

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

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

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

N/A

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

N/A

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

N/A

<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>	Non-profits	Non-profits	Non-profits	Non-profits
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	Non-profits	Non-profits	Non-profits	
<b>8.5c who processes benefit payments to bulk fuel vendors?</b>	Non-profits	Non-profits	Non-profits	
<b>8.5d Who performs installation of weatherization measures?</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.

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

Indiana Housing and Community Development Authority has been designated as the state oversight authority for LIHEAP since 2006. Indiana utilizes its network of 22 Community Action Agencies and 1 non-profit to administer LIHEAP services. New service providers are identified in the event that there are unresolvable or significant compliance issues. New service providers, when needed are, are vetted through a Request for Proposal (RFP) process and selected by an IHCD RFP Review Committee and approved by IHCD's Board of Directors.

**8.7 How many local administering agencies do you use? 23**

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

- Yes
- No

**8.9 If so, why?**

<input type="checkbox"/>	Agency was in noncompliance with grantee requirements for LIHEAP -
<input type="checkbox"/>	Agency is under criminal investigation
<input type="checkbox"/>	Added agency
<input type="checkbox"/>	Agency closed
<input checked="" type="checkbox"/>	Other - describe

In the coming FFY2017, one local service providers (JobSource) will no longer provide EAP to Grant and Madison counties. As a result, one of the existing local service provider (ICAP) will be transitioning to serve the Grant and Madison county territory. JobSource voluntarily chose not to provide EAP to the two counties in order to focus on its other programs, and ICAP is willing and able to accept the additional territory. In FFY2016, (23) local service providers serving EAP in Indiana. All territories have coverage in FFY2017; resulting in (22) local service providers.

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

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7

9.1 Do you make payments directly to home energy suppliers?

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

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

All clients who apply for EAP receive a letter informing them if they are approved or not and that informs them of their right to appeal. The benefit letter will have date of approval, amount of assistance and a list of vendors that were paid on their behalf.

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?

All policies and procedures are outlined in the annual vendor agreement. The agreement contains all information related to the distribution of LIHEAP benefits and billing. The vendor agreement must be signed and returned to IHCDA before any payments are made to the vendor. In addition, vendor payments are made through a centralized payment system. Also, we will be conducting vendor monitoring.

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 policies and procedures are outlined in the annual vendor agreement. The agreement contains all information related to the distribution of LIHEAP benefits and billing. The vendor agreement must be signed and returned to IHCDA before any payments are made to the vendor.

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

Yes  No

If so, describe the measures unregulated vendors may take.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

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

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

The IHEDA Contractor conducts fiscal reviews that consist of a thorough analysis of recent financial statements and their relationship to the trial balance, general ledger, the IRS 990 form, and subsidiary ledgers.

- a. Each LSP will be subject to its own annual fiscal monitoring visit.
- b. The Contractor will ensure that the sub-grantee's fiscal records are up to date and posted.
- c. The Contractor shall read each sub-grantee's fiscal policy and procedure manual for testing of all financial practices, including but not limited to the cost allocation plan, inventory list and procurement procedures.
- d. The contractor will conduct a financial analysis assessing the sub-grantees cost allocation plan to include, at a minimum, administrative, program support and direct services cost.
- e. Review and conduct test of sub-grantees cost allocation plan to include, at a minimum, administrative, program support and direct service cost.
- f. The Contractor will review each sub-grantee's accounts payables and receivables ledgers for outstanding debts to ensure that claims are processed timely.
  1. Overall 25% of an agency's administrative claims should be reviewed as part of the process.
- g. Review and conduct test of sub-grantees cost allocation plan to include at a minimum administrative, program support and direct services cost.
  1. The sub-grantee's administrative claims should be reviewed as part of this process.
- h. The Contractor will review each sub-grantee's most recent single or program -specific audit required by the Single Audit Act Amendment of 1966, (U.S.C. 7501-7507) previously prescribed as an A-133 Audit.
- i. The Contractor will review and document any unresolved findings from other funding sources in the most recent financial audit.
- j. The Contractor shall obtain guidance from IHEDA regarding the elements of the fiscal review that are required by IHEDA Policy and Procedures Manuals that are applicable to these programs and the reporting and tracking processes required by HHS and DOE.
- k. The Contractor shall conduct regularly scheduled meetings with IHEDA management to ensure that financial monitoring objectives and claims review are met according to and in compliance with overall IHEDA objectives.

