

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: VIRGINIA

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2016 to 09/30/2017

Report Status: Submission Accepted by CO

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Mandatory Grant Application SF-424

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

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

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. Federal Entity Identifier: | 5. Date Received By State: |
| | | 4b. Federal Award Identifier: | 6. State Application Identifier: |

7. APPLICANT INFORMATION

| | | | |
|---|---------------------------|--|--------------------|
| * a. Legal Name: Virginia Department of Social Services | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 54-0959533 | | * c. Organizational DUNS: 015571326 | |
| * d. Address: | | | |
| * Street 1: | ENERGY ASSISTANCE PROGRAM | Street 2: | 801 E. MAIN STREET |
| * City: | RICHMOND | County: | |
| * State: | VA | Province: | |
| * Country: | United States | * Zip / Postal Code: | 23219 - 2901 |

e. Organizational Unit:

| | |
|-------------------------|-----------------------|
| Department Name: | Division Name: |
|-------------------------|-----------------------|

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

| | | | |
|---|-------------------------------------|--|------------------------------|
| Prefix: | * First Name: Andrea | Middle Name: | * Last Name: Gregg |
| Suffix: | Title: LIHEAP Coordinator | Organizational Affiliation: | |
| * Telephone Number: (804) 726-7368 | Fax Number: 804-726-7358 | * Email: andrea.gregg@dss.virginia.gov | |

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

b. Additional Description:

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

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

11. Descriptive Title of Applicant's Project

12. Areas Affected by Funding:

13. CONGRESSIONAL DISTRICTS OF:

| | |
|----------------------------|---|
| * a. Applicant 3 | b. Program/Project: Statewide |
|----------------------------|---|

Attach an additional list of Program/Project Congressional Districts if needed.

| | | | |
|------------------------------|----------------------------|-------------------------------|-----------------------|
| 14. FUNDING PERIOD: | | 15. ESTIMATED FUNDING: | |
| a. Start Date: 10/01/2016 | b. End Date: 09/30/2017 | * a. Federal (\$): \$0 | b. Match (\$): \$0 |

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

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

Process for Review on :

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

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

*** 17. Is The Applicant Delinquent On Any Federal Debt?**

YES

NO

Explanation:

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

****I Agree**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

| | |
|--|--|
| 18a. Typed or Printed Name and Title of Authorized Certifying Official Andrea Gregg | 18c. Telephone (area code, number and extension) |
| | 18d. Email Address andrea.gregg@dss.virginia.gov |
| 18b. Signature of Authorized Certifying Official  | 18e. Date Report Submitted (Month, Day, Year) 10/03/2016 |

Attach supporting documents as specified in agency instructions.

Section 1 - Program Components

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

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

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

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

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

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

Section 1 Program Components

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

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

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

Dates of Operation

| | | Start Date | End Date |
|-------------------------------------|---------------------------|------------|------------|
| <input checked="" type="checkbox"/> | Heating assistance | 10/11/2016 | 11/14/2016 |
| <input checked="" type="checkbox"/> | Cooling assistance | 06/15/2017 | 08/15/2017 |
| <input checked="" type="checkbox"/> | Crisis assistance | 11/01/2016 | 03/15/2017 |
| <input checked="" type="checkbox"/> | Weatherization assistance | 10/01/2016 | 09/30/2017 |

Provide further explanation for the dates of operation, if necessary

The above dates for Heating Assistance, Cooling Assistance, and Crisis Assistance represent application dates.

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

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%. | Percentage (%) |
|---|------------------|
| Heating assistance | 40.00% |
| Cooling assistance | 15.00% |
| Crisis assistance | 10.00% |
| Weatherization assistance | 15.00% |
| Carryover to the following federal fiscal year | 10.00% |
| Administrative and planning costs | 10.00% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 0.00% |
| Used to develop and implement leveraging activities | 0.00% |
| TOTAL | 100.00% |

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

| | | | |
|--------------------------|---------------------------|-------------------------------------|--------------------|
| <input type="checkbox"/> | Heating assistance | <input checked="" 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 one household member receives one of the following categories of benefits in the left column below? Yes No

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

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

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

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

If Yes, explain:

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? Yes No

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

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

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

Determination of Eligibility - Countable Income

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

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

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

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

| | | | |
|-------------------------------------|--|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | | | |
| <input checked="" type="checkbox"/> | Strike Pay | | |
| <input checked="" type="checkbox"/> | Social Security Administration (SSA) benefits | | |
| <input type="checkbox"/> | Including MediCare deduction | <input checked="" type="checkbox"/> | Excluding MediCare deduction |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI) | | |
| <input checked="" type="checkbox"/> | Retirement / pension benefits | | |
| <input checked="" type="checkbox"/> | General Assistance benefits | | |
| <input checked="" type="checkbox"/> | Temporary Assistance for Needy Families (TANF) benefits | | |
| <input type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP) benefits | | |
| <input type="checkbox"/> | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits | | |
| <input type="checkbox"/> | Loans that need to be repaid | | |
| <input 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 type="checkbox"/> | Jury duty compensation | | |
| <input checked="" type="checkbox"/> | Rental income | | |
| <input type="checkbox"/> | Income from employment through Workforce Investment Act (WIA) | | |
| <input type="checkbox"/> | Income from work study programs | | |
| <input checked="" type="checkbox"/> | Alimony | | |
| <input checked="" type="checkbox"/> | Child support | | |
| <input type="checkbox"/> | Interest, dividends, or royalties | | |
| <input checked="" type="checkbox"/> | Commissions | | |
| <input type="checkbox"/> | Legal settlements | | |
| <input 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 type="checkbox"/> | Other |

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

Section 2 - HEATING ASSISTANCE

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

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

Section 2 - Heating Assistance

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

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

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1 | All Household Sizes | HHS Poverty Guidelines | 130.00% |

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

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

Do you require an Assets test ? Yes No

Do you have additional/differing eligibility policies for:

| | |
|---|---|
| Renters? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Renters Living in subsidized housing ? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Renters with utilities included in the rent ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Do you give priority in eligibility to:

| | |
|---------------------------------------|---|
| Elderly? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Disabled? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Young children? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Households with high energy burdens ? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Other? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Explanations of policies for each "yes" checked above:

Subsidized households who are responsible for periodic payment of individual excess fuel usage charges (even though heating expenses are included in their rent) are not eligible for heating assistance.

Subsidized households whose total heating costs are included in their rent are not eligible for heating assistance.

The EAP automated system assigns points according to energy burden, awarding the highest value to households with the highest percentage of energy burden, resulting in a weighted benefit. Please see Attachment I for an explanation of how points are determined.

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.

Although, priority is not given to households which include vulnerable individuals (elderly, disabled, or a child under the age of six), the EAP automated system assigns points according to vulnerability status, awarding the highest value to whichever condition is present, resulting in a weighted benefit. Please see Attachment I for an explanation of how points are determined.

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

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

| |
|--|
| <input type="checkbox"/> Individual bill |
| <input type="checkbox"/> Dwelling type |
| <input checked="" type="checkbox"/> Energy burden (% of income spent on home energy) |
| <input type="checkbox"/> Energy need |
| <input checked="" type="checkbox"/> Other - Describe: |

Vulnerability Factors: elderly individuals aged 60 or over; disabled individuals; and young children under six years of age are awarded more points. The EAP automated system will assign a number of points (see Attachment I) to each household which reflects the household's status with regard to the factors listed above. The more points attributed to a household, the larger the benefit. The highest amount of assistance will be provided to those households having the highest energy costs and the lowest monthly income.

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

2.6 Describe estimated benefit levels for FY 2017:

| | | | |
|------------------------|-------|------------------------|-------|
| Minimum Benefit | \$181 | Maximum Benefit | \$543 |
|------------------------|-------|------------------------|-------|

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? Yes No

If yes, describe.

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

Section 3 - COOLING ASSISTANCE

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

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

Section 3 - Cooling Assistance

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

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

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1 | All Household Sizes | HHS Poverty Guidelines | 130.00% |

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

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

Do you require an Assets test ? Yes No

Do you have additional/differing eligibility policies for:

Renters? Yes No

Renters Living in subsidized housing ? Yes No

Renters with utilities included in the rent ? Yes No

Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young children? Yes No

Households with high energy burdens ? Yes No

Other? Yes No

Explanations of policies for each "yes" checked above:

Subsidized households who are responsible for periodic payment of individual excess fuel usage charges (even though cooling expenses are included in their rent) are not eligible for cooling assistance.

Subsidized households whose total cooling costs are included in their rent are not eligible for cooling assistance.

To be eligible for Cooling Assistance, the household must contain at least one individual who is age 60 or over, disabled, or under the age of six.

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

To be eligible for Cooling Assistance, the household must contain at least one individual who is age 60 or over, disabled, or under the age of six.

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

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

Income

Family (household) size

Home energy cost or need:

Fuel type

Climate/region

Individual bill

Dwelling type

Energy burden (% of income spent on home energy)

Energy need

Other - Describe:

Vulnerability Factors: The household must include one of the following: a person 60 years of age or over; a disabled individual; or a child under six years of age.

Cooling Assistance recipients must meet the same income criteria as established for the Heating Assistance component. Benefits for Cooling Assistance will be determined based on need and will not exceed the current year maximum. The statewide maximum benefit for electricity payments will be based on available funding; households may be eligible and approved for payment of their bill up to the program maximum. Households with higher energy costs will receive a higher benefit.

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

3.6 Describe estimated benefit levels for FY 2017:

| | | | |
|-----------------|------|-----------------|-------|
| Minimum Benefit | \$50 | Maximum Benefit | \$550 |
|-----------------|------|-----------------|-------|

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? Yes No

If yes, describe.

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

Section 4 - CRISIS ASSISTANCE

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

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

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1 | All Household Sizes | HHS Poverty Guidelines | 130.00% |

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

The Crisis Assistance component is designed to help households meet energy emergencies that cannot be met by other resources. The emergency may result from a weather related or supply shortage emergency such as: no source of heat; the only heating equipment in the home is inoperable or unsafe; or there is a potential no heat situation. Crisis Assistance will be provided when the conditions for providing assistance are met and the assistance will ensure heat for the household. Crisis Assistance intervention must resolve the energy crisis of eligible applicants within 48 hours, or 18 hours if in a life threatening situation. Assistance with the purchase of primary fuel and the payment of the primary utility bills is provided to households who did not receive Heating Assistance or who have exhausted their heating benefit.

4.3 What constitutes a life-threatening crisis?

A crisis situation is considered life-threatening if 1) the temperature is projected to be 32 degrees or less and 2) the household includes at least one vulnerable person (an individual who is under age six, age 60 or over, or disabled).

Crisis Requirement, 2604(c)

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

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

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

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

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

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

In Order to receive crisis assistance:

| | |
|---|---|
| Must the household have received a shut-off notice or have a near empty tank? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Must the household have been shut off or have an empty tank? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Must the household have exhausted their regular heating benefit? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Must renters with heating costs included in their rent have received an eviction notice ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

| | |
|--|---|
| Must heating/cooling be medically necessary? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Must the household have non-working heating or cooling equipment? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Other? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Do you have additional / differing eligibility policies for: | |
| Renters? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Renters living in subsidized housing? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Renters with utilities included in the rent? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Explanations of policies for each "yes" checked above: | |
| <p>The purchase of primary home heating fuel through Crisis Assistance requires that the household has exhausted all Fuel Assistance benefits this program year; there is no viable source of heat in the home; the household is out of fuel (the tank is empty); or the households' fuel supply is low as indicated below: (1) oil/ kerosene 25 gallons or less (2) bottled gas 20% or less gauge reading (3) wood or coal 7 day supply or less. Note: for households that received a direct payment for their Fuel Assistance benefit, verification that the Fuel Assistance benefit was used to purchase primary fuel is required prior to the approval of Crisis Assistance Primary Fuel.</p> <p>The payment of primary heat utility bill through Crisis Assistance requires that the account or electric service is in the name of the applicant or a member of the household or the service address is the same as the applicant's address as verified by the utility company; the household has exhausted all Heating Assistance benefits this program year; and the household has no heat or will have no heat because the primary heat source of electricity or natural gas has been cut off within the past thirty days; will be disconnected within fifteen days; or has a prepaid meter balance of \$25 or less. Note: for households that received a direct payment for their Fuel Assistance benefit, verification that the Fuel Assistance benefit was used to pay their primary heat bill is required prior to approval of Crisis Assistance Primary Utility.</p> <p>The repair of inoperable or unsafe heating equipment requires that the heating equipment to be repaired must be the primary heating system used by the household and the heating equipment must be inoperable or unsafe at the time of the request. (Unsafe is defined as heating equipment that is dangerous or harmful to the health or safety of the household.)</p> <p>The replacement or purchase of heating equipment requires that there is no primary heat source equipment in the home or a vendor has determined the equipment cannot be repaired.</p> <p>The replacement or purchase of heating equipment assistance is not provided to renters.</p> <p>Subsidized households who are responsible for periodic payment of individual excess fuel usage charges (even though heating expenses are included in their rent) are not eligible for Crisis Assistance.</p> <p>Subsidized households whose total heating costs are included in their rent are not eligible for Crisis Assistance.</p> | |
| Determination of Benefits | |
| 4.8 How do you handle crisis situations? | |
| <input checked="" type="checkbox"/> | Separate component |
| <input type="checkbox"/> | Fast Track |
| <input type="checkbox"/> | Other - Describe: |
| 4.9 If you have a separate component, how do you determine crisis assistance benefits? | |
| <input checked="" type="checkbox"/> | Amount to resolve the crisis. |
| <input type="checkbox"/> | Other - Describe: |
| 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? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No Explain. | |
| Crisis Assistance applications are accepted in person at local departments of social services (LDSS) in 120 cities and counties across the state. Additionally, applicants can submit applications via mail, fax, and online. | |
| 4.11 Do you provide individuals who are physically disabled the means to: | |
| Submit applications for crisis benefits without leaving their homes? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain. | |
| Travel to the sites at which applications for crisis assistance are accepted? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain. | |
| If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled? | |
| Benefit Levels, 2605(c)(1)(B) | |
| 4.12 Indicate the maximum benefit for each type of crisis assistance offered. | |

| | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| Winter Crisis | \$2,500.00 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? | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe | | | |
| | | | |
| 4.14 Do you provide for equipment repair or replacement using crisis funds? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify): Payment of Security Deposit for Utility Distribution Services or Liquid Propane Gas Tank; Provision of Supplemental Heating Equipment/Maintenance; Payment for Emergency Shelter in no heat situations; Purchase of Portable Space Heater for Temporary Use; Purchase of Primary Home Heating Fuel; and Payment of Primary Heat Utility Bill. | <input checked="" 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? | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> 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. | | | |
| Some providers choose not to disconnect customers when the temperature is below a specified level although none have a written policy on this. There are not any special dispensations received by LIHEAP clients. | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | |

