

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2026 to 09/30/2027

Report Status: Saved

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Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2028	
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY			
* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	
		4a. Unique Entity Identifier (UEI) PW8WAKFKWG9	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:
7. APPLICANT INFORMATION			
* a. Legal Name: Indiana Housing and Community Development Authority			
* b. Address:			
* Street 1:	30 S Meridian St	Street 2:	Suite 900
* City:	INDIANAPOLIS	* County:	MARION
* State:	IN	* Province:	
* Country:	United States	* Zip / Postal Code:	46204 -
* c. Organizational Unit:			
Department Name: Community Programs		Division Name: Energy Assistance Program	
d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)			
* First Name: Thomas		* Last Name: Hartnett-Russell	
Title: Community Programs Manager -EAP		Organizational Affiliation:	
* Telephone Number: 3172348489		Fax Number:	
* Email: thartnettrussell@ihcda.in.gov			
* 8. TYPE OF APPLICANT: A: State Government			
* a. Is the applicant a Tribal Consortium: <input type="radio"/> Yes <input checked="" type="radio"/> No			
* b. If yes please attach at least one the following documentation:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program	
10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Administration of Low Income Home Energy Assistance Program block grant			
11. AREAS AFFECTED BY FUNDING: Statewide			
12. CONGRESSIONAL DISTRICTS OF APPLICANT: 07			
13. FUNDING PERIOD:			
a. Start Date: 10/01/2026		b. End Date: 09/30/2027	
* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under 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.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
If Yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official	17c. Telephone (area code, number and extension)
	17d. Email Address
17b. Signature of Authorized Certifying Official	17e. Date Report Submitted (Month, Day, Year)

DRAFT 06/26/2015

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
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

Section 1 Program Components

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	10/01/2026	04/30/2027
<input type="checkbox"/> Cooling assistance		
<input type="checkbox"/> Summer crisis assistance		
<input checked="" type="checkbox"/> Winter crisis assistance	10/01/2026	04/30/2027
<input type="checkbox"/> Year-round crisis assistance		
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2026	09/30/2027

Provide further explanation for the dates of operation, if necessary

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 (%)	Prior year totals
Heating assistance	58.00%	58.00%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	0.00%	0.00%
Winter crisis assistance	15.00%	15.00%
Year-round crisis assistance	0.00%	0.00%
Weatherization assistance	9.00%	9.00%
Carryover to the following federal fiscal year	5.00%	5.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	3.00%	3.00%
Used to develop and implement leveraging activities	0.00%	0.00%
TOTAL	100.00%	100.00%

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

Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)				
1.3 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 type="checkbox"/>	Cooling assistance	
<input 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 at least one household member receives at least one of the following categories of benefits in the left column below? <input type="radio"/> Yes <input checked="" type="radio"/> 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 checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
SSI	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
SNAP	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.4a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e, do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.				
N/A				
1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No				
If Yes, explain:				
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?				
SNAP Nominal Payments				
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> 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			
<input type="checkbox"/>	Other - Describe			
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 checked="" type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)		
<input checked="" type="checkbox"/>	Retirement / pension benefits		
<input type="checkbox"/>	General Assistance benefits		
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.		
<input checked="" type="checkbox"/>	Jury duty compensation		
<input checked="" type="checkbox"/>	Rental income		
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input type="checkbox"/>	Child support		
<input checked="" type="checkbox"/>	Interest, dividends, or royalties		
<input checked="" type="checkbox"/>	Commissions		
<input type="checkbox"/>	Legal settlements		
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured		
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate		
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits		
<input type="checkbox"/>	Earned income of a child under the age of 18		
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.		
<input type="checkbox"/>	Income tax refunds		
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA		
<input type="checkbox"/>	Funds received by household for the care of a foster child		

<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	<p>Other</p> <p>Cash gifts are counted to the extent that they are explicitly intended to provide specific household support. Gifts of a personal nature are not counted.</p> <p>One-time lump sum payments realized as part of lottery winnings are counted. All other lump sum payments are excluded.</p> <p>Insurance settlements are excluded, but Disability Insurance or Life Insurance payments are included.</p> <p>Combat zone pay is excluded.</p>
<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>	
<p>1.10 Do you have an online application process? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>1.10a If yes, describe the type of online application (Select all boxes that apply)</p>	
<input type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input checked="" type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input checked="" type="checkbox"/>	Online application that is also mobile friendly
<input checked="" type="checkbox"/>	<p>Other, please describe</p> <p>Local agencies are encouraged to place a PDF on their website to be downloaded, filled out, and mailed in. We do not provide this centrally.</p>
<p>Please include a link(s) to a statewide application, if available:</p> <p>Our landing page for referring applicants to apply is at http://eap.ihcda.in.gov. This website contains disclosure of rights and responsibilities as well as application requirements. We require all publicly-posted referrals to the application to be directed at this landing page.</p> <p>We are rolling out a new application portal this autumn.</p>	
<p>1.10b Can all program components be applied for online? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>If no, explain which components can and cannot be applied for online.</p>	
<p>1.11 Do you have a process for conducting and completing applications by phone? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>1.12 Do you or any of your subrecipients require in person appointments in order to apply? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
<p>If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.</p>	
<p>1.13 How can applicants submit documentation for verification? Select all that apply:</p>	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input type="checkbox"/>	Other, please describe

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

If yes, describe: Do you have additional/differing eligibility policies for:

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

Renters with utilities included in the rent? Yes No

If yes, describe:

Applicants who rent their home and have utilities included in the rent must have an out-of-pocket rent responsibility (i.e., their rent is not 100% subsidized) in order to establish that an energy burden exists. This is only to establish benefit eligibility; energy burden does not impact programmatic eligibility.