When an allocation is made to an agency, a budget form is included. The agency fills out the budget adhering to the percentages we allow for each line item. When the agency returns the agreement and the budget, it is checked carefully for math and line item percentage allocations. If these agree, we then sign off to the budget and send it to IHEDA's Operation's Department. Operations update the budget in our accounting system. Each line item is entered separately and the budget is line-item enforced meaning that the agency cannot spend more than is budgeted for on each line of the budget.

If an amendment (Money added or subtracted) or a budget modification (same amount of money but dollars change among line items) is received, we check the math carefully, check the allowable percentages per line item and then check to make sure that the agency has not overspent more than what they are asking the budget line item to be. If any of these are incorrect the budget is returned to the agency and the errors are pointed out to them. If the EAP Program Associate happens to miss any of these items the Operations Department will alert the Program that the budget cannot be qualified.

In addition, we will track funds expended by requesting a carry-over report four times during the year. In this way we make sure that all LSPs are receiving the funds they need to best serve their clients. IHEDA, also, uses the same series of steps for any summer activity we may do such as a Summer Cooling Program.

Regarding obligations: we carefully track our agencies during the year for heating and crisis. A weekly report is created plugging in their budget and those dollars expended. We track which agencies are under obligations as well as those that look like they may need additional funds. We go over this report every Monday.

During Close Out of the federal year, we then ask the LSPs for their close out documentation to make sure their budget, their expenditures and their percentages are in line with what we show in our Operations Department. If there are any errors found on any Close-out Report, the LSP is informed and IHEDA works with them to correct errors until the report is in balance. If the LSP is found to be over their percentages, then IHEDA request a return of those funds.

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

Yes  No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	financial	Internal controls insufficient to appropriately classify loans or grants in the CDBG and HOME programs.	In Progress	proccedure/policy changes
2	monitoring	Internal controls insufficient for subrecipient monitoring related to HUD Continuum of Care Program.	Yes	proccedure/policy changes
3	monitoring	Subawards from FFY2016 lacked some of the required language to comply with 2 CFR Section 200.331(a) for the LIHEAP Awards.	Yes	proccedure/policy changes

10.4. Audits of Local Adminstering Agencies

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

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

Compliance Monitoring

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

Grantee employees:

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

The IHCDCA Contractor conducts fiscal reviews that consist of a thorough analysis of recent financial statements and their relationship to the trial balance, general ledger, the IRS 990 form and subsidiary ledgers.

- a. Each LSP will be subject to its own fiscal monitoring annually
- b. The Contractor will ensure that the sub-grantee's financial records are up to date and posted.

Local Adminstering Agencies / District Offices:

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

After The IHCDCA Contractor completes the monitoring visit a survey is sent via Survey Monkey to the LSP to complete an anonymous survey that provides feedback about the contractor and to make sure that proper protocol was followed.

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

IHCDA will pull at least (3) percent of the agency's client eligibility files and submit the files to the contracted file monitor for the review.

Notification of the visit will be sent at least 30 calendar days prior to the visit. The LSP will receive the monitoring list of files according to the following schedule:

- For agencies whose file total is greater than (500), they will be notified no more than (14) calendar days prior to the review.
- For agencies whose file total is less than (500), they will be notified no more than (7) calendar days prior to the review.

The Monitors will conduct the review at the agency's primary (or main) location. Each review will include an entrance review, a client eligibility review, financial review, programmatic and exit conference. The client eligibility review analyzes the components of the application for completeness and accuracy as defined in Section 10.1. The financial review ensures that EAP applications are remitted via transmittals to utility vendors within 60 days from their approval date and that transmittals are submitted to IHCDA within (5) days of receipt from the utility vendors. The programmatic interviews allows EAP program staff to explain the QA review process, energy education program, outreach activities for at-risk clients and intake procedure for taking internal applications.

For Weatherization, the program monitoring includes a review of program administration, procurement, training & licensing, data base input, fiscal information, client file review and field inspections. At least 10% of completed DOE client files which includes LIHEAP Weatherization funding will be reviewed.

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

**Site Visits:**

All (22) Local Service Providers receive a Risk Assessment annually and a site visit. In addition to site visits, IHCDA performs a risk assessment for each agency on an annual basis.

**Desk Reviews:**

LIHEAP Files are uploaded into the EAP Data Tracking System and desktop monitoring occurs offsite. Additionally, monitoring individuals are reviewing additional details while onsite.

**10.8. How often is each local agency monitored ?**

Each agency receives a monitoring visit annually by a contractor.