Section 5 - WEATHERIZATION ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
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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 | State Median Income | 60.00% |

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. Virginia Department of Housing and Community Development (DHCD)

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:

Additional priorities described in Section 5.8.

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

Renters Yes No

Renters living in subsidized housing? Yes No

5.8 Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young Children? Yes No

| | |
|--|---|
| House holds with high energy burdens? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Other? Households who do not have a permanent, safe and operable heat source. Households with time sensitive projects (i.e., leveraging funds from other sources). | <input checked="" type="radio"/> Yes <input type="radio"/> 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.

Rental tenants must have the written permission of the landlord before weatherization measures can be authorized.

Though not required, owners of single family rental property are encouraged to provide a 15% match contribution based on the cost of weatherization measures. WAP eligible tenants are not required to make a match contribution.

Priority is given when a household has no heat and weatherization is done in conjunction with Crisis Assistance.

Priority may be given when a household is receiving other rehabilitation assistance where weatherization work would be compromised if not done in coordination with rehab.

Benefit Levels

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

5.10 If yes, what is the maximum? \$0

Types of Assitance, 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 checked="" type="checkbox"/> Compact florescent light bulbs | <input type="checkbox"/> Other - Describe: |

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

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

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

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

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

Other (specify):

For the Heating, Crisis, and Cooling components, the Virginia Department of Social Services (VDSS) provides applications upon request as well as access to applications on the VDSS public website. Applications can be submitted in person as well as by mail, fax, and online via CommonHelp. Applications are accepted at sites that are geographically accessible to all households within the service area. A toll-free telephone number for the hearing impaired is provided.

Each September, the VDSS uses specific criteria to match cases from the Heating Assistance database with cases in the Supplemental Nutrition Assistance Program (SNAP) database. The households who meet this specific eligibility criterion are automatically approved for Heating Assistance. Households that are not pre-approved for Heating Assistance but received Heating, Crisis, or Cooling Assistance in the last year are mailed a pre-printed Heating Assistance application.

Approximately six percent of the statewide caseload receive a pre-approval notice. Pre-approved households do not need to re-apply but are responsible for reporting any changes to the pre-printed data on their approval notice. Over 150,000 households receive a pre-printed application for Heating Assistance.

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

Applicants may apply for multiple Department of Social Services' programs by completing one online application.

Through contact with other federal, state and community agencies, Virginia coordinates services and activities to low-income households. At a minimum, the LIHEAP Weatherization component will be coordinated with the Department of Energy (DOE) Weatherization Assistance Program (WAP) and other housing rehabilitation programs operated by local weatherization agencies. During the application process or during the onsite estimation for weatherization, the local administrator will inquire and assess for other health and safety needs or problems related to the home and its occupants.

The VDSS provides an Energy Assistance referral list three times per year to the DHCD for outreach activities by local weatherization agencies.

The LDSS in 120 cities and counties are responsible for coordinating programs locally with other community agencies, faith-based organizations, and non-profit organizations.

The grantee is able to cross reference information in the EAP automated system database to identify low-income households for mass mailings.

The Virginia General Assembly passed and the Governor signed into law, House Bill 2473 on March 25, 2001 and House Bill 71, March 22, 2002. These laws created the Home Energy Assistance Program (HEAP). Donations made to HEAP are used to supplement LIHEAP benefits.

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

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

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

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

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

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

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

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

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

Administration of Heating Assistance is managed through 120 LDSS including a system of mail-in applications and access to applications on the VDSS public website and the option to apply online via CommonHelp.

The grantee will continue coordination with other social services organizations (e.g., Area Agencies on Aging and Community Action Agencies) throughout Virginia by supplying EAP information posters and EAP Fact Sheets.

Additionally, the grantee will continue to administer the Weatherization component through the DHCD, who contracts with the local weatherization agencies.

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

Administration of Cooling Assistance is managed through 120 LDSS including a system of mail-in applications and access to applications on the VDSS public website and the option to apply online via CommonHelp.

The grantee will continue coordination with other social services organizations (e.g., Area Agencies on Aging and Community Action Agencies) throughout Virginia by supplying EAP information posters and EAP Fact Sheets.

Additionally, the grantee will continue to administer the Weatherization component through the DHCD, who contracts with the local weatherization agencies.

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

Administration of Crisis Assistance is managed through 120 LDSS including a system of mail-in applications and access to applications on the VDSS public website and the option to apply online via CommonHelp.

The grantee will continue coordination with other social services organizations (e.g., Area Agencies on Aging and Community Action Agencies) throughout Virginia by supplying EAP information posters and EAP Fact Sheets.

Additionally, the grantee will continue to administer the Weatherization component through the DHCD, who contracts with the local weatherization agencies.

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

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

8.6 What is your process for selecting local administering agencies?

The Code of Virginia 63.2-100 designates energy assistance as "public assistance" which is administered by the VDSS. The three LIHEAP components and the State's "welfare programs" are administered through the same state agency, the VDSS. Administration is managed through 120 LDSS.

8.7 How many local administering agencies do you use? 120

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

- Yes
- No

8.9 If so, why?

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

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

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 Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

The grantee also makes payments directly to eligible households under the following conditions: household's primary fuel type is wood or coal; fuel tank capacity less than 100 gallons; renters with heat/cooling included in the rent; households where no vendor contract for a specific fuel type exists for their locality; energy source can only be provided by a unique vendor and no vendor contracts exists (i.e., liquid propane, electricity or natural gas); an appeal decision requires it; the household picks up oil/kerosene from an island pump; and eligible households who have their utility payment automatically debited/withdrawn as verified.

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

When the case is approved, the client is mailed a system generated approval notice (Client Notice of Action) that explains the type and amount of services the household has been approved to receive. Note: For households receiving direct payments, in addition to a check, the grantee mails a system generated Client Notice of Action indicating the benefit amount authorized.

At the end of each component, the grantee mails a system generated payment notice (Notice of Payments Made) to each eligible household. The payment notice lists payments made on behalf of the client for each component as well as any refunds and/or cancellations. Note: households who only receive direct payments do not receive these payment notices.

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?

EAP vendors must sign an agreement (see Attachment II) with the VDSS. The agreement specifies that the vendor will comply with all billing instructions and guidelines provided by VDSS for each component. EAP vendors must provide documentation to support payment requests. All equipment purchases require a recipient signature on the credit authorization/work order when submitted for payment. The state will seek correction of identified noncompliance or terminate the agreement.

In addition, the VDSS mails recipient households a notice at the end of each component that lists all vendor payments made on their behalf that season. If the client disagrees with the amount paid according to the notice, the VDSS follows up with the vendor to confirm all payments were properly credited to the client's account.

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?

EAP vendors must sign an agreement with the VDSS. The agreement specifies that the vendor will not discriminate against or adversely treat any eligible household in regard to terms and conditions of sale, credit, delivery, or service.

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

Yes No

If so, describe the measures unregulated vendors may take.

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

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
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Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)

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

The VDSS is responsible for monitoring expenditures for all components of the EAP. No LDSS is reimbursed for administrative expenditures above the maximum amount allowed per state and federal regulations.

DHCD requires that subgrantees enter all weatherization client data into a database. The weatherization measures installed for each client are recorded in the database. Invoices are then created and submitted through the database. The subgrantees also submit general ledgers with the invoices that are reviewed prior to processing. DHCDs records are maintained in accordance with procedures established by the Department of Accounts and are audited by the Auditor of Public Accounts.

The VDSS monitors the DHCD reimbursement requests for weatherization expenditures to ensure that supporting documentation is available for review and to ensure that assistance and administrative expenditures are in compliance with state and federal regulations.

Two accounting and tracking systems, one by the EAP program and one by the VDSS Finance Division, are maintained to track revenue and disbursements for all components of the program. These two accounting and tracking systems are reconciled with the State's financial accounting system.

Audit Process

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

Yes No

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

No Findings

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

10.4. Audits of Local Administering Agencies

What types of annual audit requirements do you have in place for local administering agencies/district offices?

Select all that apply.

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

Compliance Monitoring

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

Grantee employees:

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

EAP activities will be monitored by the grantee. VDSS staff monitors cases via the online "Pending" and "Unpaid" reports. A sampling of all case types will be randomly selected by the automated system. Case reading reviews will be conducted and findings submitted to management at the state level and local level. When necessary, LDSS will be required to develop and submit corrective action plans for errors detected.

The Virginia EAP has a strong sub-recipient monitoring plan/policy in place. Virginia is state supervised and locally administered by 120 LDSS. State staff monitors LDSS case management via various online reports. Additionally, a random sample of cases is selected and reviewed by state staff based on a predetermined schedule. Case reading reviews are scheduled/conducted based on LDSS caseload size with other factors sometimes taken into consideration (i.e. staff changes, significant requests for technical assistance, etc.). Based on size, LDSS are reviewed every year, every two years or every three years. A random sample of cases is pulled and reviewed for guidance/policy compliance, timely processing and payment accuracy (including a secondary review of invoices and payments). Findings are reported to the LDSS Director, LDSS EAP Supervisor, State EAP Manager, and Benefit Programs Division Director; if necessary, case correction is required and, when appropriate, a corrective action plan (CAP) is submitted by the LDSS.

DHCD staff completes onsite administrative and financial monitoring annually for each of their subgrantees. Subgrantees are required to have an inspection of the completed WAP work done by a certified Quality Control Inspector (QCI). At least five percent of all completed units must be physically inspected by DHCD's inspector for compliance with State and Federal standards. DHCD staff submits copies of all completed monitoring reports to VDSS EAP staff for review. Additionally, DHCD staff completes reviews of invoices and payments when their subgrantees submit invoices for payment.

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:

In addition to various sub-recipient monitoring activities, each LDSS must submit a Fraud Plan annually; a Fraud Plan is required for a LDSS to receive a fraud allocation. The Fraud Plan covers multiple programs. The Fraud Plan template is attached (Attachment III).

State Fraud staff conducts Fraud Program Compliance Reviews. Completed investigations are reviewed; the review focuses on the accuracy of the investigative decision.

Classroom and online training is available for both new and experienced EAP workers.

DHCD staff completes on-site evaluations; annual program reviews; monitoring through a central database; and client file testing/sampling for their subgrantees.

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

In addition to the individual case monitoring completed as part of providing technical assistance and financial and case management report monitoring, EAP consultants, conduct case reading reviews for all three EAP components.

Decisions on which LDSS to review are based on the types and the frequency of requests for technical assistance, LDSS staff issues (new or inexperienced staff) and the Division's commitment to annual case reading reviews for the largest LDSS, with case reading reviews for smaller agencies completed on either a biennial or three year rotating schedule.

Upon completion of LDSS case reading reviews, written correspondence is sent to the LDSS Director and LDSS EAP Supervisor by the Benefit Programs Division Director and State EAP Manager. Written correspondence includes a summary of the case reading findings, a copy of the individual case reading documents, instructions on error corrections (if necessary) and information on possible trends and/or LDSS process/organizational changes that may help reduce the errors.