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

Individuals with a disability? Yes No

If yes, describe:

Young children? Yes No

If yes, describe:

Households with high energy burdens? Yes No

If yes, describe:

Other? Yes No

If yes, describe:

Explanations of policies for each "yes" checked above:

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.

Our matrix awards an additional 2 points (\$50) toward the heating fuel for members of a vulnerable population.

Subrecipients may mail paper applications to vulnerable population households a month prior to program year opening, though this is not a requirement.

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

- Income
- Family (household) size

<input checked="" type="checkbox"/> Home energy cost or need:	
<input checked="" type="checkbox"/> Fuel type	
<input type="checkbox"/> Climate/region	
<input checked="" type="checkbox"/> Individual bill	
<input checked="" type="checkbox"/> Dwelling type	
<input type="checkbox"/> Energy burden (% of income spent on home energy)	
<input type="checkbox"/> Energy need	
<input checked="" type="checkbox"/> Other - Describe:	
<p>Vulnerable populations: an additional 2 points (\$50) will be awarded to households who have at least one member who is elderly, disabled, a young child, or a veteran/active duty military.</p> <p>Individual bill: because energy burden is more difficult to determine directly when it is included in rent, but is generally lower, additional points will be assessed to households where utilities are not included in the rent.</p> <p>Electricity: Because electric service is generally required to operate a thermostat, all approved households will be eligible for a benefit to their electric service as well as their heating service. The electric benefit will be \$50-\$125, variable according to household income relative to household size.</p>	
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)	
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i>	
Minimum Benefit	\$100
Maximum Benefit	\$625
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe.	
<p>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 3 - COOLING ASSISTANCE

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

Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

3.2 Do you have additional eligibility requirements for Cooling assistance? Yes No

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

Do you require an Assets test? Yes No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

Renters with utilities included in the rent? Yes No

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

Individuals with a disability? Yes No

If yes, describe:

Young children? Yes No

If yes, describe:

Households with high energy burdens? Yes No

If yes, describe:

Other? Yes No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

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

- Income
- Family (household) size
- Home energy cost or need:
 - Fuel type
 - Climate/region
 - Individual bill

<input type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i>			
Minimum Benefit	\$0	Maximum Benefit	\$0
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
<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>			

DRAFT 06/26/2026

Section 4 - CRISIS ASSISTANCE

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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	State Median Income	60.00%

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

A crisis situation is an energy emergency when there is a potential disconnection or depletion of the energy sources but is not considered a life threatening crisis. Non-life threatening crisis situations must be addressed with mitigation actions within 48 hours.

A crisis situation is an energy emergency when there is a potential disconnection or depletion of the energy sources but is not considered a life threatening crisis.

Metered Utilities:

- The household has received a disconnection notice for the residence's primary heating fuel service and/or electric service
- The household is currently enrolled in an arrearage management agreement/payment plan in order to avoid disconnection of primary heating fuel service and/or electric service and has a current outstanding balance on the agreement
- The household's primary heating fuel service and/or electric service is disconnected, but the household does not meet the criteria for life-threatening crisis

Bulk Fuel:

- Households who heat with a deliverable bulk fuel (e.g., LP, oil, coal, corn, wood, pellets, or other biofuel) or who have prepaid electricity service will automatically be considered to be in crisis at the time of application in order to ensure the benefit is sufficient for minimum delivery amounts and delivery fees.

Prepaid Electric Service:

- A household with prepaid electric service is considered to be in crisis if it has less than 10 days worth of service in available balance when considering average daily usage for the past 30 days

Inoperable heating equipment:

- Households who report that their heating equipment is not operable will be assessed for eligibility for the Emergency Repair and Replace benefit.

4.3 What constitutes a life-threatening crisis?

A life-threatening crisis situation must be addressed with mitigation actions within (18) hours. The (18) hour timeframe begins at the point in time the life-threatening situation is communicated to LSP staff. A life threatening crisis situation is defined when there is at least one at-risk individual (adult age 60 or over, child age 5 or under, person with a disability, or veteran) and any of the following criteria is met:

A life threatening crisis situation is defined when there is at least one vulnerable population factor (adult age 60 or over, child age 5 or

under, person with a disability, or veteran/active duty military) **and** any of the following criteria is met:

- Household's primary heating and/or electric service is disconnected or inactive
- Household is out of bulk heating fuel when bulk fuel is the primary heating fuel
- There is a documented medical need where there is an extreme safety concern
- There is a need for a 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)

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

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

Do you require an Assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you give priority in eligibility to:			
Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): veterans/active duty military	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): A household must be enrolled in an active arrearage management payment plan/ extension in order to avoid disconnection of utilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have additional/differing eligibility policies for:

Renters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanations of policies for each "yes" checked above:

Households in which the electric and/or primary heating service is included in the rent are not eligible to receive a crisis benefit on the utility that is included in their rent.

If the regular and crisis benefit are insufficient to guarantee continuation of service, the benefits may be deferred pending a client contribution to ensure continuous service.

Renters are not eligible for Emergency Heating Repair or Replacement benefits.

Determination of Benefits

4.8 How do you handle crisis situations?

<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.

