

## DETAILED MODEL PLAN (LIHEAP)

**Program Name:** Low Income Home Energy Assistance

**Grantee Name:** DEPARTMENT OF SOCIAL SERVICES MISSO

**Report Name:** DETAILED MODEL PLAN (LIHEAP)

**Report Period:** 10/01/2025 to 09/30/2026

**Report Status:** Saved -- with Errors

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# Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027							
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b> <b>SF - 424 - MANDATORY</b>									
<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual	<b>* 1.c. Consolidated Application/ Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update						
		<b>2. Date Received:</b>	<b>State Use Only:</b>						
		<b>3. Applicant Identifier:</b>							
		<b>4a. Unique Entity Identifier (UEI)</b> LFNCGSDCDYN3							
		<b>4b. Federal Award Identifier:</b>	<b>5. Date Received By State:</b>						
			<b>6. State Application Identifier:</b>						
<b>7. APPLICANT INFORMATION</b>									
<b>* a. Legal Name:</b> State of Missouri									
<b>* b. Address:</b>									
<b>* Street 1:</b>	MISSOURI ENERGY ASSISTANCE UNIT	<b>Street 2:</b>	P.O. BOX 2320						
<b>* City:</b>	JEFFERSON CITY	<b>County:</b>	Cole						
<b>* State:</b>	MO	<b>Province:</b>							
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	65203 - 0088						
<b>c. Organizational Unit:</b>									
<b>Department Name:</b> Department of Social Services		<b>Division Name:</b> Family Support Division							
<b>d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)</b>									
<b>* First Name:</b> Shartina		<b>* Last Name:</b> Campbell							
<b>Title:</b> Program Coordinator		<b>Organizational Affiliation:</b> Department of Social Services							
<b>* Telephone Number:</b> 8163189154		<b>Fax Number</b>							
<b>* Email:</b> Shartina.Campbell@dss.mo.gov									
<b>* 8. TYPE OF APPLICANT:</b> A: State Government									
<b>* a. Is the applicant a Tribal Consortium:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No									
<b>* b. If yes please attach at least one the following documentation:</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">           Catalog of Federal Domestic Assistance Number:         </td> <td style="width: 34%; text-align: center;">           CFDA Title:         </td> </tr> <tr> <td style="padding: 5px;"> <b>9. CFDA Numbers and Titles</b> </td> <td style="padding: 5px;">93.568</td> <td style="padding: 5px;">Low-Income Home Energy Assistance Program</td> </tr> </table>					Catalog of Federal Domestic Assistance Number:	CFDA Title:	<b>9. CFDA Numbers and Titles</b>	93.568	Low-Income Home Energy Assistance Program
	Catalog of Federal Domestic Assistance Number:	CFDA Title:							
<b>9. CFDA Numbers and Titles</b>	93.568	Low-Income Home Energy Assistance Program							
<b>10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Missouri LIHEAP									
<b>11. AREAS AFFECTED BY FUNDING:</b> Statewide									
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b> 3									
<b>13. FUNDING PERIOD:</b>									
<b>a. Start Date:</b> 10/01/2025		<b>b. End Date:</b> 09/30/2026							
<b>* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>									
a. This submission was made available to the State under Executive Order 12372									

Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="radio"/> YES <input checked="" type="radio"/> NO	
If Yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official	17c. Telephone (area code, number and extension)
	17d. Email Address
17b. Signature of Authorized Certifying Official	17e. Date Report Submitted (Month, Day, Year)

## 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.: 0970-013  
Expiration Date: 02/28/2027

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

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

## Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2025	05/31/2026
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Summer crisis assistance	06/01/2026	09/30/2026
<input checked="" type="checkbox"/>	Winter crisis assistance	11/01/2025	05/31/2026
<input type="checkbox"/>	Year-round crisis assistance		
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2025	09/30/2026

Provide further explanation for the dates of operation, if necessary

Energy Assistance: 10/1/25 (Elderly/Disabled applications, remaining application 11/1/25 - 5/31/2026)

Winter Energy Crisis Intervention Program: 11/1/25 (Elderly /Disabled applications, remaining applications 12/1/25 to 5/31/26)

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )	Prior year totals
Heating assistance	37.00%	47.00%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	3.00%	3.00%
Winter crisis assistance	36.00%	26.00%
Year-round crisis assistance	0.00%	0.00%
Weatherization assistance	10.00%	10.00%
Carryover to the following federal fiscal year	4.00%	5.00%
Administrative and planning costs	9.00%	9.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%
Used to develop and implement leveraging activities	0.00%	0.00%
<b>TOTAL</b>	<b>99.00%</b>	<b>100.00%</b>

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration

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

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

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

<input type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify:) Winter Crisis Funds through May 31 (subject to availability of funds). Beginning June 1, any Winter Crisis funds not expended are carried over to Summer Crisis.