The number of cases reviewed per LDSS will be a minimum of 30 cases for large, 20 for medium and 15 for small. Guidance for breakdown of case types is as follows:

| Total | Fuel | Crisis | Cooling |
|-------|------|--------|---------|
| 30 | 15 | 7 | 8 |
| 20 | 10 | 4 | 6 |
| 15 | 8 | 3 | 4 |

The following is a list of the reports and forms used by EAP consultants for monitoring:

- Unpaid Fuel/Crisis/Cooling Report
- Fuel/Crisis/Cooling Pending Report
- EAP Client Management Report 22R-Case Disposition by Locality
- Locality Expenditure Report
- Financial Monitoring Forms - Correction of Payment Errors (COPE), Case Payment Adjustment, Affidavit on Check Endorsement, Stop Payment Request, Check Cancellation

When a component is operational, all of the above listed reports are reviewed weekly. When deadlines approach (i.e. benefit determination, final check writing, etc.) reports are reviewed daily with follow up to LDSS initiated as required. Reports are monitored to ensure applications are processed timely (pending reports) and to ensure vendors are submitting bills and being paid promptly (unpaid reports). Initial correspondence to LDSS indicating a need for improvement (cases in pending or unpaid status for an excessive amount of days) is informal, email or phone call is sufficient. If there is a recurring problem with an individual LDSS, reports with cases chronically overdue for processing or payment, the EAP consultant will work with the LDSS to improve performance.

DHCD staff completes onsite administrative and financial monitoring annually for each of their subgrantees. The "Financial and Administrative Monitoring Tool" and the "Technical Monitoring Tool" are completed with each subgrantee. Although all units are inspected by the subgrantee's own certified Quality Control Inspector at completion of the job, at least five percent of all completed units must be physically inspected by DHCD's inspector for compliance with State and Federal standards. The requirement is ten percent when the subgrantee's energy audit and the quality control inspection are performed by the same person.

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

Site Visits:

Each EAP consultant develops a monitoring schedule to be completed during the following State Fiscal Year. Decisions on which LDSS to review are based on the types and the frequency of requests for technical assistance, LDSS staff issues (new or inexperienced staff) and the Division's commitment to annual case reading reviews for the largest LDSS, with case reading reviews for smaller agencies completed on either a biennial or three year rotating schedule.

For DHCD, subgrantees visits are required annually.

For VDSS, site visits are not scheduled as part of each LDSS review due to budget constraints. However, periodic site visits are conducted by VDSS if there are issues in the LDSS or if requested by the LDSS.

For DHCD, subgrantee site visits are required annually. The visits rotate unless there are identified issues that trigger a review sooner than it would normally occur.

Desk Reviews:

See process listed in Sections 10.5 and 10.6 for VDSS.

All DHCD reviews are completed onsite annually. Monitoring through the electronic database takes place by reviewing invoices monthly.

10.8. How often is each local agency monitored ?

Each LDSS is monitored at least once every three years.

Each DHCD subgrantee is monitored yearly.

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

Neither VDSS nor DHCD have data to calculate this rate at this time.

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

Neither VDSS nor DHCD have data to calculate this rate at this time.

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

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

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

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

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

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

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

The grantee encourages public participation in the development of the state plan through: (1) input from LDSS and DHCD as well as (2) a public hearing. A broadcast was posted on SPARK, an internal website for LDSS, soliciting comments on a draft version of the LIHEAP state plan. The draft plan was emailed to DHCD staff on the same date the broadcast was posted.

Notification of the LIHEAP public hearing was published in the legal notices section of the Richmond Times Dispatch and Washington Post newspapers. Notification of the LIHEAP public hearing was also posted on the Commonwealth Calendar of Events located on the Official Commonwealth of Virginia Government website.

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

Although discussions/clarifying questions were entertained during the comment period (while the plan was in draft form), changes were not made to the plan as additional clarification did not seem to be needed or relevant.

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

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

| | Date | Event Description |
|---|------------|----------------------------|
| 1 | 07/14/2016 | Public Hearing at the VDSS |

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

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

No comments were received at the hearing.
Note: VDSS staff met with DHCD Weatherization staff prior to the hearing to discuss their comments and changes for the plan.

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

DHCD comments were incorporated into the plan prior to the hearing. No additional changes were made as no comments were received at the hearing.

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

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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 183

12.2 How many of those fair hearings resulted in the initial decision being reversed? 7

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

There were no policy and/or procedural changes for VDSS or DHCD.

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

For VDSS, an applicant for and/or recipient of Heating, Crisis, and/or Cooling Assistance has the right to appeal and receive a fair hearing if: the application or the right to make application is denied; the application is not approved or denied in a timely manner unless the delay was caused by the applicant's lack of cooperation in providing necessary and reasonable evidence; an approved case is closed and the household believes it should not have been; or for any action taken on the case/application for which s/he disagrees.

DHCD's hearings process is the same for denials and applications not acted on in a timely manner. The local weatherization administrator develops procedures that are adopted by their Board of Directors. Typically, the procedures involve an opportunity to meet with the local agency head and/or a representative group of the Board of Directors.

12.5 When and how are applicants informed of these rights?

All applicants for and recipients of Heating, Crisis and Cooling Assistance will be informed in writing, at the time of application of the right to a fair hearing, of the method by which a hearing may be obtained, and of the right to be represented by others or to represent him/herself. Additionally, LDSS will inform all clients of the right to a fair hearing if the client is dissatisfied with any action taken by the LDSS. Notification will occur via the following methods: applicants seen in person will be informed verbally and in writing via the EAP Fact Sheet and all applicants, whether seen or not, will be informed of the right to request a fair hearing in writing via the Client Notice of Action.

In addition to filing an appeal, the applicant has the right to request a conference with the LDSS to discuss the actions listed above or any action taken on his/her case/application. At this conference, the LDSS must provide the applicant with an explanation of the action taken. The applicant must also be given the opportunity to present an explanation and state why he/she disagrees with the LDSS action. At the conference, the applicant has the right to have his/her side presented by an authorized representative, such as a friend, relative, or lawyer. Requesting a conference does not prevent the applicant from requesting a fair hearing. If a hearing is requested, a VDSS Hearings Officer will conduct the hearing and make a decision on the appeal. The appellant will be notified in writing of the Hearings Officer's decision within 60 days of the receipt of the appeal request.

Applicants for Weatherization are informed of the right to appeal an application denial or an untimely action on an application at the time the application is taken or denied. Files of denied applicants are monitored during the field/client file monitoring.

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

An applicant for and/or recipient of Heating, Crisis and/or Cooling Assistance has the right to appeal and receive a fair hearing if the application is not approved or denied in a timely manner unless the delay was caused by the applicant's lack of cooperation in providing necessary and reasonable evidence.

The Weatherization component's hearings process is the same for denials and applications not acted on in a timely manner. The local weatherization administrator develops procedures that are adopted by their Board of Directors. Typically, the procedures involve an opportunity to meet with the local agency head and/or a representative group of the Board of Directors.

12.7 When and how are applicants informed of these rights?

All applicants for and recipients of Heating, Crisis and Cooling Assistance will be informed in writing, at the time of application of the right to a fair hearing, of the method by which a hearing may be obtained, and of the right to be represented by others or to represent him/herself. Additionally, LDSS will inform all clients of the right to a fair

hearing if the client is dissatisfied with any action taken by the LDSS. Notification will occur via the following methods: applicants seen in person will be informed verbally and in writing via the EAP Fact Sheet and all applicants, whether seen or not, will be informed of the right to request a fair hearing in writing via the EAP Fact Sheet and the Client Notice of Action.

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Applicants for Weatherization are informed of the right to appeal an application denial or an untimely action on an application at the time the application is taken or denied. Files of denied applicants are monitored during the field/client file monitoring.

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

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

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

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

The VDSS currently does not charge expenditures to Assurance 16.

Note: The VDSS does include energy savings and conservation tips in the mass mailing of pre-printed applications sent to over 150,000 households prior to the start of the Heating application period. The VDSS is evaluating additional educational and outreach activities to encourage households to reduce their home energy needs.

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

The grantee has established a separate cost code to monitor Assurance 16 expenditures.

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

We cannot measure this as we do not currently charge expenditures to Assurance 16.

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

We cannot measure this as we do not currently charge expenditures to Assurance 16.

13.5 How many households applied for these services? We cannot measure this as we do not currently charge expenditures to Assurance 16.

13.6 How many households received these services? We cannot measure this as we do not currently charge expenditures to Assurance 16.

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

Section 14 - Leveraging Incentive Program ,2607A

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Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

Third parties are instructed to complete the "LIHEAP Leveraging Report Resource/Benefit Description Pages" for the specified base period based on instructions provided by HHS. Records are retained for a minimum of three years.

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 | This program provides payments for heating and cooling assistance to eligible low-income households in addition to LIHEAP benefits. | Dominion Virginia Power Company EnergyShare Program | EAP provides technical assistance for planning/implementing the EnergyShare Program and works side-by-side with the company in the formulation of policies, procedures, etc. Intake is provided at LDSS and community agencies. Households are assisted only after their LIHEAP benefits have been exhausted or if they were ineligible for LIHEAP. Funding is provided through customer and company contributions. The utility company receives and disburses funds. All payments go directly to the household's energy vendor. Administrative expenses are borne by the utility company. |
| 2 | This program provides payments for heating and cooling assistance to eligible low-income households in addition to LIHEAP benefits. | American Electric Power (AEP) Neighbor-To-Neighbor Program | Applicants must be current AEP customers in possession of a cutoff notice, income eligible for LIHEAP, and, if approved for LIHEAP, have exhausted LIHEAP benefits. The VDSS works with AEP on development of program policies and promotion. Funds come from customer and company contributions. The utility company deposits contributions and disburses supplemental assistance to eligible LIHEAP households. |
| 3 | This program provides utility security deposits to eligible low-income households. | Security Deposit Option Program (SDOP) | A joint project developed by the VDSS and Dominion Virginia Power, the Security Deposit Option Program allows individuals found eligible for payment of a security deposit through the Crisis and Cooling Assistance components to have the payment of the deposit waived by the utility company. The utility will consider the deposit paid although no dollars have been received. Over the years, additional companies have elected to participate in the SDOP. |
| 4 | This program provides Weatherization assistance to eligible low-income households in addition to LIHEAP benefits. | Joint Venture with the Virginia Department of Housing and Community Development | DHCD oversees the Weatherization Assistance Program and weatherization agencies in Virginia. The Weatherization agencies are the sole source vendor for the LIHEAP Weatherization component. The cost of services may be supplemented by other funds received by DHCD; the source of supplemental funds may be state funds allocated to DHCD. (Federal DOE funds would not be used for the cost of any of these services.) Intake is provided by local weatherization agencies. The VDSS and DHCD collaborate across programs to maximize available funding for eligible households. The VDSS makes referrals to the DHCD. The VDSS provides a referral list of EAP recipients to the DHCD at the completion of each of the three EAP components. |
| 5 | This program provides assistance with heating and equipment costs to eligible low-income households in addition to LIHEAP benefits. | Home Energy Assistance Fund - Home Energy Assistance Program (HEAP) | In 2002, the Virginia General Assembly established a special non-converting fund to support the efforts of public agencies, private utility service providers, and charitable and community groups seeking to assist low-income Virginians in meeting their residential energy needs. The fund consists of donations, contributions and funds appropriated by the General Assembly. Interest earned on the money shall remain and be credited to the fund. Contributions remaining in the fund at the end of each fiscal year will be carried over into the next year. The funds will be disbursed through the operations of the HEAP. The VDSS has been designated as the lead agency in coordinating and administering all energy assistance efforts among state agencies and non-state organizations electing to participate in HEAP. In January 2004, the Virginia state income tax form provided a check-off option for contributions to HEAP. The VDSS will continue to promote the income tax check-off box on behalf of the fund. |
| 6 | This program, if offered, would provide payments for heating and cooling assistance to eligible low-income | State General Funds | The VDSS has occasionally received state general funds to supplement the LIHEAP funded EAP. Periodic receipt of state general funds may continue. |

households in addition
to LIHEAP benefits.

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

Section 15 - Training

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Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

New EAP consultants work closely with seasoned staff to collaborate on technical assistance for LDSS and the completion of monitoring reviews for the first few months of employment. After that, peer reviews continue to be completed for monitoring reviews. Employees are provided an online guidance manual. DHCD staff conducts formal training with grantee staff on grantee policies and procedures biannually and as needed. Employees are provided with a policy manual.