<input checked="" type="checkbox"/>	<p>Other - Describe:</p> <p>Our vendor MoA ensures that upon application, all disconnection actions will be suspended for at least 14 days in order to provide an opportunity for eligibility to be determined. Utility vendors are able to view/download a list of their customers that have applied/their status through the online application portal. Between December 01 and March 15 of a given year, Indiana Moratorium legislation provides a cessation of disconnection for all approved households, including cessation of disconnection action effective upon submission of an application (such protection ends immediately if an application is denied/determined ineligible).</p>
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4.9 If you have a separate component, how do you determine crisis assistance benefits?

<input checked="" type="checkbox"/>	<p>Amount to resolve the crisis. \$400</p>
<input checked="" type="checkbox"/>	<p>Other - Describe:</p> <p>For metered utilities:</p> <ul style="list-style-type: none"> The exact amount needed to cancel a pending disconnection, restore disconnected service [less any security deposit], or to resolve an outstanding balance on an arrearage management payment agreement is awarded, up to a total of \$400 per utility. If a household has an electric furnace installed as its primary heating source, it is eligible for both the electric service allotment as well as the heating service allotment, i.e., \$800 maximum crisis. Crisis is determined at time of eligibility determination. If a household does not use its entire crisis allotment at the time of application and they experience an energy emergency from March 1 through the end of the application period, they may be eligible for one additional round of crisis. An additional round of crisis will not be administered prior to March 1. <p>For deliverable bulk heating fuels:</p> <ul style="list-style-type: none"> The entire \$400 crisis benefit is awarded at time of approval in order to ensure sufficient benefit to provide for minimum delivery amount, delivery fees, and sufficient heating fuel for the winter season. <p>For pre-paid electric service:</p> <ul style="list-style-type: none"> If the household presents with a prepaid electric account that is within ten days of depleting its available balance (assessed by using the average daily usage for the last 30 days), the household will be awarded the full eligible crisis amount (\$400 for electric service with a different heating fuel/\$800 if the primary installed heating source is an electric furnace)

Crisis Requirements, 2604(c)

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

Yes No **Explain.**

We expect our subrecipients to maintain physical locations to accept applications in all 92 counties of Indiana, either through direct administration, community partnerships, or secure dropbox sites. During the winter season, we expect all of these locations to be open.

We also expect all our of subrecipients to accept telephonic applications durign their business hours.

The online application portal is accessible 24 hours a day, 7 days a week.

4.11 Do you provide individuals who are individuals with a disability the means to:

Submit applications for crisis benefits without leaving their homes?

Yes No

If No, explain.

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

Yes No

If No, explain.

We expect our subrecipients to provide home visits to applicants who are homebound or otherwise have mobility issues to conduct home visits upon request, but we do not otherwise provide for travel. Our subrecipients may on a case-by-case basis have partnerships with local transit companies to provide for such travel. We also expect our subrecipients to accept telephonic applications during business hours.

If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?

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

4.12 Indicate the maximum benefit for each type of crisis assistance offered.		
Winter Crisis	\$800.00	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 its subcontractor.
- The customer has furnished proof to the utility provider of his/her application to receive EAP benefits; or IHCD, the local LSP or the LSP's subcontractor has notified the utility provider.

Electric or gas utility providers, including a municipality owned, privately owned, or cooperatively owned utility, qualify as a "utility" for the purposes of the moratorium law. "Municipally owned utility" is a utility owned or operated by a city or town in Indiana.

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 to the LSP, and a staff person at the agency has determined or is determining that eligibility.

If a utility provider 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, because 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.

Circumstance may arise where landlords and tenants must create a utility payment arrangement to ensure that the utility bills are paid on time. Moratorium protection applies in the following way 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 a household is denied during the moratorium period but appeals their denial, moratorium protection shall be reinstated while the appeal is being considered.

4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? No Yes

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.

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Section 5 - WEATHERIZATION ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2028
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Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%

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

5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract.

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:

IHCDA allows, as a LIHEAP program expense, the costs of eliminating energy related health and safety hazards prior to installation of weatherization materials through two distinct production budget categories. Health & Safety (H&S) costs are included in the budget category (Support Operations) as Energy Conservation Measures (ECMs), and therefore is both H&S costs join ECM costs in the Support average cost per unit (ACPU). Capital Intensive Operations function in the same way, except that costs charged to this budget category cannot be braided with DOE Base or BIL Base, whereas Support may be paired to DOE Base or IJJA Base. As Capital Intensive must not braid with DOE or IJJA, it will count as it's own solitary completion, and will have a higher ACPU than Support for this reason.

Replacement of gas cook stoves will be allowed with LIHEAP funds as a health and safety measure and must be charged to either the Support or Capital Intensive budget categories. Replacement of the cook stove may not be charged to DOE but may be paid for with LIHEAP funds. Repair of the cooking stove may be charged to either DOE Health and Safety or either LIHEAP production budget categories. In addition, Weatherization allows use of LIHEAP funds to replace on demand water heaters and heat pumps as an ECM when they have an SIR of 1 or greater.

IHCDA does not allow DOE or LIHEAP funds to be used for replacing air conditioners. Repairs to an air conditioning system may only be made when current operation of the AC unit endangers the operation of the furnace. Repairs can be charged to either DOE Health and Safety, IJJA Health and Safety, or LIHEAP Support/Capital Intensive depending upon the funding source being used to weatherize the unit.

Maximum allowable ACPU of LIHEAP Support Operations is \$9,000, and of LIHEAP Capital Intensive is \$15,400 (to clarify the answer to question 5.10a below).