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

Local Service Providers must have an error rate of 14% or less to be considered compliant. Any error rate at 15% or above will trigger additional monitoring visits.

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

Local Service Providers must have an error rate of 14% or less to be considered compliant. Any error rate at 15% or above will trigger additional monitoring visits.

**10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 2**

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

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

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)

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

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

A questionnaire was provided to the LSPs seeking feedback on the Benefit Matrix, and we consulted with the Indiana National Community Action Agency State Association Committee.

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

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	08/19/2016	Public Hearing
2	08/05/2016	Copy of Draft Plan posted for public comment

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

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

TBD. This section will be completed prior to final submission.

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

TBD. This section will be completed prior to final submission.

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

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

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

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

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

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

None.

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

The Appeals Procedure begins at the local level with an informal process designated to settle most problems through a review of the facts and resolution of the issues. This process can include assistance from the Indiana Housing and Community Development Authority. If the informal process does not resolve the matter, there is a subsequent process whereby the complainant may ultimately have a formal review of the matter.

12.5 When and how are applicants informed of these rights?

The appeal process is included on the client application. In addition, the appeal process is on the client benefit notification letter whether the application is approved or denied benefits and the entire LIHEAP Operations Manual is posted on IHCD's website for public view.

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

The Appeals Procedure begins at the local level with an informal process designed to settle most problems through a review of the facts and resolution of the issues. This process can include assistance from the Indiana Housing and Community Development Authority. If the informal process does not resolve the matter there is a subsequent process whereby the complainant may ultimately have a formal review of the matter.

Informal Review Process:

1. The LSP must provide written notification of approval or denial to all households for Energy Assistance within ten (10) working days of the household's completed and processed application. The notification must include the household's right to appeal that determination.
2. If the applicant is not satisfied with any determination by the Program Director of the LSP, he/she may submit a written request to the Executive Director of the LSP for a review of the determination within ten (10) working days of the receipt. The Executive Director or their designee shall make the determination of the applicants' written request.
3. If the applicant is still not satisfied with the determination after review by the Executive Director, he/she may request formal review by the State. This request may be made by submitting the APPLICANT NOTIFICATION FORM to IHCD. If an applicant needs assistance with this procedure, they may call the IHCD at 1-800-872-0371.
4. Upon a request for formal State review, the LSP will forward the household's application, the written notification, of the household's denial, and other pertinent documentation to the IHCD's EAP and CSBG Program Manager.
5. The EAP and CSBG Program Manager and/or their designee from IHCD will review the materials submitted and issue a written finding to the applicant and the LSP, based on the documentation submitted.

Formal Review:

If the applicant disagrees with the determination of the State EAP and CSBG Program Manager, the applicant has the right to appeal to the Compliance Attorney of the Indiana Housing and Community Development Authority. The applicant must request this appeal within thirty (30) days of being notified of the State's decision. IHCD will alert the LSP of the pending formal review. Requests for a formal review should be sent to the attention of:

Attn: Community Programs Manager

Indiana Housing and Community Development Authority

30 S. Meridian Street, Suite 1000

Indianapolis, IN 46204

The request for review must include the states reasons for the Applicant's objection to the decision, which reasons must be based solely upon evidence supporting one (1) of the following circumstances:

1. Clear and substantial error or incorrectly stated facts which were relied on in making the decision being challenged;
2. Unfair competition or conflict of interest in the decision-making process;
3. An illegal, unethical or improper act; or
4. Other legal basis that may substantially alter the decision.

The Applicant will receive written acknowledgement of receipt of the request within five (5) business days of its receipt, noting the day the request was received. The IHCDA Compliance Attorney will have forty-five (45) days from IHCDA's receipt of the written request to review the file and make a determination. The decision of the IHCDA Compliance Attorney is final. At the time of the formal review, the benefit in question will be considered as obligated until such time as the review is resolved. IF the formal review is successful, the LSP will pay the benefit amount to the appropriate household or vendor. If the formal review is unsuccessful the funds will revert to the program.

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

The appeal process is included on the benefit notification letter whether the applicant is approved or denied benefits and the entire LIHEAP Operations Manual is posted on the states's website for public view.

<http://www.in.gov/myihcda/sap.htm>

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 06/30/2017

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

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?**

Indiana uses LIHEAP funds to conduct the following Assurance 16 activities:

Family Development-Family Development provides low-income households with short term and long term case management. A goal of the program is to increase the participation of at-risk families by providing outreach that should be directed toward the elderly, veterans, disabled and households with young children.