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

LDSS staff has two EAP training options available: classroom training sessions are available for new workers and various online training modules are available as a refresher for experienced workers. Classroom training is available statewide at the start of each EAP component. The online modules are available year round. LDSS staff training is optional. Additionally, each LDSS is assigned a program consultant who monitors the LDSS as a sub-recipient and also provides technical assistance, policy interpretation, and targeted training as needed. DHCD staff conducts formal training conferences with subgrantees biannually and as needed. DHCD conducts Peer Exchange meetings annually with the subgrantees. Onsite training is conducted as needed for subgrantee field staff by Energy Solutions (an IREC accredited Weatherization Training Center). Energy Solutions also provides online training and conducts classes at their training facility in Christiansburg, Virginia.

c. Vendors

Formal training conference

How often?

| | |
|---|--|
| <input type="checkbox"/> | Annually |
| <input type="checkbox"/> | Biannually |
| <input type="checkbox"/> | As needed |
| <input type="checkbox"/> | Other - Describe: |
| <input checked="" type="checkbox"/> | Policies communicated through vendor agreements |
| <input type="checkbox"/> | Policies are outlined in a vendor manual |
| <input checked="" type="checkbox"/> | Other - Describe: In addition to signing an agreement with the VDSS that lists all vendor responsibilities, depending on EAP services provided, each EAP vendor must complete two or more online training courses: Fraud - Energy Assistance Vendors (all vendors must complete); Fuel Assistance - Vendor Responsibilities (all Fuel vendors must complete); Crisis Assistance - Vendor Responsibilities (all Crisis vendors must complete); and Cooling Assistance - Vendor Responsibilities (all Cooling vendors must complete). |
| 15.2 Does your training program address fraud reporting and prevention? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | |

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

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

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

Virginia has been involved in an eligibility/case management modernization project for the last three years. The new system will combine multiple programs and systems in to one system. Once we completed design sessions, it was not feasible to make changes to the legacy system. HHS did not have OMB final clearance on performance measures prior to the start of development /migration of LIHEAP to the new system; as a result, we were not able to provide specific data collection and technical requirements.

LDSS are scheduled to begin processing LIHEAP applications in the new system, Virginia Case Management System (VaCMS) October 3, 2016. LIHEAP PM questions were added to the EAP data collection screens to collect prevention and restoration data as well as electricity vendor data for households that do not use electricity as their primary heat source. Similar questions were added to paper applications several years ago. A change order (change request process) to request similar questions in CommonHelp (online application) as well as accomodate data extraction/analysis to report LIHEAP PM will be prioritized post the launch of EAP in VaCMS.

During FFY 2016, Va received approval from DSS General Services and the Office of the Attorney General on the revised vendor agreement. All existing vendor agreements were terminated 9.30.2016; all new agreements are effective for five years beginning 10.1.2016.

In FFY 2017, VA expects to design, develop and test enhancements to VaCMS that will provide required PM data. Additionally, we will work with previously identified vendors on additional data collection requirements.

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

17.1 Fraud Reporting Mechanisms

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

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

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

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

The VDSS has a customer service toll-free number/hotline that in addition to general customer service inquiries can be used to report suspected fraud, abuse and waste. The number is included on the VDSS public website.

Information on how to report fraud, abuse, and/or waste is included on pre-printed applications and EAP Fact Sheets. Additionally, there is information on both the public and internal DSS EAP websites as well as the EAP information sheet regarding the reporting of fraud, abuse, and/or waste.

A state employee fraud, waste and abuse hotline is also available for anonymous reporting using one of the following: a toll free number 1-800-723-1615; a fax number of (804) 371-0165; an email to COVHotline@osig.virginia.gov; or by mail at State FWA Hotline, 101 N. 14th Street, The James Monroe Building 7th Floor, Richmond, VA, 23219.

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 | |
| | | Required | | Required | | Required |
| 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 type="checkbox"/> | Required | <input type="checkbox"/> | Required | <input checked="" type="checkbox"/> | Required |
| | <input type="checkbox"/> | Requested | <input type="checkbox"/> | Requested | <input type="checkbox"/> | Requested |

| | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|----------------------------------|-----------------------------------|--------------------------------|---------------------------------|
| | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 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"/> |
| | <input type="checkbox"/> | Requested | <input type="checkbox"/> | Requested | <input type="checkbox"/> | Requested | <input type="checkbox"/> |
| | | Applicant Only Required | Applicant Only Requested | All Adults in Household Required | All Adults in Household Requested | All Household Members Required | All Household Members Requested |
| 1 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

b. Describe any exceptions to the above policies.

The VDSS requires the Social Security Number (SSN) of all household members for all three EAP components (Heating, Crisis, and Cooling) with the following exceptions: children who are under age 18; individuals who receive Social Security benefits or public assistance; and individuals who hold a "qualified" alien status.

The current EAP legacy system only contains fields to enter the SSN of the applicant (case name) and the spouse of the applicant. Virginia is moving to a new system in October, 2016, which will allow the entry of SSNs for all household members. Although HHS does not require SSNs for EAP applicants, Virginia will be proactive and will begin to collect an SSN for children who are under age 18 after the move to the new system is completed. While not required, effective October 3 with the launch of EAP in VaCMS, SSN for individual household members will be collected.

17.3 Identification Verification

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

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

The VDSS only requires that the SSN be provided - verification of the number is not required. However, many LIHEAP recipients also receive other types of public assistance which require verification of the SSN.

17.4. Citizenship/Legal Residency Verification

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

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

17.5. Income Verification

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

- Require documentation of income for all adult household members
 - Pay stubs
 - Social Security award letters
 - Bank statements

| |
|---|
| <input checked="" type="checkbox"/> Tax statements |
| <input type="checkbox"/> Zero-income statements |
| <input checked="" type="checkbox"/> Unemployment Insurance letters |
| <input checked="" type="checkbox"/> Other - Describe: Public Assistance records (SNAP, TANF, and Medicaid) which may include income verified through various third party sources including the Work Number (third party employment information provided by TALX Corporation). |
| <input checked="" type="checkbox"/> Computer data matches: |
| <input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF) |
| <input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor |
| <input checked="" type="checkbox"/> Social Security income verified with SSA |
| <input type="checkbox"/> Utilize state directory of new hires |
| <input checked="" type="checkbox"/> Other - Describe: EAP staff can use Systems Partnering in a Demographic Repository (SPIDeR) to verify income from employment, unemployment, Social Security, and child support. SPIDeR is a web-based system which benefits users by effectively facilitating communication between applications (systems). The following systems are currently partnered with SPIDeR and can be viewed by EAP staff: ADAPT (Application Benefit Delivery Automation Project) which houses SNAP and TANF case information; APECS (Automated Program for the Enforcement of Child Support); SDX (State Data Exchange); VEC (Virginia Employment Commission); and the Work Number (3rd Party Employment information provided by TALX Corporation). |
| 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"/> Grantee LIHEAP database includes privacy/confidentiality safeguards |
| <input checked="" type="checkbox"/> Employee training on confidentiality for: |
| <input checked="" type="checkbox"/> Grantee employees |
| <input checked="" type="checkbox"/> Local agencies/district offices |
| <input checked="" type="checkbox"/> Employees must sign confidentiality agreement |
| <input checked="" type="checkbox"/> Grantee 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"/> Other - Describe: VDSS state and local staff must complete an annual online security training which includes guidance/policy on the protection and security of personal data/information. VDSS security protocol limits system access only to individuals who require access to perform their jobs. This includes all systems: eligibility, verification, and financial. Section 63.2-102 of the Code of Virginia provides statutory requirements for allowing access to records and information for public assistance programs and child support enforcement as well as the penalty for disclosure and any confidential information. |
| 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 type="checkbox"/> Vendors are verified through energy bills provided by the household |
| <input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors |
| <input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above: Prior to becoming an approved vendor, all businesses are required to provide Virginia Taxation and IRS documents to the VDSS. Additionally, all vendors who provide certain types of repair/replacement services for heating/cooling equipment must provide proof of current licensure to provide these services. |
| 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 checked="" type="checkbox"/> | Data exchange with utilities that verifies: |
| <input checked="" type="checkbox"/> | Account ownership |
| <input type="checkbox"/> | Consumption |
| <input checked="" 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 type="checkbox"/> | Separation of duties between intake and payment approval |
| <input type="checkbox"/> | Payments coordinated among other energy assistance programs to avoid duplication of payments |
| <input checked="" type="checkbox"/> | Payments to utilities and invoices from utilities are reviewed for accuracy |
| <input 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 type="checkbox"/> | Conduct monitoring of bulk fuel vendors |
| <input type="checkbox"/> | Bulk fuel vendors are required to submit reports to the Grantee |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> | Other - Describe: |

17.10. Investigations and Prosecutions

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

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

The LDSS must recover overpayments from the client or vendor when the improper payment is the result of an error on the part of the client or vendor. The LDSS will make arrangements for voluntary repayment of the amount of the overpayment. If this fails, the LDSS will initiate action in accordance with the Code of Virginia, to collect the amount as a debt, unless the administrative cost of such action would exceed the amount of the overpayment.

The LDSS will not correct underpayments to the household based on client error. In cases of vendor or client fraud, the LDSS will follow the recovery procedures

prescribed by the court.

- Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? For 12 months
- Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
- Vendors found to have committed fraud may no longer participate in LIHEAP
- Other - Describe:

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. **The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.**
6. **The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,`` without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.**
7. **A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.**

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

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

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

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

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

Virginia Department of Social Services

* Address Line 1

801 East Main Street
Address Line 2

Address Line 3

Richmond
* City

Virginia
* State

23219
* Zip Code

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

Alternate II. (Grantees Who Are Individuals)

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

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

Plan Attachments

PLAN ATTACHMENTS

The following documents must be attached to this application

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

Attachment 1

01/03

VOLUME IX, CHAPTER D, APPENDIX A, PAGE 1

CLIMATE ZONES

Western Piedmont

| | | | |
|------------|-----|-----------------|-----|
| Albemarle | 003 | Patrick | 141 |
| Amherst | 009 | Pittsylvania | 143 |
| Appomattox | 011 | | |
| Bedford | 019 | | |
| Campbell | 031 | | |
| Charlotte | 037 | Bedford City | 515 |
| Franklin | 067 | Charlottesville | 540 |
| Halifax | 083 | Danville | 590 |
| Henry | 089 | Lynchburg | 680 |
| Nelson | 125 | Martinsville | 690 |

Northern

| | | | |
|----------------|-----|---------------|-----|
| Arlington | 013 | Shenandoah | 171 |
| Clarke | 043 | Warren | 187 |
| Culpeper | 047 | | |
| Fairfax | 059 | | |
| Fauquier | 061 | | |
| Frederick | 069 | Alexandria | 510 |
| Greene | 079 | Manassas | 683 |
| Loudoun | 107 | Manassas Park | 685 |
| Madison | 113 | Winchester | 850 |
| Orange | 137 | | |
| Page | 139 | | |
| Prince William | 153 | | |
| Rappahannock | 157 | | |

Central Mountain

| | | | |
|----------------|-----|---------------|-----|
| Alleghany | 005 | Clifton Forge | 560 |
| Augusta | 015 | Covington | 580 |
| Bath | 017 | Harrisonburg | 660 |
| Botetourt | 023 | Roanoke City | 770 |
| Craig | 045 | Staunton | 790 |
| Highland | 091 | Waynesboro | 820 |
| Roanoke County | 161 | | |
| Rockbridge | 163 | | |
| Rockingham | 165 | | |

CLIMATE ZONES

Eastern Piedmont

| | | | |
|---------------|-----|------------------|-----|
| Amelia | 007 | Colonial Heights | 570 |
| Brunswick | 025 | Fredericksburg | 630 |
| Buckingham | 029 | Petersburg | 730 |
| Caroline | 033 | Richmond City | 760 |
| Chesterfield | 041 | | |
| Cumberland | 049 | | |
| Dinwiddie | 053 | | |
| Fluvanna | 065 | | |
| Goochland | 075 | | |
| Hanover | 085 | | |
| Henrico | 087 | | |
| Louisa | 109 | | |
| Lunenburg | 111 | | |
| Mecklenburg | 117 | | |
| Nottoway | 135 | | |
| Powhatan | 145 | | |
| Prince Edward | 147 | | |
| Spotsylvania | 177 | | |

Southwestern Mountain

| | | | |
|------------|-----|--------------|-----|
| Bland | 021 | Bristol City | 520 |
| Buchanan | 027 | Galax | 640 |
| Carroll | 035 | Norton | 720 |
| Dickenson | 051 | | |
| Floyd | 063 | | |
| Giles | 071 | | |
| Grayson | 077 | | |
| Lee | 105 | | |
| Montgomery | 121 | | |
| Pulaski | 155 | | |
| Russell | 067 | | |
| Scott | 169 | | |
| Smyth | 185 | | |
| Washington | 191 | | |
| Wise | 195 | | |
| Wythe | 197 | | |

CLIMATE ZONES

Tidewater

| | | | |
|---------------------|-----|----------------|-----|
| Accomack | 001 | Chesapeake | 550 |
| Charles City | 036 | Franklin City | 620 |
| Essex | 057 | Hampton | 650 |
| Gloucester | 073 | Hopewell | 670 |
| Greensville/Emporia | 081 | Newport News | 700 |
| Isle of Wight | 093 | Norfolk | 710 |
| James City | 095 | Portsmouth | 740 |
| King George | 099 | Suffolk | 800 |
| King and Queen | 097 | Virginia Beach | 810 |
| King William | 101 | Williamsburg | 830 |
| Lancaster | 103 | | |
| Mathews | 115 | | |
| Middlesex | 119 | | |
| New Kent | 127 | | |
| Northampton | 131 | | |
| Northumberland | 133 | | |
| Prince George | 149 | | |
| Richmond County | 159 | | |
| Southampton | 175 | | |
| Stafford | 179 | | |
| Surry | 181 | | |
| Sussex | 183 | | |
| Westmoreland | 193 | | |

BENEFIT DETERMINATION/POINT VALUES DETERMINATION

The values below remain constant from year to year.