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

Renters Yes No

Renters living in subsidized housing? Yes No

Renters with utilities included in the rent? Yes No

5.8 Do you give priority in eligibility to:

Older Adults? Yes No

Individuals with a disability? Yes No

Young Children? Yes No

House holds with high energy burdens? Yes No

Other? Medically fragile Yes No

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

5.7 Renters are required to have written consent from the landlord. Landlords must sign an agreement with the sub-grantee giving permission for the work to be performed.

Benefit Levels

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

5.9a If yes, what is the maximum? \$0

5.10 Do you use an Average Cost per Unit (ACPU). Yes No

5.10a If so, what is the ACPU amount? \$15,400

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

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: LED Light Bulbs; Cook Stoves; Refrigerators must either be 10 years old or require comprehensive metering of the existing unit to be performed or a NEAT run performed. This is for LIHEAP and DOE.

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

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

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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.
- Web Posting
- Email
- Texting
- Events
- Social Media
- Other (specify):
IHCDA is exploring opportunities for increased statewide promotion of LIHEAP, while continuing to depend upon the subgrantee network to market on a local level.

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 (indicate programs included)
<input checked="" type="checkbox"/>	Intake referrals to/from other programs (indicate programs included) Weatherization
<input type="checkbox"/>	One - stop intake centers
<input checked="" type="checkbox"/>	Other - Describe:
Coordination with CSBG	

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

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

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

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

<input 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"/>	State Department of Welfare (administers TANF, SNAP, and/or Medicaid)
<input type="checkbox"/>	Economic Development Agency
<input type="checkbox"/>	Other - Describe:

Include current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number. Used for Near hotline and OCS Service Provider Tool and clearinghouse.

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

If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

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

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

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

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Community Action Agencies Non-profits State Administration Agency State Housing Agency		Community Action Agencies Non-profits State Administration Agency State Housing Agency	Community Action Agencies
8.5b Who processes benefit payments to gas and electric vendors?	State Housing Agency		State Housing Agency	
8.5c who processes benefit payments to bulk fuel vendors?	State Housing Agency		State Housing Agency	

8.5d Who performs installation of weatherization measures?				Community Action Agencies
<p>Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.</p>				
<p>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.</p>				
<p>8.6 What is your process for selecting local administering agencies?</p> <p>Indiana Housing and Community Development Authority has been designated as the state oversight authority for LIHEAP since 2006. Indiana utilizes its network of 18 Community Action Agencies and one non-profit to administer LIHEAP services (total of 19 agencies). New service providers are identified in the event that there are unresolvable or significant compliance issues or a service provider is otherwise no longer able to administer LIHEAP services. New service providers, when needed, are vetted through a Request for Proposal (RFP) process, selected by an IHCD RFP Review Committee and approved by IHCD's Board of Directors.</p>				
<p>8.7 How many local administering agencies do you use? 19</p>				
<p>8.8 Have you changed any local administering agencies in the last year?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>				
<p>8.9 If so, why?</p>				
<input type="checkbox"/>	Agency was in noncompliance with Grant recipient requirements for LIHEAP -			
<input type="checkbox"/>	Agency is under criminal investigation			
<input type="checkbox"/>	Added agency			
<input checked="" type="checkbox"/>	Agency closed			
<input type="checkbox"/>	Other - describe			
<p>8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>				
<p>8.10a If yes, please explain.</p>				
<p>8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. <input checked="" type="radio"/> Yes <input type="radio"/> No</p>				
<p>8.10c If yes, please explain.</p> <p>Agency also administered CSBG and Head Start at the time of closing. Agency had previously administered Weatherization as well, but voluntarily relinquished its Weatherization award prior to closure.</p>				
<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 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7

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

If yes, Describe.

- When utilities are included in rent, IHCDCA will pay the client directly.
- When the applicant is a customer of a utility provider that has declined to enter into a Memorandum of Agreement with IHCDCA or will not comply with the rules of the program, IHCDCA will pay the client directly.
- Clients will be paid directly if their biofuel vendor is not a legitimate business (e.g., registered and in good standing with the Secretary of State).

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

All clients who apply for EAP receive a letter via postal mail and/or e-mail informing them if they are approved or denied and gives them information on their right to appeal. The benefit letter has the amount of assistance and a list of vendors that were paid on their behalf. EAP clients having utilities included in the rent or heating primarily with biofuels receive a letter explaining that a check will be mailed to them or a direct deposit will be made to their bank account along with information about their right to appeal.

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 vendor agreement, which is renewed every two years. The agreement contains all information related to the distribution of LIHEAP benefits and billing. The vendor agreement must be signed and returned to IHCDCA before any payments are made to the vendor. The vendor agreement requires that the customer accounts are credited at their receipt of a transmittal from the local service provider (subgrantee), and that any credits remaining after being applied to current charges be carried forward as an account credit. Vendor payments are made through a centralized payment system.

IHCDCA also monitors vendors to ensure that payments are being applied correctly.

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?

The vendor agreement referred to in 9.3 includes the following requirement:

Equal Treatment. Vendor shall not treat any household receiving EAP benefits adversely because of such EAP assistance, including but not limited to charging different or additional fees, costs, rates, or other such charges on the basis of a household's qualification for or receipt of EAP benefits.

We have a vendor monitoring process in place. While we select vendors for monitoring at random, we may choose to ensure a specific vendor is monitored if we receive a whistleblower report of customer mistreatment or noncompliance with requirements.

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.