Through Family Development case management, clients set goals and receive referrals for education, budgeting, home energy assessments, employment, child care, and a range of other self-sufficiency tools.

Energy Education - Energy Education is administered through the Local Service providers. The recipients receive conservation tips and techniques in addition to energy conservation tips. During the 2016-2017 LIHEAP program year a pre-test and post-test will be given to households to determine how the client's energy education knowledge changed after receiving energy education.

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

Indiana has budget restriction requirements for Local Service Providers to spend a maximum of 5% on Family Development and Energy Education

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

During the 2015-2016 LIHEAP season 28,910 families have been provided Energy Education on how to conserve energy.

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

Local Service Providers gave out Energy Kits to 9,652 households with a value of \$84,049.02.

**13.5 How many households applied for these services? Households do not apply, but are targeted for these services.**

**13.6 How many households received these services? 28910**

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
 OMB Clearance No.: 0970-0075  
 Expiration Date: 06/30/2017

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

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

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

Yes  No

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

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Utility Assistance	Utility companies through customer donations and foundation contributions	Applicants are eligible for additional account credit to relieve the household of energy burdens.
2	Cash Assistance	Utility companies, local nonprofit organizations and township trustee offices	Local Service Providers will work with applicants to locate local resources to cover reconnect fees or the difference between the LIHEAP benefit and their disconnect amount.
3	In-kind Donations	Utility companies, local nonprofit organizations and township trustee offices	Local Service Providers will work with applicants to locate local resources to cover reconnect fees or the difference between the LIHEAP benefit and their disconnect amount.
4			

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

Section 15 - Training

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
SF - 424 - MANDATORY

Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other - Describe:

15.2 Does your training program address fraud reporting and prevention?

Yes

No

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

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

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: 06/30/2017

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

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

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

In 2015 IHCDCA responded to the initial Performance Measures initiative by working with the top 10-15 utility providers seeking data requirements and testing the overall process. Since then, IHCDCA has further researched the HHS resources and attended various webinars to identify the newest requirements. Since the HHS requirements were provided, IHCDCA has taken steps to confirm what data collection is being accomplished thus far, what data still needs to be collected and what action plan is needed to effectively implement. As part of the Action Plan, IHCDCA has begun discussing the needed changes with our utility providers. Additionally, we are taking steps to work with our EAP System provider, Roeding, to complete enhancements to the RIAA (EAP Data Management 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

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  
SF - 424 - MANDATORY**

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

17.1 Fraud Reporting Mechanisms

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

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

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

- Printed outreach materials
- Addressed on LIHEAP application
- Website
- Other - Describe:

17.2. Identification Documentation Requirements

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

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

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

Indiana requests social security cards for all persons, age one (1) and over. Indiana will allow a person to provide a document with the full social security number as long as the following criteria are met:

The document comes from another federal or state agency such as TANF, WIC,SNAP or SS benefits.

The applicant can provide a photo ID card to corroborate the name and address of the applicant.

The application meets all other eligibility criterion.

The applicant has received LIHEAP benefits in the previous year.

**17.3 Identification Verification**

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

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff (for tribal grantees only)
- Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)

Other - Describe:

LSP Staff are required to complete the certification.

**17.4. Citizenship/Legal Residency Verification**

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

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

Other - Describe:

**17.5. Income Verification**

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

Require documentation of income for all adult household members

- Pay stubs
- Social Security award letters
- Bank statements
- Tax statements
- Zero-income statements
- Unemployment Insurance letters

Other - Describe:

Computer data matches:

- Income information matched against state computer system (e.g., SNAP, TANF)

Proof of unemployment benefits verified with state Department of Labor

Social Security income verified with SSA

Utilize state directory of new hires

Other - Describe:

#### 17.6. Protection of Privacy and Confidentiality

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

Policy in place prohibiting release of information without written consent

Grantee LIHEAP database includes privacy/confidentiality safeguards

Employee training on confidentiality for:

Grantee employees

Local agencies/district offices

Employees must sign confidentiality agreement

Grantee employees

Local agencies/district offices

Physical files are stored in a secure location

Other - Describe:

#### 17.7. Verifying the Authenticity

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

All vendors must register with the State/Tribe.

All vendors must supply a valid SSN or TIN/W-9 form

Vendors are verified through energy bills provided by the household

Grantee and/or local agencies/district offices perform physical monitoring of vendors

Other - Describe and note any exceptions to policies above:

#### 17.8. Benefits Policy - Gas and Electric Utilities

What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.