HOUSEHOLD SIZE

| <u>No. of Persons</u> | <u>Points</u> |
|-----------------------|---------------|
| 6 or more | 15 |
| 3 to 5 | 12 |
| 1 to 2 | 9 |

HOUSEHOLD INCOME

| <u>Income as % of Max Level</u> | <u>Points</u> |
|-------------------------------------|---------------|
| 0 to 19 | 25 |
| 20 to 29 | 20 |
| 30 to 39 | 18 |
| 40 to 49 | 15 |
| 50 to 59 | 13 |
| 60 to 69 | 10 |
| 70 to 79 | 8 |
| 80 to 89 | 5 |
| 90 to 94 | 3 |
| 95 to 100 | 1 |

Income levels based on 130% of the Poverty Income Guidelines are determined. The computer calculates the percentage of the maximum income level for the household's income to determine the point assignment.

CLIMATE ZONES

| <u>Zone</u> | <u>Points</u> |
|-----------------------|---------------|
| Central Mountain | 20 |
| Southwestern Mountain | 18 |
| Northern | 16 |
| Western Piedmont | 13 |
| Eastern Piedmont | 12 |
| Tidewater | 8 |

VULNERABILITY

| <u>Condition</u> | <u>Points</u> |
|------------------|---------------|
| Elderly | 20 |
| Disabled | 15 |
| Child under 6 | 12 |

Points are not cumulative, but are assigned by the system for the one condition present in the household with the highest point value.

LIVING ARRANGEMENTS

Living arrangement codes A, C, E, G, and P have a point value of 20.

PRIMARY FUEL

The point value for primary fuel changes on a yearly basis. An annual survey of vendors is conducted to determine the current price per fuel type. Consumption data is obtained from a Cost and Consumption study conducted by Virginia Tech. Costs are then calculated and ranked in order. The highest cost fuel type is assigned 20 points. All other fuel types are assigned points based on the cost of the fuel type as a percentage of all fuel costs.

ENERGY BURDEN

The average fuel cost obtained from the annual survey will be divided by the income of the household to determine the household's energy burden. The point assignment based on percentage of energy burden, is as follows:

| <u>Percentage</u> | <u>Points</u> |
|-------------------|---------------|
| 0 - 19 | 0 |
| 20 - 29 | 5 |
| 30 - 39 | 8 |
| 40 - 49 | 10 |
| 50 - 69 | 13 |
| 70 - 79 | 18 |
| 80 - 89 | 20 |
| 90 - 94 | 24 |
| 95 - 100 | 25 |

Attachment 2

**COMMONWEALTH OF VIRGINIA
ENERGY ASSISTANCE PROGRAM
FUEL/CRISIS/COOLING VENDOR AGREEMENT**

1. Purpose

This Agreement (“Agreement”) shall govern the purchase of energy assistance services from the Vendor on behalf of households eligible for energy assistance through the Virginia Energy Assistance Program (EAP), as herein described, and subject to the terms and conditions included below. This Agreement is a contract between the Virginia Department of Social Services (VDSS) and the Vendor for the provision of energy assistance services to be rendered by the Vendor to low-income energy assistance customers of local departments of social services (LDSS) who are eligible for energy assistance through the Virginia EAP.

In consideration for timely payments and authorizations that will be provided by the VDSS, for households found eligible for assistance through the Virginia EAP, the Vendor agrees to these terms and conditions. Nothing herein shall cause the Vendor or its agents and employees to be deemed employees or agents of the VDSS during the term of this Agreement. The VDSS will issue Internal Revenue Service (IRS) Form 1099 annually to report payments to the Vendor as required by the IRS.

The parties acknowledge that this Agreement and the services provided by the Vendor are governed by and subject to the federal and state laws and regulations in accordance with the Low-Income Home Energy Assistance Act of 1981 (Title XXVI of Public Law [P.L.] 97-35) as amended by Title VI of the Human Services Reauthorization Acts of 1984 (P.L. 98-558), of 1986 (P.L. 99-425), of 1990 (P.L. 101-501), 1994 (P.L. 103-205), and 1998 (P.L. 105-258); Title III of the Human Services Amendments of 1994 (P.L. 103-252); and Virginia Regulations 22 VAC 40-680 and 22 VAC 40-685.

2. Term of Agreement

This Agreement shall be in effect from the date a completed, signed, and dated Agreement is received by the VDSS and will remain in effect through September 30, 2021. The Agreement shall not bind, nor purport to bind, the VDSS for any commitment in excess of the original Agreement period.

3. Modifications of Agreement

The VDSS may issue written modifications to this Agreement, to include but not limited to, the scope of work, deliverables, and compensation. Any and all modifications to this Agreement shall be in writing.

4. Termination of Agreement

This Agreement will terminate effective immediately upon determination by the VDSS that the Vendor is not in compliance with the terms of this Agreement. The Vendor will be notified within 10 days of the termination.

Either the VDSS or the Vendor may terminate this Agreement with or without cause and without cost by giving the other party at least 10 days written notice. Termination by either party shall not discharge any

**COMMONWEALTH OF VIRGINIA
ENERGY ASSISTANCE PROGRAM
FUEL/CRISIS/COOLING VENDOR AGREEMENT**

obligation owed by either party to the other or to a household or any liability, which has accrued prior to termination.

A Vendor whose contract has been terminated, whether at the Vendor's request or for the convenience of the Commonwealth, must complete and submit a new Agreement to resume participation to September 30, 2021. If the Agreement was previously terminated by VDSS for cause, the Vendor will be required to provide evidence that any deficiencies have been corrected before a new Agreement may be entered into.

5. VDSS Responsibilities

The VDSS will:

- 5.1 Determine household eligibility for the three EAP components (Fuel Assistance, Crisis Assistance, and Cooling Assistance).
- 5.2 Provide authorization for approved deliveries and services.
- 5.3 Review bill(s) submitted by the Vendor. The VDSS will request additional documentation and/or clarification of charges as needed. No payment will be made without all required documentation/clarification of charges.
- 5.4 Provide payment to the Vendor after receipt of proper invoices and in accordance with the Virginia Prompt Pay Act for services rendered pursuant to this Agreement upon full compliance by the Vendor with the terms herein.
- 5.5 Comply with all relevant state and federal laws and regulation in its implementation of the EAP. The VDSS shall provide notice of any changes or amendments to policies or guidelines for the EAP. Such notice may be distributed by email.
- 5.6 Agree that any information provided by the Vendor on the account of an eligible household shall be used solely for the purpose of administering the EAP.

6. Vendor Responsibilities

The Vendor shall:

- 6.1 Provide the VDSS a copy of the Employer Identification Number document or Social Security card which was issued to the Vendor and which displays the number used by the IRS as the Vendor's tax identification number.
- 6.2 Notify the VDSS immediately when the tax identification number is changed. A new W-9 form will be completed and returned to the VDSS.

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- 6.3 Notify the VDSS within 10 days when the name of the company, ownership of the company, contact/billing information, services to be provided, or service coverage area changes.
- 6.4 Notify the VDSS if the business owner is employed by the VDSS or a LDSS as well as if a member of his/her immediate family is employed by the VDSS or a LDSS. ("Immediate family" means either a spouse or any other person who resides in the same household as the owner and who is a dependent of the owner.)

The VDSS will evaluate the relationship to determine if there is a conflict of interest that will preclude the Vendor from providing EAP services to a designated locality(s). (Conflict of Interest is defined as a situation that has the potential to undermine the impartiality of a person in an official position because of the possibility of a clash between the person's self-interest and professional interest or public interest.)

- 6.5 Not serve as the vendor for a household in which s/he is a current recipient of assistance from the EAP. (For these purposes, current will be defined as during the present federal fiscal year.)
- 6.6 Not serve as the vendor for a dwelling/property that s/he owns.
- 6.7 Provide the VDSS/LDSS with at least one designated contact person who shall be available to respond by telephone and electronic mail to all reasonable inquiries regarding EAP household accounts, including but not limited to bills, payments, and services.
- 6.8 Possess all State required licenses for work being conducted.
- 6.9 Provide documentation that all required Department of Professional and Occupational Regulation (DPOR) licensures are current.
- 6.10 Notify the VDSS within 10 days when the licensure expires and/or is suspended, terminated, or revoked by DPOR.
- 6.11 Perform all work in a professional manner.
- 6.12 Install heating and cooling equipment in accordance with manufacturer's guidelines or industry standards, and secure a building or mechanical permit when required.
- 6.13 Be an independent contractor and not regarded as an agent or employee of the Commonwealth of Virginia or the Purchasing Agent. The Vendor is responsible for all its own insurance as well as federal, state, local, and social security taxes.
- 6.14 Agree, to the extent permitted by law, to indemnify, defend, and hold harmless the Commonwealth of Virginia, its officers, agents, and employees from any claims, damages and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of any materials, goods, equipment or services of any kind or nature furnished by the Vendor,

**COMMONWEALTH OF VIRGINIA
ENERGY ASSISTANCE PROGRAM
FUEL/CRISIS/COOLING VENDOR AGREEMENT**

provided that such liability is not attributed to the sole negligence of the using agency or to failure of the using agency to use the materials, goods, or equipment in the manner already and permanently described by the Vendor on the materials, goods, or equipment delivered.

- 6.15 Credit payments redirected to the IRS to the customer(s) account(s).
- 6.16 Not charge Virginia State sales tax for fuel or services. (Commonwealth of Virginia Sales and Use Tax Certificate of Exemption, Form ST-12, will be issued upon request.)
- 6.17 Maintain adequate records to assure billing is in accordance with the EAP billing instructions.
- 6.18 Cooperate with any Federal, State, or local investigation, audit, or program review. The Vendor shall allow VDSS representatives access to all books and records relating to EAP households for the purpose of compliance verification with this Agreement.
- 6.19 Understand that failure to cooperate with any Federal, State, or local investigation, audit, or program review may result in the immediate disqualification from participation in the EAP.
- 6.20 Take corrective action in the time frame specified by the VDSS if violations of this Agreement are discovered. Corrective action may include, but is not limited to, providing detailed documentation of changes made and detailed plans for future changes that will bring the Vendor into compliance.
- 6.21 Understand that failure to implement corrective actions may result in the immediate disqualification from participation in the EAP.
- 6.22 Provide, at no cost to the VDSS or the household, data if requested by or on behalf of the VDSS. This data must include, but is not limited to, annual energy consumption (measured in units of product) and cost (measured in dollars), payment frequency, disconnection information, and arrearage amounts for a 12 month period. If the household has been served by the Vendor for less than the full 12 month period, the Vendor shall provide the VDSS with the requested data and notify the VDSS the number of months that the data supports.

The data must be provided within a time frame specified by the VDSS and must be provided in the format requested by the VDSS. The data must be provided to the VDSS (or an authorized agent for the VDSS) for the purposes of verification, research, evaluation, analysis, and reporting. The household's signed EAP application will authorize the Vendor to release this information to the VDSS.

- 6.23 Not make alterations to the credit authorization (including, but not limited to, changing the type of assistance designated on the credit authorization).
- 6.24 Not allow the household to change the assistance that is designated on the credit authorization. If the household wants to make any changes, the Vendor must return the credit authorization to

**COMMONWEALTH OF VIRGINIA
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the LDSS. Once a new credit authorization (or written approval from the EAP) has been provided, the Vendor can provide the approved assistance to the household.

- 6.25 Not exchange the household's credit authorization for cash or give any cash equivalent for excess credit.
- 6.26 Not discriminate against or adversely treat any eligible household in regard to terms and conditions of sale, credit, delivery, or service. EAP recipients shall be charged the price normally charged for the home energy services provided to a similarly situated, non-EAP household.
- 6.27 Provide a written price list to the VDSS for normal and customary services for home energy costs including but not limited to: leak seek and pressure tests; bleeding lines; tank setting; service deposits; reconnection fees; diagnostic fees; membership fees; minimum delivery requirements and costs; and emergency fuel and after hours delivery costs.
- 6.28 Notify the VDSS/LDSS if the Vendor has been approved to provide assistance to a relative prior to providing the service. (Note: the Vendor may be asked to return the credit authorization so another unrelated Vendor can provide the assistance to the household.)
- 6.29 Notify the LDSS of any household situation that threatens life, health, or safety.
- 6.30 Provide Fuel Assistance deliveries in accordance with Vendor's delivery schedule but not more than seven days after receipt of the initial authorization.
- 6.31 Provide Crisis Assistance deliveries/services within 48 hours of receipt of authorization, or within 18 hours of receipt of authorization if the household's situation is life-threatening. A crisis situation would be considered life-threatening if 1) the temperature is projected to be 32 degrees or less and 2) the household contains at least one vulnerable person (an individual who is under age 6, age 60 or older, or disabled).