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

1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below? ☐ 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	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SSI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SNAP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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

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
<input type="checkbox"/>	Other - Describe

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

<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income

<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits
	<input type="checkbox"/> Including MediCare deduction <input checked="" type="checkbox"/> Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )
<input checked="" type="checkbox"/>	Retirement / pension benefits
<input type="checkbox"/>	General Assistance benefits
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input 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 checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child

<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	<b>Other</b> Sheltered Workshop Supported Employment (administered by the Division of Vocational Rehabilitation), Roomer/Boarder income, Conservation Reserve Program (CRP), Adoption Subsidies, Armed Forces Allotment, Black Lung, Blind Pension, Disability payments through private insurance, or employer sponsored installments, Railroad Retirement Benefits, Strike Benefits, Supplemental Aid to the Blind, Supplemental State Payments, Worker's Compensation, stipends and allotments from nursing homes, and proceeds from selling blood or plasma. Other payments for services rendered.
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	
1.10 Do you have an online application process? <input checked="" type="radio"/> Yes <input type="radio"/> No	
1.10a If yes, describe the type of online application (Select all boxes that apply)	
<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input checked="" type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input checked="" type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
Please include a link(s) to a statewide application, if available:	
<a href="https://formsportal.mo.gov/content/forms/af/moa/my-dss/family-support-division/liheap/liheap/.html">https://formsportal.mo.gov/content/forms/af/moa/my-dss/family-support-division/liheap/liheap/.html</a>	
1.10b Can all program components be applied for online? <input checked="" type="radio"/> Yes <input type="radio"/> No	
If no, explain which components can and cannot be applied for online.	
1.11 Do you have a process for conducting and completing applications by phone? <input checked="" type="radio"/> Yes <input type="radio"/> No	
1.12 Do you or any of your subrecipients require in person appointments in order to apply? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	
1.13 How can applicants submit documentation for verification? Select all that apply:	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, please describe
	Fax

Hidden for Section 1

## Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 2 - Heating Assistance

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

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

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

2.2 Do you have additional eligibility requirements for Heating Assistance? ☒ Yes ☐ No

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

Do you require an Assets test? ☒ Yes ☐ No

If yes, describe:

Each household's resources may not exceed \$3,000.

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☒ No

If yes, describe:

Renters Living in subsidized housing? ☒ Yes ☐ No

If yes, describe:

Only eligible if the client is paying an energy supplier out-of-pocket.

Renters with utilities included in the rent? ☒ Yes ☐ No

If yes, describe:

Clients receive a one-time direct payment equal to 16% of their annual rent, not to exceed the maximum allowed EA benefit. The clients are also not eligible for ECIP benefits.

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☒ Yes ☐ No

If yes, describe:

Elderly clients can apply starting October 1<sup>st</sup> for Energy Assistance and starting November 1<sup>st</sup> for Energy Crisis Intervention Program.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Disabled clients can apply starting October 1<sup>st</sup> for Energy Assistance and starting November 1<sup>st</sup> for Energy Crisis Intervention Program.

Young children? ☐ Yes ☒ No

If yes, describe:

Households with high energy burdens? ☐ Yes ☒ No

If yes, describe:

Other? ☐ Yes ☒ No

If yes, describe:

Explanations of policies for each "yes" checked above:

The elderly and disabled clients can apply starting October 1<sup>st</sup> for Energy Assistance with payments made starting November 1<sup>st</sup>. The remaining population can apply November 1<sup>st</sup> with payments made starting December 1<sup>st</sup>.