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

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

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

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

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

All fiscal monitoring is currently conducted by an IHCD employee (although we have used external contractors in the past). To ensure good fiscal accounting and tracking of Liheap funds, IHCD does the following:

1. Every three years the IHCD monitor conducts a programmatic and financial monitoring review for the CSBG Comprehensive Administrative Review (CAR). The CAR is relevant as an indicator of the LSP's general strength in terms of fiscal accounting procedures, especially since all of our LSPs except for one are Community Action Agencies who receive CSBG funds. The monitoring includes, but is not limited to, the following:

- Balance sheet
- Income statement
- Bank reconciliation for financial statements
- Accounts payable
- Accounts receivable
- Claims
- Audit files
- Aging payables and receivables
- Fiscal year end or interim balance sheets
- A review of each subrecipient's policies and procedure manuals related financial practices, such as the Cost Allocation Plan, Inventory List, Fraud, Internal Controls, Disposition and Procurement Procedures.

2. IHCD's monitor reviews LSPs claims and transmittals to assess compliance with time limits for submission and accuracy of amounts claimed.

3. The IHCD Internal Auditor and the Director of Community Programs reviews 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. IHCD may review and document any unresolved findings from other funding sources in the most recent financial audit.

4. LSP subgrantee agreements and budgets: When an allocation is made to an agency, an agreement is created along with a budget form. Each LSP fills out the budget adhering to the percentages allowed for each line item. Each line item is entered separately into the claims and payment system and the budget is line-item enforced so that the agency cannot overspend in any line. During Close Out of the federal year, LSPs provide their close out documentation to make sure their budget, their expenditures and their percentages are in line with what IHCD shows. IHCD tracks funds regularly during the year to compare LSP spending to benchmarks that they must meet. This allows IHCD to make sure that all LSPs are receiving the funds they need to best serve their clients. For example, funds can be reallocated among agencies if some agencies are running low on funds.

5. Documentation: LSPs may claim reimbursement for LIHEAP-obligated funds from IHCD. LSPs must submit documentation for all claims. There is no minimum threshold for reimbursements of assistance payments made directly by the LSP, such as crisis benefits or Emergency Repair and Replace services. For reimbursements of purchases made using the administrative budget, there is a \$1,000 threshold for detailed documentation.

6. Vendor Refunds: IHCD policies and procedures require that when a utility vendor sends back a refund for an unused portion of a LIHEAP benefit, the vendor is to include the following information with their remittance of payment: the name of the LSP that provided the benefit, the client's name, the client's account number, and the internal transmittal number on which the benefit had been paid out. This allows IHCD to properly track and account for the benefit refund and to apply the correct amount to the client's new utility if the client properly completes the benefit transfer form. Any refunds for which the client does not request a benefit transfer are reinvested into the statewide program. IHCD has introduced a register sheet for vendors to include with refund and overpayment checks in order to more consistently gather the relevant information and encourage better reporting from the vendors.

7. Subgrantee budgets are reviewed by the Community Programs Manager or Community Programs Analyst prior to being approved in order to ensure compliance with line item caps. Subgrantee obligation is reviewed weekly by analyzing both benefit obligation levels being entered into the statewide database and subgrantee claims for admin and program costs being submitted to our fiscal department for reimbursement - these claims are required to be submitted on at least a monthly basis. IHCD has established benchmarks three times during the year, at which point an intensive review of obligation will be conducted, and all subgrantees who have failed to reach the specified obligation level are eligible to be partially deobligated in order to bring them to the specified obligation level, and the funds redistributed to other subgrantees according to need. At the end of the program year, any agencies who have overobligated their allowable caps on the admin and program costs line items will be required to pay back the difference between their allowable cap and their actual obligation from unrestricted funds.

8. IHCD maintains separation of different funding sources (e.g., regular block grant awards and supplemental awards) by issuing separate awards to its subgrantees - as well as to itself for administrative expenses - for each federal award and federal program year; that is to say, IHCD and each subgrantee are provided separate awards for, say, the 2024 appropriations award and the IJA award, and carryover from the previous year is also handled as a separate award. This ensures that the funds are separated in our financial accounting system and the funds are drawn down from the correct source.

9. To separate obligation of funds by program component, because IHCDAs handles all payments centrally, we make payments based on claims submitted by the subgrantees. These claims are generated within our application database system and generates based on the claims entered. When awarding claims, subgrantees must award regular, crisis, and emergency services claims separately, and the database has logic rules built in to validate that the awards are being entered under the correct line (e.g., funding source maximum benefits for regular and crisis claim types).

10.1a Provide your definitions of the following:

Obligation

At a state level, funds are obligated once they have been included in a professional services contract or a subaward (including IHCDAs admin subawards).

Expenditures

Funds are considered expended at the state level when charges have been incurred and are visible to IHCDAs office as a result of a benefit being recorded in the statewide database or a grantee claim being submitted for payment.

Expenditure timeframe

The expenditure timeframe is by the end of the federal liquidation deadline for a given award.

Administrative costs

Administrative Costs will cover overall administration and operation of the program. Administrative costs are defined as the LSP costs related to program operations, planning, development, and implementation.

- EAP administrative functions, including but not necessarily limited to: program planning, management, supervision, conducting staff training, reporting, and the EAP portion of costs such as rent, utilities, maintenance and general supplies.
- LSP organizational functions, including fiscal, executive, supervisory, human resources, IT, and other support operations.
- Any other allocated costs.

Administrative Costs may also be used to pay for any expense that is eligible to be paid for from Program Costs.