The authorization for assistance must be a faxed or emailed "Notification of Eligibility for Crisis Assistance" form or a verbal authorization from the LDSS EAP staff member. The Vendor should not wait to receive the mailed credit authorization to perform the approved delivery/service. However, the credit authorization will be needed for billing purposes. The Vendor must notify the LDSS immediately if unable to meet the required Crisis Assistance time frames.

- 6.32 Verify that the household's fuel supply is at or below the maximum amount for the household to be eligible for Crisis Assistance prior to beginning to fill the household's fuel storage tank. For Crisis Assistance, the household's fuel supply must be
- 25 gallons or less for oil/kerosene, or
 - 20% or less gauge reading for liquid propane/bottled gas.

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If the household's tank contains more fuel than indicated above, the household will be responsible for any delivery and the Vendor can bill the program for a trip charge only.

- 6.33 Conduct a thorough visual inspection of the household's storage tanks and lines to ensure that they are in good condition before attempting to add fuel to that tank. If testing is required, the Vendor should contact the VDSS prior to completing the testing.
- 6.34 Ensure that all credit authorizations have been signed by the correct staff member. Unsigned credit authorizations will be returned to the Vendor. (Note: the staff member should sign his/her own name not the business name).
- 6.35 For equipment related services and fuel deliveries, ensure that Crisis Assistance and Cooling Assistance credit authorizations are also signed by a member of the household.
 - If the Vendor was unable to obtain a customer signature on the credit authorization at the time the assistance was provided, the Vendor can have the customer sign an invoice or a metered delivery ticket instead.
 - For oil/kerosene/gas deliveries, the truck driver should sign the delivery ticket if the customer is not home at the time of the delivery.
- 6.36 Allow Cooling Assistance self-pick-ups of fans and air conditioners within seven days of receipt of authorization.
- 6.37 Provide Cooling Assistance installations within seven days of receipt of authorization.
- 6.38 Not install an air conditioning unit if there is already a working unit in the home. The Vendor shall immediately return the credit authorization to the LDSS along with an explanation of why the unit was not installed. The Vendor shall advise the household to contact the LDSS with any questions/complaints about this situation.
- 6.39 Sell and install only new Underwriters Laboratories (UL) certified parts and equipment.
- 6.40 Not install unvented or portable heating equipment.
- 6.41 Provide a minimum warranty for all installations and repairs: 30 days for labor and one year for parts not covered by manufacturer's warranty. (Note: this is in addition to any manufacturer's warranty on a product.)
- 6.42 Only install products with a minimum manufacturer's warranty of two years for burner, heat exchanger/combustion system, firebox, and/or air conditioner compressor/sealed system, etc.
- 6.43 Provide the household with all original manuals for installed equipment, including operating instructions and suggested regular maintenance.

**COMMONWEALTH OF VIRGINIA
ENERGY ASSISTANCE PROGRAM
FUEL/CRISIS/COOLING VENDOR AGREEMENT**

- 6.44 Remove and dispose of all materials considered to be waste, during the course of completion of all repairs and installations, in accordance with all applicable laws. This will include but is not limited to packaging materials, replaced components, and unused components.
- 6.45 Comply with all billing instructions (for example, providing itemized bills and metered delivery tickets as required) and guidelines provided by the VDSS for each EAP component.
- 6.46 Bill for deliveries made or service rendered up to amount displayed on the household's credit authorization. Any additional costs will be charged to the household as agreed upon by the Vendor and the household.
- 6.47 Bill for provided services as soon as possible but no later than 10 days after the end of the month in which services were provided. Note: For services provided during the last month of a component (either Fuel, Crisis, or Cooling), bills must be submitted before the end of the component.
- 6.48 Provide any additional documentation to verify charges within five days after it is requested by the VDSS/LDSS.
- 6.49 Contact the VDSS if the Vendor has not received payment from the EAP within 45 days following the submission of all required billing documentation.
- 6.50 Apply all EAP payments to customer accounts within 10 business days of receipt of payment.
- 6.51 Apply EAP payments to open accounts unless instructed, in writing, by the VDSS/LDSS to apply the payment to an old amount. Note: EAP payments may be used to pay past due and/or outstanding balances for customers whose accounts are currently open/active and the household is approved for EAP assistance.
- 6.52 Not apply EAP payments to an account balance that has already been written off and/or sent to collections by the Vendor.
- 6.53 Not apply EAP payments to commercial accounts. EAP payments should only be applied to residential accounts.
- 6.54 Clearly enter on the customer's bill the amount of EAP payments received in a manner which identifies the payments as received by the Virginia EAP.
- 6.55 Refund, by check, to the VDSS any overpayments or payments that are received in error. Refunds must be completed during the Federal Fiscal Year (FFY) in which the overpayment or error occurred and provided to the VDSS no later than 30 days after the end of that FFY. (FFY periods are October 1 – September 30.)
 - Mail refunds to: VDSS– Energy Assistance Program, PO Box 630, Richmond VA 23219-0630.

**COMMONWEALTH OF VIRGINIA
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- Refund checks must be made payable to the Treasurer of Virginia.
- Refunds must include the following information: DSS Case Name; DSS EAP Case Number; Date of EAP Check; Reason for refund; Amount of refund.

6.56 Address any complaints from the household, the LDSS, or the VDSS.

6.57 Attempt to attend all training and workshops conducted by/for the EAP. Additionally, the EAP strongly recommends that the Vendor complete EAP related online courses in the Knowledge Center Global Learning Management System to become familiar with the EAP.

7. General Conditions

7.1 **AUTHORITIES:** Nothing herein shall be construed as authority for either party to make commitments that will bind the other party beyond the scope of services contained herein.

7.2 **DISCRIMINATION:** The Vendor shall not discriminate against any household because of race, religion, color, sex, national origin, age, disability, political beliefs, sexual orientation, or any other basis prohibited by state law relating to discrimination.

7.3 **CONFIDENTIALITY:** The Vendor and the VDSS agree that any information and data obtained as to personal facts and circumstances related to households shall be collected and held confidential, during and following the term of this Agreement, and shall not be disclosed without the individual's and VDSS's written consent and only in accordance with federal law or the Code of Virginia. Vendors who utilize, access, or store personally identifiable information as part of the performance of this Agreement are required to safeguard this information and immediately notify the VDSS of any breach or suspected breach in the security of such information. The Vendor shall allow the VDSS to both participate in the investigation of incidents and exercise control over decisions regarding external reporting.

7.4 **SUBCONTRACTS:** The VDSS reserves the right to require the Vendor to obtain permission to subcontract any portion of the work. If requested by the VDSS, the Vendor shall furnish the VDSS the names, qualifications, and experience of their proposed subcontractors. The Vendor shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the Agreement.

7.5 **PERFORMANCES:** All services provided by the Vendor pursuant to this Agreement shall be performed to the satisfaction of the VDSS/LDSS, and in accordance with the applicable federal, state, and local laws, ordinances, rules, and regulations. The Vendor shall not receive payment for work found by the VDSS/LDSS to be unsatisfactory, or performed in violation of federal, state or local laws, ordinances, rules, or regulations.

7.6 **AUDIT:** The Vendor agrees to retain for possible audit all books, records, and other documents relative to this Agreement for five years after final payment. The Vendor agrees

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FUEL/CRISIS/COOLING VENDOR AGREEMENT**

that the VDSS, its authorized agent, and/or State, Federal, and local fraud investigators and auditors shall have full access to and the right to examine and/or remove any said materials during said period. If an audit or investigation is begun before the five-year retention period ends, records must be kept until the completion of the audit. Should an audit by authorized state or federal officials result in disallowance of amounts previously paid to the Vendor, the Vendor shall reimburse the VDSS upon demand.

- 7.7 **DRUG-FREE WORKPLACE:** During the performance of this Agreement, the Vendor agrees to provide a drug-free environment.
- 7.8 **FRAUD:** The Vendor will be permanently disqualified from participating in the EAP upon the first finding of EAP fraud. Fraud includes, but is not limited to, intentionally providing false information to the VDSS or the LDSS; intentional failure to notify the VDSS of a change in circumstances that affects payments received by the Vendor; intentionally accepting payments that the Vendor knows, or by reasonable diligence would know, the Vendor is not entitled to by virtue of an overpayment or otherwise; intentionally making a claim for a payment to which the Vendor is not entitled pursuant to the terms of this Agreement and all applicable rules, regulations, laws and statutes. Repayment must be made unless contrary to a court order.
- 7.9 **NON-FRAUD OVERPAYMENTS:** For overpayments received by the Vendor that are not the result of intent to defraud, the Vendor shall be required to repay the full amount to the VDSS.
- 7.10 **SEVERABILITY.** If any provision of this Agreement or the application thereof to any person or circumstance is held to be invalid, the invalidity shall not affect other provisions of this Agreement, which shall be given effect without regard to the invalid provision or application.

The parties to this Agreement acknowledge the responsibilities, specified above, and will provide the accomplishment of this service in a mutually acceptable and efficient manner.

Vendor Name: _____

Signature of Authorized Representative

Printed Name/Title of Representative

Date

**COMMONWEALTH OF VIRGINIA - ENERGY ASSISTANCE PROGRAM
FUEL/CRISIS/COOLING VENDOR AGREEMENT – VENDOR PROFILE DATA**

| | | | |
|---|--|--|----------------------------|
| Company Name: | | Doing Business As (DBA), if applicable: | |
| Vendor Legal Name (as used on Federal Tax Return for Business): | | Company Owner Name: | |
| Type of Entity: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Trust <input type="checkbox"/> Estate Utility: <input type="checkbox"/> Investor Owned <input type="checkbox"/> Municipal <input type="checkbox"/> Cooperative <input type="checkbox"/> Limited Liability Company (LLC) Is the LLC incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Member or <input type="checkbox"/> Multiple Member | | Taxpayer Identification (ID) Number: <hr style="width:80%; margin-left:0;"/> <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) | |
| Dept of Professional and Occupational Regulation (DPOR) License | | | |
| Number(s): | | Classification(s)/Specialties: | Expiration Date(s): |
| | | | |
| Office Primary Contact Name/Title: | | Office Telephone Number: | |
| Office Physical Address: | | Mailing Address for Correspondence: | |
| Office Email Address: | | Office Fax Number: | |
| Contact Name/Title Regarding Payments: | | Telephone Number Regarding Payments: | |
| Mailing Address for Payments: | | Email Address Regarding Payments: | |