<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b>			
<p style="text-align: center;">The elderly and disabled clients can apply starting October 1<sup>st</sup> for Energy Assistance with payments made starting November 1<sup>st</sup>. The remaining population can apply November 1<sup>st</sup> with payments made starting December 1<sup>st</sup>.</p>			
<b>2.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>			
<input checked="" type="checkbox"/>	Income		
<input checked="" type="checkbox"/>	Family (household) size		
<input checked="" type="checkbox"/>	Home energy cost or need:		
<input checked="" type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input type="checkbox"/>	Individual bill		
<input type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe:		
<p style="text-align: center;">Households receiving LIHEAP assistance are able to select the fuel type for which they need assistance, including electric. While this is considered a heating program, payments made toward electric accounts may be utilized for cooling costs October through May.</p>			
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.</b>			
Minimum Benefit	\$153	Maximum Benefit	\$495
<b>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
<p style="color: red; font-weight: bold;">If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>			

## Section 3 - COOLING ASSISTANCE

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

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

#### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

Do you require an Assets test? ☐ Yes ☐ No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☐ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☐ No

If yes, describe:

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

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☐ Yes ☐ No

If yes, describe:

Individuals with a disability? ☐ Yes ☐ No

If yes, describe:

Young children? ☐ Yes ☐ No

If yes, describe:

Households with high energy burdens? ☐ Yes ☐ No

If yes, describe:

Other? ☐ Yes ☐ No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

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

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

<input type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i>			
Minimum Benefit	\$0	Maximum Benefit	\$0
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>			

## Section 4 - CRISIS ASSISTANCE

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

#### Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

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

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

The Energy Assistance Crisis Program (ECIP) is designed to provide financial assistance to households in a verifiable energy crisis. Crisis is defined as: 1) receipt of a termination or disconnect notice indicating a specific disconnect date; 2) A final billing statement advising the account has been terminated; 3) a propane/fuel oil tank is filled at less than 20% capacity; 4) the customer is a cash on deliver (COD) customer; 5) pre-paid electric customer indicates their pre-paid usage is about to run out; of 6) when an applicant indicates another fuel source is about to run out (wood, corn pellets, kerosene).

4.3 What constitutes a life-threatening crisis?

A household currently without or in threat of disconnection of energy services that could impact: An illness or medical condition that poses an immediate risk to the health or life of any LIHEAP household member due to a life-threatening medical condition. Medical statement required; or when a life-threatening condition is sustained by the use of a medical device which requires the use of a source of energy for operation. Medical statement required. Reasonable exclusions: carbon monoxide detectors, smoke alarms, other devices not medically required to support life. The reasonable exclusions listed are not all inclusive.

Crisis Requirement, 2604(c)

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

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

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

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

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

0

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

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have additional/differing eligibility policies for:</b>			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Explanations of policies for each "yes" checked above:</b>			
<p style="text-align: center; font-size: small;">Each client must meet the crisis definition above to receive ECIP bill assistance. Renters with utilities included in the rent are not qualified for ECIP services. To receive a repair/replace service the appliance must be non-working.</p>			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input checked="" type="checkbox"/>	Separate component		
<input type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe:		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input type="checkbox"/>	Amount to resolve the crisis. \$0		
<input checked="" type="checkbox"/>	Other - Describe:		
<p style="text-align: center; font-size: small;">The ECIP benefit amount is the amount needed to resolve the crisis, not to exceed \$800 for Winter or \$300 for Summer.</p>			
<b>Crisis Requirements, 2604(c)</b>			
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No   Explain.			
<p style="font-size: small;">Each of Missouri's nineteen (19) contract agencies provide access to services at a set number of counties. Missouri has 114 counties and the City of St. Louis which all are covered by the nineteen (19) contract agencies.</p>			
<b>4.11 Do you provide individuals who are individuals with a disability the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
<input 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?			
<b>Benefit Levels, 2605(c)(1)(B)</b>			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	\$800.00	maximum benefit	
Summer Crisis	\$300.00	maximum benefit	
Year-round Crisis	\$0.00	maximum benefit	
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No   If yes, Describe			
<p style="font-size: small;">Emergencies Services can be provided to protect the health and safety of the household when other forms of assistance under LIHEAP will not resolve the energy related crisis. Applicants must be LIHEAP eligible in order to receive Emergency Services. Emergency Services funding comes from ECIP Direct Service dollars. Recipients of ECIP funding are not entitled to direct payments. If an Emergency Service is provided, the household will be reimbursed if they pay out of pocket in advance. Contracted agencies are allowed to utilize no more than 2% of the Direct Service funding if they choose to provide Emergency Services as part of their LIHEAP services. This is funding for Emergency needs: blanket purchases, emergency lodging, air conditioner window units, wood stoves, furnace and central air replacement or repairs. Funding used for Emergency Services are deducted from the ECIP Direct maximum of \$800 for Winter ECIP and \$300 for Summer ECIP. Additional funding up to</p>			

\$400 can be applied to furnace or central air replacement or repairs for applications eligible for LIHEAP. The additional \$400 cannot be utilized for the household's energy bills and cannot be accessed until the maximum ECIP benefit for that season has been reached.