Audit Process

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

Yes No

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

While LIHEAP is not specifically audited annually, IHCDAs as a whole does comply with Single Audit Act and OMB Circular A-133 requirements and submits itself to a single audit every year. Since IHCDAs has about 35 programs in total - 25 of them with more than \$3,000,000 in annual federal funding - our independent auditor currently conducts program-specific auditing on a three-year cycle. LIHEAP was audited in fiscal years 2018 and 2021; it is expected to be selected again in 2024.

Our independent auditor is currently FORVIS. We select our auditors according to our established procurement policies.

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	monitoring	IHCDAs was monitored by HHS in April 2017 and received the monitoring letter in February 2018. All findings and concerns have been addressed and resolved at this time.	Yes	procedure/policy changes
2	monitoring	IHCDAs was monitored by OCS in June 2025. We submitted a response to our initial monitoring report including actions taken and are awaiting a response.	In Progress	procedure/policy changes

10.4. Audits of Local Administering Agencies

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

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

Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133

Compliance Monitoring

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

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

Internal program review

Departmental oversight

Secondary review of invoices and payments

Other program review mechanisms are in place. Describe:

The program monitor reviews how the LSP has executed the guidelines established in the EAP Program Manual. The objectives for monitoring are to ensure:

1. The LSP has properly followed written procedures, applicable laws, regulations and contract terms.
2. The LSP has administered the program according to established time frames.
3. Calculation of household income is correct.
4. EAP benefits are correctly applied to the clients.
5. Energy Benefit Transfer Requests are documented in the EAP statewide database.
6. Eligible costs are charged to administer the program (e.g. claims review)
7. Internal procedures and controls are in place to minimize the opportunity for fraud, waste, abuse, and mismanagement.
8. The LSP has the capacity to carry out the program's goals and objectives.
9. The LSP has and implements sufficient and updated staff training plans.
10. The LSP has corrected any deficiencies addressed with previous Quality Improvement Plans.

Additionally, the State completes a risk assessment on each LSP every year. The risk assessment includes risk categories that generally cover use of funds, claims and transmittal compliance, and findings and concerns from monitoring.

Local Administering 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:

IHCDA performs a risk assessment on every agency each year. Additional monitoring may be done on higher risk agencies.

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

For each agency during its monitoring period:

- IHCDA will monitor up to 10% of the agency's client eligibility files.
- IHCDA reserves the right to monitor additional files if the agency is assessed to be at high risk, was recently on a quality improvement plan (QIP) or modified quality improvement plan (MQIP), or if there is a reason that IHCDA feels that additional monitoring is necessary.
- IHCDA will ensure that a review of incomplete files, denied files, and files for agency staff or relatives receiving benefits represent a small part of the overall review.

Notification of desktop monitoring will be sent at least 30 calendar days before the monitoring will begin.

The review will begin with an entrance conference held between the IHCDA monitor(s) and the LSP's EAP management team (or other point of contact as applicable). The entrance conference will familiarize the agency with the review process and allow the monitor to become familiar with specific details unique to each organization. Currently all EAP client file reviews are conducted remotely by desktop. EAP Fiscal Review may be conducted onsite if part of another IHCDA monitoring. During the desktop review, the EAP Monitor will provide ongoing communication of the findings to the LSP and allow for constant feedback so an accurate and complete picture is obtained of the monitored activity. When the monitoring session is complete, an exit conference will be conducted to provide the LSP with a preliminary report of the results.

After the monitoring review, the IHCDA monitor will send the LSP a letter outlining the monitoring findings or concerns. LSPs are given an opportunity to appeal the findings once to the EAP monitor and then, if necessary to the Division Director. Agencies will be given an overall performance score. LSPs with Overall Performance Scores below 85% may be put on a corrective action improvement plan. Improvement plans are tailored to improving the performance of the agency and may include additional training, peer consulting, additional review by IHCDA to understand problematic trends, etc..

After the LSP has either accepted the findings or completed the appeal process, the LSP will take Corrective Action to address the findings identified during the monitoring review. The LSP will have thirty (30) calendar days to provide to IHCDA any payments and supporting documentation agreed upon in the report. The corrective action may include, but is not limited to: crediting funds to a client's account, paying funds to IHCDA because of an overpayment, or reviewing an application to verify that portions of the application were properly processed.

The LSP will receive a Monitoring Completion Letter once all completed corrective actions have been accepted, documentation of credits to clients, and copies of checks paid to IHCDA have been submitted.

For Weatherization, 5% of completed DOE client files are reviewed (10% for agencies that have an in-house Energy Auditor and Quality Control Inspector). The monitor is advised to give preference to files that include both DOE base and LIHEAP funding. The monitor reviews program administration, procurement, training and licensing, data base input, fiscal information, client file review and field inspections.

Monitoring of Emergency Repair and Replacement benefit administration is being aligned with the Weatherization monitoring process this year to better utilize the expertise of that team.

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

Site Visits:

IHCDA has begun to conduct on-site monitorings for LSPs upon feedback from our last federal monitoring. For PY2026, IHCDA selected three LSPs based on proximity to IHCDA offices. IHCDA is still developing selection criteria going forward. IHCDA may conduct site visits to high risk LSPs and LSPs that are put on a quality improvement plan (QIP) or modified quality improvement plan (MQIP), but this does not necessarily mean such LSPs would automatically be selected for on-site monitoring.

Desk Reviews:

LIHEAP files are uploaded into a the EAP statewide database and IHCDA monitors conduct the desk review monitoring. LSPs are expected to ensure all files are uploaded accurately to the statewide database within 14 days of eligibility determination.