**COMMONWEALTH OF VIRGINIA - ENERGY ASSISTANCE PROGRAM
FUEL/CRISIS/COOLING VENDOR AGREEMENT – VENDOR PROFILE DATA**

| LOCALITIES SERVED | | | | | | | |
|---|------------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|----------------------|
| Please indicate which localities you will serve by placing an "X" in the box in front of the locality. | | | | | | | |
| <input type="checkbox"/> | 001 Accomack | <input type="checkbox"/> | 079 Greene | <input type="checkbox"/> | 161 Roanoke Co. | <input type="checkbox"/> | 510 Alexandria |
| <input type="checkbox"/> | 003 Albemarle | <input type="checkbox"/> | 081 Greensville | <input type="checkbox"/> | 163 Rockbridge | <input type="checkbox"/> | 520 Bristol |
| <input type="checkbox"/> | 005 Alleghany | <input type="checkbox"/> | 083 Halifax | <input type="checkbox"/> | 165 Rockingham | <input type="checkbox"/> | 530 Buena Vista |
| <input type="checkbox"/> | 007 Amelia | <input type="checkbox"/> | 085 Hanover | <input type="checkbox"/> | 167 Russell | <input type="checkbox"/> | 540 Charlottesville |
| <input type="checkbox"/> | 009 Amherst | <input type="checkbox"/> | 087 Henrico | <input type="checkbox"/> | 169 Scott | <input type="checkbox"/> | 550 Chesapeake |
| <input type="checkbox"/> | 011 Appomattox | <input type="checkbox"/> | 089 Henry | <input type="checkbox"/> | 171 Shenandoah | <input type="checkbox"/> | 560 Clifton Forge |
| <input type="checkbox"/> | 013 Arlington | <input type="checkbox"/> | 091 Highland | <input type="checkbox"/> | 173 Smyth | <input type="checkbox"/> | 570 Colonial Heights |
| <input type="checkbox"/> | 015 Augusta | <input type="checkbox"/> | 093 Isle of Wight | <input type="checkbox"/> | 175 Southampton | <input type="checkbox"/> | 580 Covington |
| <input type="checkbox"/> | 017 Bath | <input type="checkbox"/> | 095 James City | <input type="checkbox"/> | 177 Spotsylvania | <input type="checkbox"/> | 590 Danville |
| <input type="checkbox"/> | 019 Bedford | <input type="checkbox"/> | 097 King & Queen | <input type="checkbox"/> | 179 Stafford | <input type="checkbox"/> | 595 Emporia |
| <input type="checkbox"/> | 021 Bland | <input type="checkbox"/> | 099 King George | <input type="checkbox"/> | 181 Surry | <input type="checkbox"/> | 600 Fairfax |
| <input type="checkbox"/> | 023 Botetourt | <input type="checkbox"/> | 101 King William | <input type="checkbox"/> | 183 Sussex | <input type="checkbox"/> | 610 Falls Church |
| <input type="checkbox"/> | 025 Brunswick | <input type="checkbox"/> | 103 Lancaster | <input type="checkbox"/> | 185 Tazewell | <input type="checkbox"/> | 620 Franklin City |
| <input type="checkbox"/> | 027 Buchanan | <input type="checkbox"/> | 105 Lee | <input type="checkbox"/> | 187 Warren | <input type="checkbox"/> | 630 Fredericksburg |
| <input type="checkbox"/> | 029 Buckingham | <input type="checkbox"/> | 107 Loudoun | <input type="checkbox"/> | 191 Washington | <input type="checkbox"/> | 640 Galax |
| <input type="checkbox"/> | 031 Campbell | <input type="checkbox"/> | 109 Louisa | <input type="checkbox"/> | 193 Westmoreland | <input type="checkbox"/> | 650 Hampton |
| <input type="checkbox"/> | 033 Caroline | <input type="checkbox"/> | 111 Lunenburg | <input type="checkbox"/> | 195 Wise | <input type="checkbox"/> | 660 Harrisonburg |
| <input type="checkbox"/> | 035 Carroll | <input type="checkbox"/> | 113 Madison | <input type="checkbox"/> | 197 Wythe | <input type="checkbox"/> | 670 Hopewell |
| <input type="checkbox"/> | 036 Charles City | <input type="checkbox"/> | 115 Mathews | <input type="checkbox"/> | 199 York | <input type="checkbox"/> | 678 Lexington |
| <input type="checkbox"/> | 037 Charlotte | <input type="checkbox"/> | 117 Mecklenburg | <input type="checkbox"/> | | <input type="checkbox"/> | 680 Lynchburg |
| <input type="checkbox"/> | 041 Chesterfield | <input type="checkbox"/> | 119 Middlesex | <input type="checkbox"/> | | <input type="checkbox"/> | 683 Manassas City |
| <input type="checkbox"/> | 043 Clarke | <input type="checkbox"/> | 121 Montgomery | <input type="checkbox"/> | | <input type="checkbox"/> | 685 Manassas Park |
| <input type="checkbox"/> | 045 Craig | <input type="checkbox"/> | 125 Nelson | <input type="checkbox"/> | | <input type="checkbox"/> | 690 Martinsville |
| <input type="checkbox"/> | 047 Culpeper | <input type="checkbox"/> | 127 New Kent | <input type="checkbox"/> | | <input type="checkbox"/> | 700 Newport News |
| <input type="checkbox"/> | 049 Cumberland | <input type="checkbox"/> | 131 Northampton | <input type="checkbox"/> | | <input type="checkbox"/> | 710 Norfolk |
| <input type="checkbox"/> | 051 Dickenson | <input type="checkbox"/> | 133 Northumberland | <input type="checkbox"/> | | <input type="checkbox"/> | 720 Norton |
| <input type="checkbox"/> | 053 Dinwiddie | <input type="checkbox"/> | 135 Nottoway | <input type="checkbox"/> | | <input type="checkbox"/> | 730 Petersburg |
| <input type="checkbox"/> | 057 Essex | <input type="checkbox"/> | 137 Orange | <input type="checkbox"/> | | <input type="checkbox"/> | 735 Poquoson |
| <input type="checkbox"/> | 059 Fairfax Co. | <input type="checkbox"/> | 139 Page | <input type="checkbox"/> | | <input type="checkbox"/> | 740 Portsmouth |
| <input type="checkbox"/> | 061 Fauquier | <input type="checkbox"/> | 141 Patrick | <input type="checkbox"/> | | <input type="checkbox"/> | 750 Radford |
| <input type="checkbox"/> | 063 Floyd | <input type="checkbox"/> | 143 Pittsylvania | <input type="checkbox"/> | | <input type="checkbox"/> | 760 Richmond City |
| <input type="checkbox"/> | 065 Fluvanna | <input type="checkbox"/> | 145 Powhatan | <input type="checkbox"/> | | <input type="checkbox"/> | 770 Roanoke City |
| <input type="checkbox"/> | 067 Franklin Co. | <input type="checkbox"/> | 147 Prince Edward | <input type="checkbox"/> | | <input type="checkbox"/> | 790 Staunton |
| <input type="checkbox"/> | 069 Frederick | <input type="checkbox"/> | 149 Prince George | <input type="checkbox"/> | | <input type="checkbox"/> | 800 Suffolk |
| <input type="checkbox"/> | 071 Giles | <input type="checkbox"/> | 153 Prince William | <input type="checkbox"/> | | <input type="checkbox"/> | 810 Virginia Beach |
| <input type="checkbox"/> | 073 Gloucester | <input type="checkbox"/> | 155 Pulaski | <input type="checkbox"/> | | <input type="checkbox"/> | 820 Waynesboro |
| <input type="checkbox"/> | 075 Goochland | <input type="checkbox"/> | 157 Rappahannock | <input type="checkbox"/> | | <input type="checkbox"/> | 830 Williamsburg |
| <input type="checkbox"/> | 077 Grayson | <input type="checkbox"/> | 159 Richmond Co. | <input type="checkbox"/> | | <input type="checkbox"/> | 840 Winchester |

**AFTER SIGNING THE AGREEMENT AND COMPLETING THE VENDOR PROFILE DATA PAGES,
MAIL THE ORIGINALS OF THE SIGNATURE PAGE AND THE VENDOR PROFILE DATA PAGE TO:
Virginia Department of Social Services – Energy Assistance Program, PO Box 630, Richmond VA 23219-0630
Remember to keep a copy for your records.**

Attachment 3

**FRAUD REDUCTION and ELIMINATION EFFORT (*FREE*) PROGRAM PLAN
LOCAL FISCAL YEAR 2017
(June 2016 – May 2017)**

_____ Department of Social Services

Prepared by:

Submitted by:

Name

Director

Title

Date

**TO PARTICIPATE IN THE REIMBURSEMENT COMPONENT OF THE *FREE*
PROGRAM, THIS DOCUMENT MUST BE COMPLETED.**

ATTACHMENT - STAFFING AND BUDGET INFORMATION

ALL QUESTIONS MUST BE ANSWERED

A. Please provide the following information concerning your agency's FREE Program.

1. Describe your agency's fraud prevention, identification and referral program. Include a detailed description of front-end fraud prevention efforts, including types of questionable case information; traditional investigations; how referrals are made, including how the agency ensures referrals are generated; and disposition of referrals.

2. To whom in the organization does the Fraud Investigator report? Please include name, title, telephone number and email address.

a. Are the results of the investigation reviewed by a supervisor or the director prior to referring the case for prosecution? Y ___ N ___

Administrative Disqualification Hearing? Y ___ N ___

b. How often is statistical information in the Fraud Database Tracking System (FDTs) reviewed by a supervisor?

3. If your agency has entered into an agreement for either contracting out your FREE Program, or sharing a FREE position with other local

departments of social services, please describe the arrangement in full and attach a copy of the agreement/contract to this document. If the FREE position is shared, describe the methods used for referral, physical handling of cases, physical location of the investigator(s), etc.

4. Describe your agency's claim/overpayment establishment and collections process, specifying which position in your agency is responsible for each function.

- B. Your agency must have a verbal or written agreement with the Commonwealth's Attorney. Describe your agreement in full, including the limitations/conditions your Commonwealth's Attorney has placed on cases which will or will not be accepted for prosecution (such as, but not limited to confession required, witness availability, prior criminal record). If there is a written agreement, please attach a copy to this plan.

1. Monetary Threshold? Y___ N___ Amount \$___
2. Trafficking investigations accepted? Y___ N___
3. Written report required? Y___ N___
4. Interview suspect prior to referral? Y___ N___
5. Read Miranda? Y___ N___
6. Initiate collection prior to referral? Y___ N___
7. Timeframe to recall investigation _____ month(s)

C. Does your agency have performance standards? If so, what are they? What happens if performance standards are not met?

D. What training does your agency need? Please be specific.

E. Statement of Assurance

The local agency agrees to the following:

1. Forward all suspected fraud allegations to the fraud investigator/unit or staff member designated as fraud investigator.
2. Investigate fraud allegations in all program areas, except Medicaid that is not associated with a money payment case.
3. Maintain a front-end investigative effort that includes all program applications in which there is questionable information.
4. Refer cases for prosecution based on the agency's agreement with the Commonwealth's Attorney.

5. Refer cases for Administrative Disqualification Hearings (ADH) as required.
6. Access the electronic Disqualified Recipient Subsystem (eDRS) and report disqualifications to eDRS in accordance with SNAP policy.

Name of primary eDRS contact: _____

Name of backup eDRS contact: _____

7. Participate in and investigate allegations resulting from computer match programs, including Public Assistance Reporting Information System (PARIS).
8. Submit delinquent debts to the Set-Off Debt Collection Program (state income tax refunds). Review all Treasury Offset Program (TOP) reports and certify accuracy to the VDSS.

Name of person who submits debts to State Tax: _____

Name of person who reviews TOP debts for certification: _____

9. Report fraud activity to the Fraud Database Tracking System by the 5th calendar day of each month.
10. Notify Fraud Management (FM) of any changes in FREE Program operation and/or staffing as soon as possible.
11. Use the term "Fraud Investigator" as the job title of staff dedicated to the FREE Program. Validate and update LETS (Local Employee Tracking System) data as required.
12. Post all collections to appropriate systems, including ADAPT, VaCMS, and LASER within time frames established by the specific program policy.
13. Pro-rate cash collections on claims involving multiple categories of assistance, as appropriate.
14. Refer, in a timely manner, allegations of Medicaid fraud on cases not associated with a money payment case to the Department of Medical Assistance Services (DMAS) for investigation.

15. Notify the DMAS of non-entitled use of Medicaid services.
16. Make available investigative and claims material to the VDSS upon request.
17. Participate in USDA and Virginia State Police initiatives, such as EBT trafficking investigations and Operation Talon.

Attachment: LFY 2016 FREE Program Staffing

Name of Agency _____

| <u>Name</u> | <u>Title</u> | <u>Total Hours Work Per Week</u> | <u>Hours Work per Week in FREE Program</u> | <u>Hours Work per Week in Other Programs – List Program</u> | <u>Telephone Number</u> | <u>E-mail Address</u> |
|-------------|--------------|--|--|---|-------------------------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Proposed FREE Program Budget (This information is not required but beneficial to Fraud Management):

Salary/Fringe Benefits: _____

Training/Conferences:
(Lodging/Travel/Meals) _____

TOTAL _____

Do not include supervisory, claims, or clerical staff. Enter the TOTAL hours worked per week and the number of hours worked per week in fraud and other programs, specifying the program. Enter ONLY the portion of the individual's salary related to fraud investigations. For example, if the individual's total salary is \$30,000 and that person works 50% of the time in fraud, enter \$15,000.

Delegation

Letters



COMMONWEALTH of VIRGINIA

Office of the Governor

Terence R. McAuliffe
Governor

May 30, 2014

Ms. Lauren Christopher, Director
Division of Energy Assistance
Office of Community Services/ACF/HHS
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

Dear Ms. Christopher:

As the Governor of the Commonwealth of Virginia, I designate the Secretary of Health and Human Resources as the individual responsible for certification of assurances related to the Low Income Home Energy Assistance Program (LIHEAP) grant request made by the Virginia Department of Social Services.

The Secretary of Health and Human Resources will also be responsible for delegating certification of assurances and responsibility for the administration of the grant, as permitted by federal law.

Questions regarding the certification or administration of the grant should be directed to the Secretary of Health and Human Resources at the following address:

Patrick Henry Building
1111 East Broad Street
Richmond, Virginia 23219

I reserve the right to amend or withdraw this designation at any time.

Sincerely,

A handwritten signature in black ink, appearing to read "Terence R. McAuliffe", written over a large, stylized flourish.

Terence R. McAuliffe



COMMONWEALTH of VIRGINIA
Office of the Governor

William A. Hazel, Jr., MD
Secretary of Health and Human Resources

July 3, 2013

Ms. Lauren Christopher, Energy Program Operations Branch Chief
Division of Energy Assistance
Office of Community Services/ACF/HHS
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

Dear Ms. Christopher:

As the Secretary of Health and Human Resources, I am delegating authority to sign assurances and to administer the Low Income Home Energy Assistance Program (LIHEAP) grant to the Commissioner of the Virginia Department of Social Services.

The Commissioner may delegate responsibility for certification of assurances and administration of the grant, as permitted by federal law.

Questions regarding the assurances or the administration of the grant may be directed to the Commissioner at the following address:

Virginia Department of Social Services
801 East Main Street
Richmond, Virginia 23219

I reserve the right to amend or withdraw this designation at any time.