Applicants required to submit proof of physical residency

Applicants must submit current utility bill

Data exchange with utilities that verifies:

Account ownership

Consumption

Balances

Payment history

Account is properly credited with benefit

Other - Describe:

IHCDA maintains a list identifying individuals who are not allowed to receive LIHEAP benefits as a result of fraud committed to the Program.

Centralized computer system/database tracks payments to all utilities

Centralized computer system automatically generates benefit level

Separation of duties between intake and payment approval

Payments coordinated among other energy assistance programs to avoid duplication of payments

Payments to utilities and invoices from utilities are reviewed for accuracy

Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities

Direct payment to households are made in limited cases only

<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:

**17.9. Benefits Policy - Bulk Fuel Vendors**

What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.

<input checked="" type="checkbox"/>	Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:

**17.10. Investigations and Prosecutions**

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

<input type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/>	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/>	Grantee attempts collection of improper payments. If so, describe the recoupment process

An overpayment occurs when a client's account is overpaid. These are funds that need to be returned to the program. The funds are removed from the clients account and returned to IHCDCA from the utility vendor if the error is detected within sixty days of the application's initial approval or denied. If the overpayment is discovered after the sixty day timeline, the LSP will be required to make all repayments to IHCDCA.

The money is not due to the client, nor does it get added back into the LSP budget. Instead funds are used to fund other program activities. To collect these funds, LSPs will submit an overpayment remittance in RIAA (formerly negative transmittal) as notification for payment. The utility vendor will send the payment along with the remittance to IHCDCA.

The utility vendors have the option to decline the overpayment request because services and/or discounts have been rendered to clients. If utility vendors opt not to pay for overpayments or put charges back on clients' accounts, the agencies will be required to remit funds back to IHCDCA from its private, agency funds. IHCDCA will send a remittance for payments to the LSP.

LSP's cannot pay for negative adjustments to clients' benefits with Federal funds. LSP's must pay for the overpayments from their corporate unrestricted funds. Overpayments will be applied back to the grant, not the individual LSP's budget.

<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? Indefinite until funds are paid in full.
<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 checked="" type="checkbox"/>	Other - Describe:

The purpose of investigating fraud, waste and abuse are:

1. To ensure that energy assistance benefits are received in the correct amounts and only by those individuals who are eligible.
2. To recover tax dollars obtained by participants through fraudulent activities, unintentional participant error, administrative error or non-compliance.
3. To deter future occurrences of fraud and/or non-compliance within all energy assistance programs and to help maintain integrity.

The following three (3) terms should not be confused with Non-compliance, which is the failure of the individual participant to act in accordance with the rules and regulations of the energy assistance programs:

1. Fraud is defined as "wrongful or criminal deception intended to result in financial or personal gain".

2. **Waste** is defined as "consuming, spending or expending thoughtlessly or carelessly".
3. **Abuse** is defined as "misusing or using improperly or excessively".

While all three (3) of the situations have serious financial implications for an LSP, fraud occurrences will likely be the most investigated. Fraud occurs when a participant knowingly and willfully provides false information about circumstances. Fraud, also occurs when a participant intentionally fails to report changes in his or her circumstances in a timely manner in order to receive benefits for which he or she is not eligible. To constitute fraud, the participant must know that the information he or she provides is false and that he or she did so with the intent to gain something of value.

A participant providing incorrect information by mistake is NOT committing fraud. Also, a participant does not commit fraud if he or she is unaware of their responsibility to provide certain information. The participant may provide false information for reasons other than to receive excess benefits in which case he or she is NOT committing fraud. For instance, the participant may have an embarrassing situation that causes them to fail to report the actual circumstances of their situation. Or, there may be other reasons that need to be taken into consideration for concealing the truth or failing to report charges.

**Early Detection and Prevention:** Early Detection and prevention is designed to detect and prevent fraud prior to authorization of energy assistance benefits. Effort needs to be taken to keep fraud and non-compliance from occurring in the first place. By practicing early detection and prevention, the intake worker can refer applicants who meet certain conditions to their supervisor for in-depth examination.

This begins with thorough training of all intake workers. The intake worker must be capable of conducting detailed eligibility interviews and identifying cases that need to be referred to their supervisor. An initial step is to check RIAA Ineligible Applicant List. This will let you know immediately if the applicant should be processed further.

Another step is to make sure that all applicants are fully completed and no information is missing or does not make sense. Questions should be asked in all situations where the intake worker needs further or more definitive clarification.