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

Annually

10.9. How many local agencies are currently on corrective action plans? 1

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2028
<h3 style="margin: 0;">LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN</h3>	

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

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

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

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

11.2 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	06/30/2025	Public Hearing - held virtually through Microsoft Teams

11.3. How many parties commented on your plan at the hearing(s)? 13

11.4 Summarize the comments you received at the hearing(s).
 Pending

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

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Section 12: Fair Hearings, 2605(b)(13) - Assurance 13

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 142

12.2 How many of those fair hearings resulted in the initial decision being reversed? 9

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

Pending

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

The applicant may appeal a denial or a benefit amount. Below are the steps for the client appeal process. The LSP must provide written notification of approval or denial to all walk-in households for Energy Assistance within fourteen (14) calendar days of the household's completed and processed application. If the application is a mail-in application then the LSP must provide a written notification of approval or denial within fifty-five (55) business days. The notification must include the household's right to appeal that determination. Step I: 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 LSP's EAP Manager or Executive Director for a review of the determination within thirty (30) calendar days of receipt of determination. The Executive Director or LSP Manager will make the determination of the applicants' written request within fourteen (14) calendar days of receipt of appeal. Step II: 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 by submitting a written request to IHCDA's Community Programs Manager for EAP within thirty (30) calendar days. If an applicant needs assistance with this procedure, they may call IHCDA. Either the LSP or the client can submit materials to IHCDA. IHCDA's Community Programs Manager for EAP will review the materials submitted and issue a written finding to the applicant and the LSP based on the documentation submitted within fourteen (14) calendar days of receipt. Step III: If after both appeals, the client has not received satisfaction, he or she may appeal IHCDA's Director of Community Programs within thirty (30) calendar days. The appeal must include the reasons for the applicant's objection to the decision and 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 acknowledgment of receipt of the request within seven (7) calendar days of its receipt, noting the day the request was received. The IHCDA Director of Community Programs will have thirty (30) calendar days from IHCDA's receipt of the written request to review the file and make a determination. The decision of the IHCDA Director of Community Programs 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 send a transmittal to be applied to the correct account. If the formal review is unsuccessful the funds will revert to the program.

If an applicant feels that an LSP did not act on an application in a timely manner, the applicant may appeal in writing to the executive director of the LSP agency. The LSP agency must respond in writing within fourteen (14) calendar days. If an applicant is not satisfied with the response to the appeal, the applicant will be able to file a further appeal with IHCDA. This information will be communicated on the LSP agency's initial appeal response. IHCDA also allows denied clients to reapply after 55 calendar days.

12.5 When and how are applicants informed of these rights?

The appeal process is included on the client benefit notification letter for both approved and denied applications. The entire LIHEAP Operations Manual, with the detailed procedure, is posted on IHCDA's website for the public at <https://www.in.gov/ihcda/2329.htm>. We also post appeal rights and procedures on IHCDA's website and require all of our subgrantees to post the appeal rights and procedures on their own webpage and in physical office locations.

Information concerning appeal rights for applications not acted on in a timely manner, as well as guidelines that define what qualifies as timely and untimely action, has been posted on IHCDA's public-facing EAP webpage at <https://www.in.gov/ihcda/2329.htm>. This information is also posted by each LSP agency on their own individual websites, as well as physically posted in each EAP intake site they operate. It is also distributed with all applications.

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

Indiana uses LIHEAP funds to conduct Family Development and Energy Education. Family Development provides low-income households with short-term and long-term 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. EAP clients may also receive energy education which focuses mainly on energy conservation techniques.

Some LSPs have given pre-test and post-tests to households to determine how the client's energy education knowledge changed after receiving energy education.

For FFY2026, we are continuing with the changes we made to our model in FFY2025 and are not allowing all LSPs to budget a portion of their subaward to Assurance 16 activities. Instead, all interested LSPs have submitted a proposal on how they intend to perform and measure and report the impact of Assurance 16-allowable activities, including their budget for these activities and the associated reporting. IHCD will approve plans that appear likely to achieve a demonstrable impact and allow for reporting metrics.

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

For FFY 2027, we are budgeting 3% of our expected initial release of funds to award for LSPs whose Assurance 16 plans are approved.

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

LSPs choose to do a wide variety of A16 activities including energy education and family development. Some of these activities include budgeting, career planning, financial education, self sufficiency, referrals, follow ups, support services, and children's programs. Because of the variety of activities offered, it is difficult to present the outcomes according to a specific metric. That being said, our subrecipients' family development assessments and pre- and post-test surveys conducted in conjunction with energy education activities indicate an increase in knowledge regarding energy conservation strategies and the financial benefits of engaging in such activities.

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

N/A

13.5 How many households received these services? pending

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

Section 14 - Leveraging Incentive Program ,2607A

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN**

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. § 96.87(d)(2)(iii), describe the following:

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

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

DRAFT 06/20/2026

Section 15 - Training

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 15: Training

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

a. Grant recipient Staff:

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

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

Recordings of training sessions webinars are made available on demand on our partner website for review.

b. Local Agencies:

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

How often?

Annually

Biannually

As needed

Other, describe: We hold a large annual train-the-trainer event in the summer. Additional training topics are presented as needed during monthly network-wide update calls. More significant trainings can be scheduled as needed.

On-site training

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

Recordings of training sessions webinars are made available on demand on our partner website for review.