Sincerely,

A handwritten signature in black ink, appearing to read "William A. Hazel, Jr., M.D.", with a stylized flourish at the end.

William A. Hazel Jr., M.D.

WAH:tds



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

July 16, 2013

Ms. Lauren Christopher, Energy Program Operations Branch Chief
Division of Energy Assistance
Office of Community Services/ACF/HHS
370 L'Enfant Promenade, S.W.
Washington, DC 20447

Dear Ms. Christopher:

The Governor delegated responsibility for certification of assurances and administration of the Low-income Home Energy Assistance Program to Virginia's Secretary of Health and Human Resources. The Secretary of Health and Human Resources delegated this authority to the Commissioner of the Virginia Department of Social Services.

The Commissioner may delegate responsibility for the certification of assurances and administration of this grant as permitted by federal law. Therefore, I am delegating responsibility to the Director of the Division of Benefit Programs.

I reserve the right to amend or withdraw this designation at anytime. If you have any further questions, you may contact Andrea Gregg, Energy Assistance Program Manager, at (804) 726-7368.

Sincerely,

A handwritten signature in cursive script, reading "Margaret Ross Schultze".

Margaret Ross Schultze
Commissioner

MRS: tds

Additional Information for Questions

Additional explanation for Questions 1.5 and 1.6

1.5

Each September, we perform a data match between current Supplemental Nutrition Assistance Program (SNAP) households and households that received Energy Assistance in the past 12 months. The household will receive a preapproval letter for Heating Assistance if the following is true: the household has the same case number for both SNAP and the Energy Assistance Program (EAP), the number of people in the household is the same for both programs, and the household passes the eligibility criteria for Heating Assistance.

Note: The household may later apply for Crisis and/or Cooling Assistance but will not need to submit an application for Heating Assistance.

1.6

Virginia EAP does not designate any households as categorically eligible.

Additional Information 2.6

Please see Attachment 1 "Benefit Matrix for Fuel" for details on the point value assigned to various household characteristics.

At the time of the annual Fuel/Heating benefit calculation (early December), benefits are calculated and awarded to all approved households based on the allocation and the number of matrix points awarded statewide. Maximum and minimum benefit amounts are determined at the time of benefit determination.

Question 2.6 Estimates Benefit levels for FY 2017, includes the FY2016 maximum of \$543 and minimum of \$181.

Question 3.6

Cooling Benefit Matrix

In Virginia, the Cooling component offers several types of assistance to eligible households. The types of assistance and the maximums for each type of assistance are included below. Responses to the minimum and maximum benefit included in Question 3.6 represent the benefit amounts for the purchase of a portable fan (\$50) and the purchase and installation of a widow/portable air conditioner (\$550).

Types of Assistance and Benefit Maximums:

Portable Fan \$50

Repair to installed Fan \$100

Security Deposit (Electricity) \$200

Repairs to Central Air Conditioner \$300

Purchase/Installation Ceiling, Attic or Whole House Fan \$350

Pick up Window Air Conditioner \$ 350

Purchase/Installation Window Air Conditioner \$550

Payment of Electric Bill (to operate Cooling equipment): The benefit amount varies depending on the annual LIHEAP federal appropriation and/or funds carried over from Virginia's Heating and Crisis components to the Cooling component. The last several years the maximum benefit range for this type of assistance has been \$100 to 300. Last year the maximum benefit was \$300. Eligible households may receive multiple payments on their electric bill, up to the maximum (within the component period), if funds are available statewide.

Additional explanation for Question 5.10

The average program operations cost per unit is \$7,105 as included in the Department of Energy (DOE) Weatherization State Plan. To maintain the average cost, higher cost jobs are offset by lower cost jobs.

Additional explanations for Questions 10.11 and 10.12

10.11

Currently, there are no LDSS on corrective action for eligibility and/or determination issues. Note: When LDSS are monitored by an EAP consultant, the LDSS may be required to develop a corrective action plan (CAP) to address any errors/issues. The LDSS has 30 days to make all corrections. Once the corrections have been completed, the CAP ends.

Currently, there are no DHCD subgrantees on corrective action for eligibility and/or determination issues. All monitoring findings must be addressed within 30 days after the monitoring review has been completed.

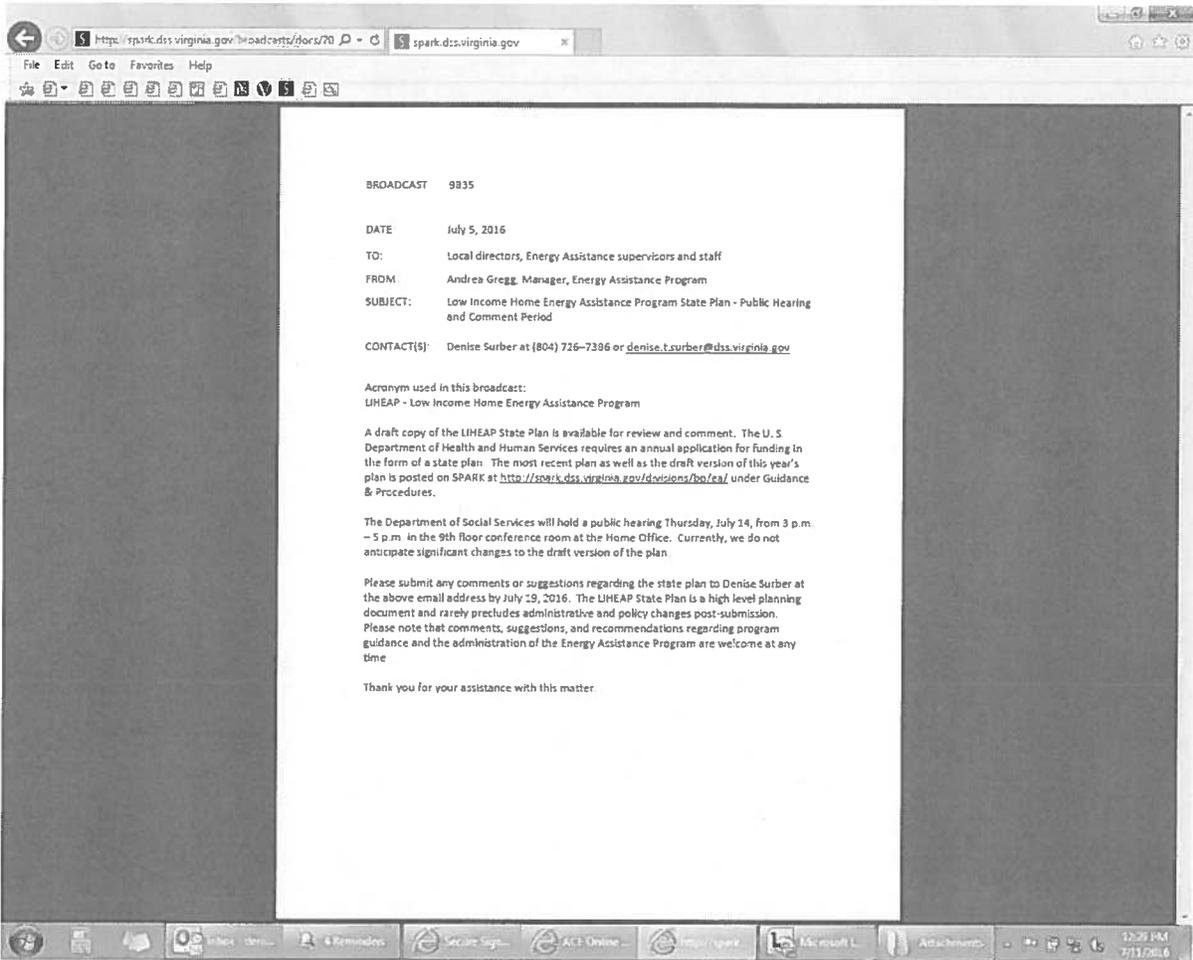
10.12

Currently, there are no LDSS on corrective action for financial accounting or administrative issues. Note: When LDSS are monitored by an EAP consultant, the LDSS may be required to develop a CAP to address any errors/issues. The LDSS has 30 days to make all corrections. Once the corrections have been completed, the CAP ends.

Currently, there are no DHCD subgrantees on corrective action for financial accounting or administrative issues. Nine subgrantees have findings from their most recent annual monitoring review. All monitoring findings must be addressed within 30 days after the monitoring review has been completed.

Additional explanation for Question 11.1

Broadcast on SPARK



Additional explanation for Question 11.1

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Richmond 71°

Richmond Times-Dispatch

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The VA Dept of Social Services will hold a public hearing

Posted 9 hours ago

The VA Dept of Social Services will hold a public hearing Thursday, July 14, 2016, from 3 p.m.-5 p.m. in the 9th floor conference room at 801 E. Main St., Richmond, VA. The purpose of the hearing is to receive comments on the Low Income Home Energy Assistance Program State Plan.

Location: 801 E. MAIN ST., 9TH FLR., RICHMOND, VA 23219

Posted in Legal on Sunday, July 10, 2016 10:53 pm

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Richmond Times Dispatch

12:19 PM 7/11/2016

Additional explanation for Question 11.1

Washington Post Ad

The screenshot shows a web browser window with the address bar containing the URL <http://mypublicnotices.com/washingtonpost/>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. Below the menu bar is a toolbar with various icons for navigation and printing. The main content area is titled "LEGAL NOTICES" and includes a "Home" link in the top right corner. The notice is titled "NOTICE OF PUBLIC HEARING THE VA DEPT" and "Notice of Public Hearing". The text of the notice states: "The VA Dept of Social Services will hold a public hearing Thursday, July 14, 2016, from 3 p.m.-5 p.m. in the 9th floor conference room at 801 E. Main St., Richmond, VA. The purpose of the hearing is to receive comments on the Low Income Home Energy Assistance Program State Plan." Below the notice text, it says "Appeared in: **Washington Post** on Sunday, 07/10/2016". At the bottom of the notice area, there are links for "Printer-friendly version" and "Email to a friend", along with a "Home" link and the text "Powered by myPublicNotices.com". The Windows taskbar at the bottom shows several open applications: Internet Explorer, Reminders, The Washington Post, Microsoft Lync, and Power2Go. The system tray on the right shows the time as 12:23 PM on 7/11/2016.

Additional explanation for Question 11.1

Commonwealth Calendar Posting

The screenshot shows a web browser window displaying the Commonwealth Calendar website. The browser's address bar shows the URL <https://www.commonwealthcalendar.virginia.gov>. The website header includes the Virginia.gov logo and a 'Login' button. Below the header, the page title is 'Commonwealth Calendar' with a 'Calendar Home' button and a 'Help' icon. The main content area is titled 'Event Details' and features the following information:

- Event Title:** Low Income Home Energy Assistance Program (LIHEAP) State Plan Public Hearing
- Date and Time:** Jul 14, 2016 3:00 PM - 5:00 PM
- Description:** The Virginia Department of Social Services will hold a public hearing to receive comments on the Low Income Home Energy Assistance Program (LIHEAP) State Plan.
- Sponsor:** Virginia Department of Social Services, <http://www.dss.virginia.gov/>
- Accessibility:** Handicap Accessible; Deaf Interpreter Available Upon Request
- Location:** Virginia Department of Social Services, 801 East Main Street, Richmond, VA 23219-2901. Must check in with guard in lobby on 11th floor. Hearing will be on the 9th floor.
- Get Directions:** A map showing the location of the event in Richmond, Virginia.
- Contact:** Denise Surber, Consultant, Energy Assistance Program. Email: denise.Lsurber@dss.virginia.gov, Tel: (804) 726-7386, Fax: (804) 726-7350. Address: Virginia Department of Social Services - Benefit Programs, 801 East Main Street - 9th floor, Richmond, VA 23219-2901.

The bottom of the screenshot shows a Windows taskbar with various application icons and a system tray displaying the time as 12:31 PM on 7/11/2016.

Additional explanations for Questions 12.1 and 12.2

12.1

There were 183 fair hearings for the VDSS EAP components.

DHCD did not have any fair hearings in the prior year for the Weatherization component.

12.2

For VDSS EAP components, there were seven.

For DHCD Weatherization, there were none.

Additional explanation for Question 15.2

For all components of EAP, a Fact Sheet containing information about reporting fraud and abuse is provided to clients.

A Fraud Awareness course has been developed for eligibility workers.

Online training is available for vendors. Vendor training has included information on Fraud since FFY 2011.

Additional explanation for Question 17.10

An eligible household which is found to have sold or is selling for profit fuel purchased by the EAP will be ineligible to receive further benefits for 12 months. However, households may sell remaining fuel when the residence is changed or when the primary fuel type changes. If these households have remaining benefits they wish to receive, they must provide verification that the funds received from the sale of the fuel were used to purchase fuel for the new heating source.

An eligible household who is found to have sold or is selling for profit merchandise purchased by the EAP will be ineligible to receive further assistance for 12 months.