Even though early detection and prevention are utilized, there will be situations where people receive benefits they are not entitled to. Once this happens, notification is usually through a whistleblower, an anonymous tip or an agency monitoring or other action. This is when an investigation is initiated.

**Investigative Steps.** An investigation is a detailed examination or search to determine if an individual has committed an act of non-compliance or fraud and/or received benefits to which they were not entitled, resulting in a claim. When an investigation is started the following steps should be taken:

1. **An In-house Investigation:** These are things that can be done at the agency through the LSP's records and database.
2. **Determine Eligibility Factors:** based on the information received from the applicant, are they eligible for energy assistance? If there is a specific eligibility question for the applicable time period, consult the Energy Assistance Guidelines for the time period.
3. **Review Background Information.** Review background information that is available at the LSP about the applicant. These are several different sources available:
  - a) Previous EAP application
  - b) RIAA database
  - c) Public and Government Websites

Determine whether the information received from the applicant conflicts with any information found during the background checks or received from an informant. If there are no conflicts, there is no need to proceed any further. If information does not conflict in some fashion, further investigation is needed.

**Documentation.** It is vital to provide documentation, in chronological order, of each step taken in the course of the investigation. This will provide a detailed and complete record of the processes used and the information obtained. Documentation will include investigation notes as well as copies of relevant documents. These are not just important for agency records, but also for situations where law enforcement will need to be involved. There are six(6) basic questions to keep in mind while collecting information during the course of any investigation.

**WHO.** The case should include the names, addresses and phone numbers of the applicant and other contacts made regarding the investigation.

**WHAT.** The case notes should reflect all the eligibility factors being investigated, such as: income, household composition, resources, living arrangement, etc. Make sure the applicant is eligible in all areas of eligibility, not just the area that prompted the investigation.

**WHEN.** Write down the date and time of all contacts made during the investigation. This will be needed should the case be appealed or if the law enforcement gets involved.

**WHERE.** Write down the correct address, location and time of any interview, home visit or other fact gathering activity.

**WHY.** Write down the reason(s) for the investigation in the first place and the reason for any actions on the case.

**HOW.** Document the way in which the information was received.

**Potential Sources(To assist with your investigation):**

**Employment Records:** Does the name match on the income documentation? Does the social security number match on the award letter or tax return? Does the participant work for the State of Indiana? Review records for tax deductions for children.

**Utility and Phone Bill:** Contact the utility and phone service providers to determine who is billed and pays for the service.

**Landlord or Mortgage Company:** Contact the landlord and ask if he knows who lives in the rental property. Obtain a copy of the rental agreement or mortgage papers to determine who is party to the contract. Determine who pays the mortgage.

**Courthouse and /or Records Office Records:** Both of these areas are vulnerable sources of information. You will be able to determine recent loan, judgement, mortgage and real estate transfer activity if the participant or property owner. You can, also, search divorce, custody and marriage records.

**Sheriff or Police Department:** Local law enforcement agencies keep records of all calls and investigations. If law enforcement made a trip to the participant's address, they may have listed the names of all persons living there.

**Confidentiality:** The investigation of possible fraud, waste or abuse should be kept as confidential as possible. This is done to ensure the integrity of the investigation. The more people who know about an investigation, the greater the chances of the subject finding out about the investigation. Knowledge of and participation in an investigation should be shared only with necessary persons.

Final Steps: Once the violation has been identified, investigated and supporting documentation has been reviewed and corroborated by the agency, action needs to be taken against the participant's application or against their benefits if they have already been distributed. Actions taken can range from the rejection of the application to the termination of benefits and request for repayment of funds. The case can, also, be submitted to Federal officials if the situation warrants.

The IHEDA Community Programs Monitor and Compliance Attorney are available to assist at any phase of the investigation, if needed. However, be sure to make the IHEDA Community Programs Community Programs Monitor is aware of all substantial acts of fraud, waste and abuse. The Monitor will contact IHEDA's Compliance Attorney if the situation warrants.