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other, describe:

<input checked="" type="checkbox"/> Policies communicated through vendor agreements
<input checked="" type="checkbox"/> Policies are outlined in a vendor manual
<input checked="" type="checkbox"/> Other, describe: Recordings of training sessions webinars are made available on demand on our partner website for review.

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.

DRAFT 06/26/2026

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN**

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 (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

In September, 2026, IHCD staff will process internal data for the Grantee Survey. As part of the process, the vendors required to provide customer data will be selected. IHCD staff will contact the selected utility vendors in late September or early October 2026 to request the customer data. Vendors are aware from the MOA and from our communications, including training webinars and vendor guide, that this is a requirement. Following some T/TA received from APPRISE, we have restructured our processes regarding this data collection and have separated some of the duties in order to better utilize strengths and capacity of the larger team. Combined with the time frame of the request being around the time the program year is being closed out, we believe this will make for a smoother process with a higher rate of response from the vendors.

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

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

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

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 Grant recipient office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
- Other - Describe:

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

- Printed outreach materials
- Posted in local administering agencies offices.
- 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 type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Social Security Number (Without actual Card)	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Other		Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1							

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.3. Citizenship/Legal Residency Verification						
What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.						
<input checked="" type="checkbox"/>	Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen					
<input type="checkbox"/>	Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.					
<input type="checkbox"/>	Non-Citizens must provide documentation of immigration status					
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport					
<input type="checkbox"/>	Non-Citizens are verified through the SAVE system					
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card					
<input checked="" type="checkbox"/>	Other - Describe: We have revised our application form to require that applicants identify which household members are citizens or qualified non-citizens, and which household members are ineligible for benefits. In addition, we require disclosure of SSNs for all household members unless they are under 1 year of age. If a household member is over one and marked as a citizen or qualified non-citizen, but a SSN is not provided, the household member will be handled as an ineligible household member. We have also strengthened the language in our certification of information statement that is signed as part of the application process to draw explicit attention to this change.					
17.4. Income Verification						
What methods does your agency utilize to verify household income? Select all that apply.						
<input checked="" type="checkbox"/>	Require documentation of income for all adult household members					
<input checked="" type="checkbox"/>	Pay stubs					
<input checked="" type="checkbox"/>	Social Security award letters					
<input checked="" type="checkbox"/>	Bank statements					
<input checked="" type="checkbox"/>	Tax statements					
<input checked="" type="checkbox"/>	Zero-income statements					
<input checked="" type="checkbox"/>	Unemployment Insurance letters					
<input checked="" type="checkbox"/>	Other - Describe: If an applicant cannot provide a paystub for a current or former employer, we have developed a form to request information directly from the employer before accepting self-attestation.					
<input type="checkbox"/>	Computer data matches:					
<input type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)					
<input type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor					
<input type="checkbox"/>	Social Security income verified with SSA					
<input type="checkbox"/>	Utilize state directory of new hires					
<input type="checkbox"/>	Other - Describe:					
b. Describe any exceptions to the above policies.						
Self-attestation is used for applicants with irregular income from odd jobs. It is also acceptable to use self-attestation as a last resort only if all other acceptable methods have been documented as having been attempted and failed.						
17.5 Identification Verification						
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply						
<input type="checkbox"/>	Verify SSNs with Social Security Administration					
<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency					
<input type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)					
<input type="checkbox"/>	Match with state Department of Labor system					
<input type="checkbox"/>	Match with state and/or federal corrections system					
<input type="checkbox"/>	Match with state child support system					
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)					

<input type="checkbox"/> In-person certification by staff (for tribal Grant recipients only)
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input checked="" type="checkbox"/> Other - Describe: We are accepting the self-attestation of identity as verification. If we receive a whistleblower report, we will investigate and, if allegation is corroborated, pursue penalties to the fullest extent of the law.
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.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Electronic files are protected in a secure location.
<input type="checkbox"/> Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above: Grant recipient performs desktop monitoring of vendors.
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.
<input type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input type="checkbox"/> Data exchange with utilities that verifies:
<input type="checkbox"/> Account ownership
<input type="checkbox"/> Consumption
<input type="checkbox"/> Balances
<input type="checkbox"/> Payment history
<input type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities

<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
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 checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
17.10. Investigations and Prosecutions	
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.	
<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 Grant recipient conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process For client fraud, we request for a return of funds will immediately be sent to the utility vendors that were improperly paid out based on the fraudulent activity, with advisement that the vendor may pursue recovery of the returned amount from the customer. If the vendor fails or declines to return the funds, we will send the applicant a letter informing them that they are responsible to return the funding to us and they will be ineligible to receive further assistance until at least one program year after their fraudulently-received benefit has been fully recovered. We currently have no established processes for recoupment of improper payments as a result of staff or vendor fraud. We will consider this in the future.
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? minimum of one program year after recovery of funds; may be longer at subrecipient's discretion for applicants with history of noncompliant behavior
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input checked="" type="checkbox"/>	Other - Describe: While our subrecipient agreement does not specify that employees found to commit fraud are reprimanded or terminated, there is a requirement that they report the fraud to us immediately. The agreement provides that the subrecipient may be subject to remedial action.
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.

DRAFT 06/26/2026

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grant recipients Other Than Individuals)

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

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grant recipients workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The Grant recipients policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a

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

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The Grant recipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

30 S Meridian Street * Address Line 1		
Suite 900 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. (Grant recipients Who Are Individuals)

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper 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.



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

DRAFT 06/26/2026

Plan Attachments

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