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

☒ Yes ☐ No

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

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

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☒ Yes ☐ No

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

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

The Missouri Public Service Commission (PSC) established a Cold Weather Rule (CWR) for Missouri's investor-owned utilities. The CWR prohibits the disconnection of heat-related services and allows customers to make a payment arrangement when the temperature is forecasted to drop below thirty-two (32) degrees Fahrenheit. The period covered under the CWR is November 1 through March 31 of each year. Households that do not honor the payment arrangements made will be subject to disconnect once the temperature is above thirty-two (32) degrees Fahrenheit or beginning in April; whichever comes first. The PSC established a Hot Weather Rule (HWR) for Missouri's investor-owned utilities. The HWR addresses time periods which prohibit the termination of energy services to customers when certain extreme heat conditions are forecasted to exceed ninety-five (95) degrees Fahrenheit, or the heat index is predicted to rise above 105 degrees Fahrenheit. The period covered under the HWR is June 1 through September 30. Households will be subject to disconnect once the temperature is below ninety-five (95) degrees Fahrenheit or beginning in October; whichever comes first. Should an applicant present proof a crisis exists for purposes of receiving ECIP funds, the contract agency should verify with the energy provider whether the service will be terminated or is terminated or whether the service will continue due to the CWR or HWR. If the service remains on due to one of these rules, the 18/48-hour requirements do not begin until the day after the service will actually be disconnected. The contract agency should not assume the CWR or HWR are in place just because the timing falls between the moratorium time periods. Liberty Utilities currently has a moratorium in place due to faulty billing software issues. This applies to all LIHEAP customers being serviced by Liberty Electric, Liberty Gas, and Empire Gas.

**4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?** ☐ 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 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

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

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:

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

5.6 Do you require an assets test? ☐ Yes ☒ No

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

Older Adults?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Individuals with a disability?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Other? Other HUD Programs	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>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.</b>	
<p>The renter's landlord must sign a "Landlord Agreement Form" and it is encouraged that the landlord provides a minimum of 5% cash contribution of the estimated cost to weatherize the unit. For buildings of five or more units under one roof and owned by a for-profit entity, the landlord must contribute a minimum of 20% cash contribution of the estimated cost to weatherize the units before weatherization work can begin. For buildings of five or more units under one roof and owned by a non-for-profit entity, there is no required contribution. Automatic DOE WAP eligibility is allowed for clients living in multi-family properties that have been determined to meet certain criteria through the United States Department of Housing and Urban Development and the United States Department of Agriculture. Under benefit levels from below, there is no maximum LIHEAP Weatherization benefit/expenditure per households; however, \$8,250 is the statewide average cost per home maximum, individual households may exceed \$8,250.</p> <p>Per the Department of Energy's guidelines, certain categorical eligibility is granted to participants that have been means-tested through HUD programs.</p> <p>Each sub grantee has the option to use other eligibility priority; however, if they do use this criteria, they must apply it to all households.</p>	
<b>Benefit Levels</b>	
<b>5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>5.9a If yes, what is the maximum?</b> \$0	
<b>5.10 Do you use an Average Cost per Unit (ACPU).</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>5.10a If so, what is the ACPU amount?</b> \$0	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
<b>5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)</b>	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> <b>Other - Describe:</b> Minimal roof repaid, major appliance replacement is limited to refrigerators, windows must be cost effective, door installation limited to exterior doors and must be cost effective, mechanical ventilation (exhaust fans) minor moisture repair and duct sealing and duct installation. LED light bulbs are also a weatherization measure.
<b style="color: red;">If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	



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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

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

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

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

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

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

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



Joint application for multiple programs (indicate programs included)



Intake referrals to/from other programs (indicate programs included) CSBG, TANF, Food Stamps, MO HealthNet(Medicaid)



One - stop intake centers



Other - Describe:

All programs, except for TITLE VI of the Energy Conservation Act, are administered by the Department of Social Services (DSS) or through contractual arrangements with the nineteen (19) contract agencies throughout the state. Seventeen of which are Community Action Agencies (CAA) and the other two (2) being the Urban League of Metropolitan St. Louis and Mid-America Assistance Coalition (MAAC), both non-profit organizations. CAAs are sub-grantees for the Community Services Block Grant (CSBG) and Head Start, distribute USDA surplus commodities to low-income households, administer programs for Missouri's homeless population, administer the Energy Crisis Intervention Program (ECIP) component of LIHEAP, and the intake and eligibility determination functions for the Energy Assistance (EA) component of LIHEAP. This list is not inclusive of all the services provided. The Urban League of Metropolitan St. Louis covers many of the same functions as the CAAs, a primary exception being the CSBG. MAAC also does not provide CSBG. Eighteen (18) contract agencies also provide information services through contractual agreements with the Missouri Department of Natural Resources for Weatherization services. Missouri's LIHEAP generates a non-Weatherization printout and shares this with the eighteen (18) contract agencies. DSS Family Support Division (FSD) Income Maintenance (IM), who administers TANF, Food Stamps, and MO HealthNet (Medicaid) has Resource Centers where clients can come in person to receive services. Resource Center staff provide LIHEAP applications.

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

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

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

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

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

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

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

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

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

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

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

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

DSS assisted with the development of an ongoing critical needs network in St. Louis, Kansas City, and Joplin that is designed to provide energy assistance services to Missourians with a medical waiver. The waiver prohibits their home energy being disconnected. These individuals are provided information regarding LIHEAP services. DSS is also working with the established Kansas City network. Contracted agencies are working on an outreach effort through back-to-school fairs and energy conservation fairs. Some contract agencies have home energy suppliers and other social service agencies such as American Association of Retired Persons (AARP), United Way, Catholic Charities, Salvation Army, 211 (through United Way), etc. involved with providing outreach is also conducted by contract agencies which provide articles of for faith-based organizations, media, local schools, and outreach/education programs sponsored by the Public Service Commission (PSC) and cannot access agency offices. DSS website provides outreach through the LIHEAP web page at: <https://mydss.mo.gov/utility-assistance>. This web page also contains a link to the LIHEAP brochure.

The LIHEAP team speaks at varied meetings/activities to share information regarding Missouri's LIHEAP. DSS also provides LIHEAP materials at a variety of community events.

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

N/A

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

DSS provides alternate outreach by participating in the Missouri Public Service Commission's campaign to educate households on the seasons rising utility costs and how each household can conserve and take action of their usage and bills. MO BEE (Bee Energy Efficient) will be utilized with state departments and community agencies. Contract agencies are working on outreach efforts through back-to-school fairs and energy conservation fairs. Some contract agencies have home energy suppliers and other social service agencies such as the American Association of Retired Persons (AARP), United Way, Catholic Charities, Salvation Army, 211(through United Way), etc. involved with providing outreach and assistance for low-income citizens. Outreach is also conducted by contract agencies which provide articles for faith-based organizations, media, local schools, and outreach/education programs sponsored by the Public Service Commission (PSC) and Department of Economic Development. Agencies provide intake service through home visits or by telephone for the physically infirm (i.e., elderly or disabled). DSS website provides outreach through the LIHEAP web page @ <https://mydss.mo.gov/utility-assistance>. This web page also contains a link to the LIHEAP brochure.

The LIHEAP team speaks at varied meetings/activities to share information regarding Missouri's LIHEAP.

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

**Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.**

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?

Missouri continues to contract with seventeen (17) Community Action Agencies, the Urban League of Metropolitan St. Louis, and Mid America Assistance Coalition (MAAC). Agencies enter into an agreement with the DSS for administering the LIHEAP program. If a contracted agency is unable or unavailable to continue providing services, DSS would locate a community-based partner to provide the services. The community-based partner may be a Community Partnership which does not require a competitive bid process. DSS may also consider expanding one of the current contractor's geographic service areas as they currently have the expertise to administer the program. This expansion could be ongoing or temporary based on the agency's capacity. DSS may consider a competitive bid process in the future for all agencies which would allow bid submission from Community Action Agencies and local non-profits

8.7 How many local administering agencies do you use? 19

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

☐ Yes  
☒ No

8.9 If so, why?

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

8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? ☐ Yes  
☒ No

8.10a If yes, please explain.