IHCDA Contract:

Steve St. John

*Community Programs Monitor*

Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 1000

Indianapolis, IN 46204

PHONE: (317) 234-7577 or (800) 872-0371

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Gina Kerr

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



**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 an Voluntary Exclusion--Lower Tier Covered Transactions**

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

***Controlled substance* means a controlled substance in Schedules I through V of the**

Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

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

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

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

#### Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) **The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;**
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --
  - (1) Taking appropriate

personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or  
 (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;  
 (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).  
 (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

Indiana Housing and Community Development Authority  
 \* Address Line 1

30 S. Meridian Street, Suite 1000  
 Address Line 2

Address Line 3

Indianapolis  
 \* City

IN  
 \* State

46204  
 \* Zip Code

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

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

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

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

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

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

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

Assurances

Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

## Plan Attachments

### PLAN ATTACHMENTS

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).**

# **ATTACHMENTS**



STATE OF INDIANA  
OFFICE OF THE GOVERNOR  
State House, Second Floor  
Indianapolis, Indiana 46204

Michael R. Pence  
Governor

July 31, 2013

Nick St. Angelo, Director  
Division of State Assistance  
Office of Community Services  
Administration of Children and Families  
US Department of Health and Human Services  
370 L'Enfant Promenade, SW  
Washington, DC 20447

**Re: State of Indiana LIHEAP Authorized Signatory**

Dear Mr. St. Angelo,

The Indiana Housing and Community Development Authority (IHCDA) has been authorized to administer the Low Income Home Energy Assistance Program (LIHEAP) block grant for the State of Indiana. The Executive Director of IHCDA is authorized to sign the LIHEAP state plan, Leveraging Incentive Program Reports, REACH Applications and Awards, and any subsequent amendments and/or agreements concerning LIHEAP.

Should you have any questions concerning LIHEAP in Indiana, please contact Donna Billiard Wright, Chief Officer, at (317) 232-5371 or via email at [dowright@ihcda.in.gov](mailto:dowright@ihcda.in.gov).

Sincerely Yours

A handwritten signature in black ink, appearing to read "Michael R. Pence".

Michael R. Pence  
Governor



August 8, 2014

Lauren Christopher  
Division of State Assistance  
Office of Community Services  
Administration of Children and Families  
US Department of Health and Human Services  
370 L'Enfant Promenade, SW  
Washington, DC 20447

Re: Letter of Delegation

Dear Ms. Christopher,

The Indiana Housing and Community Development Authority (IHCDA) has been authorized to administer the Low Income Home Energy Assistance Program (LIHEAP) block grant for the State of Indiana. Original signatory authority was delegated to the Executive Director of the agency. In 2014, the Executive Director of IHCDA delegated his authority to sign the LIHEAP state plan, Leveraging Incentive Program Reports, REACH Applications and Awards, and any subsequent amendments and/or agreements concerning LIHEAP to the Chief Community Programs Officer of the agency.

Should you have any questions concerning Indiana's letters of designation, please contact Donna Billiard Wright, Chief Officer, at (317) 232-5371 or via email at [dowright@ihcda.in.gov](mailto:dowright@ihcda.in.gov).

Sincerely Yours,

  
J. Jacob Sipe  
Executive Director



ADDRESS 30 South Meridian Street, Suite 1000, Indianapolis, IN 46204  
PHONE 317 232 7777 TOLL FREE 800 872 0371 TDD www.ihcda.in.gov

State of Indiana  
Lieutenant Governor  
Sue Ellspermann



EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY

**Energy Assistance Program  
Draft // PY 2016 - 2017 Benefit Matrix**

<b>Name of Head of Household (HOH):</b>						
<b>Application No.:</b>				<b>County:</b>		
<b>Household Income: \$</b>			<b>Mo./ Yr. (circle one)</b>		<b>Date of Application:</b>	
<b>HOUSEHOLD SIZE</b>	<b>≤ 50% Mo. Yr.</b>		<b>≤ 100% Mo. Yr.</b>		<b>≤ 150% Mo. Yr.</b>	
1	495	5,940	990	11,880	1,485	17,820
2	667.50	8,010	1,335	16,020	2,002.50	24,030
3	840	10080	1,680	20,160	2,520	30,240
4	1,012.50	12,150	2,025	24,300	3,037.50	36,450
5	1,185	14,220	2,370	28,440	3,555	42,660
6	1,357.50	16,290	2,715	32,580	4,072.50	48,870
7	1,530.42	18,365	3,060.83	36,730	4,591.25	55,095
8	1,703.75	20,445	3,407.50	40,890	5,111.25	61,335
Add Member	173.33	2,080	346.66	4,160	517.50	6,210
<b>Points</b>	<b>6</b>		<b>4</b>		<b>2</b>	
<b>CATEGORY</b>	<b>FACTORS</b>		<b>POINTS POSSIBLE</b>		<b>POINTS AWARDED</b>	
Poverty Points	From Chart Above		2, 4, 6			
Dwelling	Mobile Home		2			
	Single Site Built		2			
	Multi-Unit ( <i>duplex or greater</i> )		1			
Housing Status	Non-subsidized		1			
	Subsidized/Utilities Not Included		0			
At-Risk	Elderly (60+), individual with disability, veterans, and/or children (0-5 years old)		3			
Fuel Source	Bulk Fuels ( <i>Kerosene, LP Gas, Oil, Wood, Coal, Pellets</i> )		3			
	Natural Gas		2			
	Electric		2			
On-Time Payment Incentive	If the household is on-time in paying the most recent primary heating source bill.		1			
<b>Notes &amp; Comments:</b>			<b>= Total Points</b>			
			x \$25 per point			
			+ Electric		\$75	
			+ Regional Differential (\$5 South, \$10 Central, \$15 North)			
			+ Crisis EAP			
			+ State EAP Regular (If Applicable)			
			+ State EAP Crisis (If applicable)			
			<b>= Total EAP Benefit</b>		<b>\$</b>	
<b>Intake Worker:</b>			<b>Date:</b>		State Form 48575 (R9/10-11)/HCS 0012A	

**DRAFT // PY 2016- 2017 BENEFIT MATRIX INSTRUCTION**

**Household Information (Manual Section 201.1)**

Name of Head of Household:	
Application No.:	County:
Household Income:	Date of Application:

- Enter household and case identification as indicated.

<b>Poverty Points (Manual Section 201.2)</b>	From Chart Above	2, 4, 6 points	
--	------------------	----------------	--

- Compute the household's gross annual income.
- Locate the point on the chart where the income falls and circle the income amount and the number of points to be awarded.
- Enter the number of points on the matrix under Poverty Points.
- Maximum points are six

<b>Dwelling (Manual Section 201.3)</b>	Mobile Home	2	
	Single Site Built	2	
	Multi-Unit (Duplex or Greater)	1	

- Award two (2) points if the household lives in a mobile home.
- Award two (2) points if the household lives in a single, site built dwelling.
- Award one (1) point for households living in a duplex or multiplex (apartments).
- Maximum points are two

<b>Housing Status (Manual Section 201.4)</b>	Non-subsidized	1	
	Subsidized/ Utilities Not Included	0	
	Subsidized / Utilities Included	0	

- Award one (1) point if the household pays its own heat utility costs (included or not).
- Award zero (0) points if the household pays its own heat utility cost but that cost is subsidized.
- Households are ineligible for energy assistance if the heat utility cost is included in their rent and rent is subsidized.
- Maximum points are one

<b>At-Risk (Manual Section 201.5)</b>	Elderly(60+), individual with disability, veteran, and/or children (0-5 years old)	3	
---	--	---	--

- Award three (3) points only if the household has a member who has more than one of the at-risk factor elements.
- Veteran status can be illustrated with a DD214 form, VA benefit documentation, or unexpired military ID reflecting current or previous duty.
- Maximum points are three

<b>On-Time Payment Incentive (Manual Section 201.7)</b>	If the household is on-time in paying their most recent primary heating source bill.	1	
---	--	---	--

- If the household is on-time in paying their most recent primary heating source bill, provide an additional \$25 as an "On-time Payment Incentive".
- Maximum points are one

<b>Fuel Source (Manual Section 201.6)</b>	Bulk Fuels (Kerosene, LP Gas, Oil, Wood, Coal, Pellets)	3	
	Natural Gas	2	
	Electric	2	

- Award three (3) points if the household uses one of the listed bulk fuel sources.
- Award three (2) points if the household heats with natural gas.
- Award three (2) points if the household heats with electric.
- Maximum points are three

**Total Points (Manual Section 201.8)**

- Add all of the points in each category for the Total Points.
- Multiply that amount by \$25 per point and enter the subtotal.
- Add the \$75 for the Electric utility, which is already on the form.
- Enter the correct Regional Differential for the South Region (\$5), Central Region (\$10), or Northern Region (\$15). (See Appendix J in EAP Manual for Regional Map.)
- Enter the amount of any Crisis benefit that the household is to receive. (See § 202 for Crisis benefit rules.)
- Enter the amount of the regular State EAP benefit, which is only applicable to homeowners.
- Enter the amount of State EAP Crisis, which is only applicable to homeowners. (Homeowners may also return for a second Crisis benefit after Moratorium, agencies should update the matrix at that time.)
- Add the amount of the point's benefit, the electric benefit, the regional differential, the Crisis, and State EAP Regular and Crisis (if applicable) to determine the Total EAP Benefit.
- If the household's subsidized rent includes the cost of both heat and electric, the benefit is \$0.