8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. ☐ Yes ☒ No

8.10c If yes, please explain.

**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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

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

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

Heating ☒ Yes ☐ No

Cooling ☐ Yes ☒ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☒ Yes ☐ No

If yes, Describe.

Direct heating payments to an applicant will only be made under the following conditions: The energy supplier has not signed a contractual agreement with the State of Missouri to participate in the LIHEAP. The energy supplier refuses to serve a particular account holder. The energysupplier fails to accept or deny the LIHEAP payment by the required thirty (30) calendar day deadline. The applicant's home energy cost is included as an undesignated portion of their regular monthly rental charge. The applicant pays a landlord for the home energy cost that is not included in their rental agreement. Cylinder propane is used as the home energy heat source. Kerosene is used as the home energy heat source. Wood/wood pellets/corn pellets are used as the home energy heat source. In these circumstances, the applicant is responsible for making the payment and negotiating directly with the Energy Supplier to resolve their energy bill. ECIP payments are only made to suppliers who have either signed an agreement with the DSS or with the contracted agency and are not made directly to the client.

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

The Energy Assistance (EA) Eligibility Notice (EA-6) provides the client the amount of EA assistance paid to them directly or will be paid to the supplier. The EA-6 is mailed to the client when the application is determined eligible. Copies of the computer-generated notification (EA-6) are included with the attachment to this state plan. The Energy Assistance Payment Notice (EA-7) is mailed to the applicant after the payment is made to the supplier. It includes the date, amount of the payment, and the energy supplier paid. Copies of the computer-generated notification (EA-7) are included with the attachments to this state plan. When an ECIP payment is made to the energy supplier, the contracted agency sends a client notification letter to the applicant which advises the applicant of the date, amount of payment, and the name of the energy supplier.

### 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?

The LIHEAP Supplier Agreement between Missouri Department of Social Services and The Home Energy Supplier states the energy supplier, "Shall provide energy fuels in the amount at least equivalent to the amount of pledge made by the State Agency on behalf of the eligible customer; restore and/or continue service during the service period covered by the payment for at least thirty (30) calendar days from the date of pledge made on behalf of the eligible customer for whom the Supplier has agreed to accept the LIHEAP pledge". In addition, states in part, "Shall credit, through normal billing process, the full amount of the LIHEAP payment received to an eligible customer'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?

The LIHEAP Supplier Agreement between the Missouri Department of Social Services and the Home Energy Supplier Agreement states, "Shall not discriminate with regard to the terms or conditions of sale, availability of credit, delivery or price of home energy fuels offered to eligible customers in relation to its other residential customers".

Energy Supplier complaints are referred to the Missouri Public Service Commission (PSC) for regulated suppliers and the Missouri Attorney General's Office (AGO) for unregulated suppliers.

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

☐ Yes ☒ No

If so, describe the measures unregulated vendors may take.

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

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



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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

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

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

All expenditures of LIHEAP funds are made available under policy, procedures, rules and regulations by the Missouri Office of Administration, Department of Social Services, Division of Financial and Administrative Services and the Missouri Treasurer's Office. No expenditures for heating/cooling assistance payments for the Energy Assistance (EA) component of LIHEAP are made unless: The eligibility of the program participant has been established and updated to the centralized computer file, which performs numerous edits to validate the accuracy of the determination and determines the amount of assistance to be paid. The home energy supplier who is to receive payment on behalf of the household has entered into an agreement to participate in LIHEAP and has been added to the automated file of participating home energy suppliers; and The payment to be made to the home energy supplier or the eligible household has been prepared through the Missouri automated check writing system which performs numerous edits to assure the accuracy of the payment and the eligibility of the home energy supplier or household to receive the payment. Funds provided to the contract agencies for the Energy Crisis Intervention Program (ECIP) component of LIHEAP are subject to the following conditions: No funds are released to a contract agency unless a signed written agreement which stipulates the purpose(s) for which those funds are expended, as well as several other conditions governing the expenditures of these funds. Contract agencies are required to submit monthly, as well as annual program/financial reports to document the expenditure of funds provided to them through LIHEAP. The State Auditor's Office audits the Family Support Division (FSD's) LIHEAP and makes the results of their audits available at <https://www.auditor.mo.gov>. These audits are scheduled and conducted by the State Auditor's Office (SAO) and are independent of DSS.

##### 10.1a Provide your definitions of the following:

###### Obligation

Funds that have been allocated and contracted out but not dispersed.

###### Expenditures

Amount of funds that have been dispersed.

###### Expenditure timeframe

5 years from date of award

###### Administrative costs

Costs to administer the program, not to exceed 10%.

##### Audit Process

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

☒ Yes ☐ No

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

In accordance with the Office of Management and Budget (OMB) Uniform Guidance Audits of State, Local Governments, and Non-Profit Organizations, each contract agency secures an external audit in order to comply with the Single Audit Act of 1984. Copies of these audit reports are provided to the Department of Social Service, Family Support Division, LIHEAP Unit, and Division of Finance and Administration Services, Compliance Services Unit.

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

No Findings ☒

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

##### 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.
<input checked="" type="checkbox"/> Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
<input type="checkbox"/> Local agencies/district offices are required to have an annual audit (other than A-133)
<input checked="" type="checkbox"/> Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.
<input checked="" type="checkbox"/> Grant recipient conducts fiscal and program monitoring of local agencies/district offices
<input checked="" type="checkbox"/> Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
Compliance Monitoring
10.5. Describe your monitoring process for compliance at each level below. Check all that apply.
Grant recipients have a policy in place for appropriate separation of duties and internal controls.
<input type="checkbox"/> Internal program review
<input checked="" type="checkbox"/> Departmental oversight
<input checked="" type="checkbox"/> Secondary review of invoices and payments
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
Local Administering Agencies/District Offices:
<input checked="" type="checkbox"/> On - site evaluation
<input type="checkbox"/> Annual program review
<input checked="" type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing/Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
A copy of the LIHEAP Contractors Monitoring Guide is included as an attachment to this State Plan
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.
<b>Site Visits:</b>  Missouri has nineteen (19) contract agencies. State staff performs monitoring visits once every three (3) years. Special site visits are conducted prior to the three-year cycle when special circumstances exist. On-Site monitoring may not be possible due to circumstances beyond the states control when events occur that include, but are not limited to, a natural disaster or pandemic.
<b>Desk Reviews:</b>  Desk Reviews are completed annually at the end of each program year.
10.8. How often is each local agency monitored? <i>Please attach a monitoring schedule if one has been developed.</i> Triannually
10.9. How many local agencies are currently on corrective action plans? 0
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

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

<p>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES</p>	<p>August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027</p>	
<p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN</b></p>		
<p><b>Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)</b></p>		
<p><b>11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.</b>  <i>Note: Tribes do not need to hold a public hearing but must ensure participation through other means.</i></p>		
<p><input type="checkbox"/> Tribal Council meeting(s)</p>		
<p><input checked="" type="checkbox"/> Public Hearing(s)</p>		
<p><input checked="" type="checkbox"/> Draft Plan posted to website and available for comment</p>		
<p><input checked="" type="checkbox"/> Hard copy of plan is available for public view and comment</p>		
<p><input checked="" type="checkbox"/> Comments from applicants are recorded</p>		
<p><input checked="" type="checkbox"/> Request for comments on draft Plan is advertised</p>		
<p><input checked="" type="checkbox"/> Stakeholder consultation meeting(s)</p>		
<p><input type="checkbox"/> Comments are solicited during outreach activities</p>		
<p><input type="checkbox"/> Other - Describe:</p>		
<p><b>Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only</b></p>		
<p><b>11.2 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?</b></p>		
	Date	Event Description
1	07/25/2025	Posted to DSS Website for Public Comment from 7/25/2025 - 8/23/2025
2	08/18/2025	Virtual Public Hearing
<p><b>11.3. How many parties commented on your plan at the hearing(s)?</b></p>		
<p><b>11.4 Summarize the comments you received at the hearing(s).</b></p>		
<p><b>11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?</b></p>		
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>		

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 0

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

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

None

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

Hearings may be requested in person, in writing (including fax), or by telephone. Hearings can be requested by the applicant, an authorized representative, friend, relative, or legal representative. Hearing requests can only be denied by the Division of Legal Services (DLS) Administrative Hearings Unit (AHU). Requests for hearing are forwarded to the DLS, AHU. DLS AHU schedules a hearing and notifies all parties by letter stating the hearing date and time of hearing. The hearing will be a telephone hearing unless the claimant (applicant) refuses a telephone hearing. If the claimant (applicant) refuses the telephone hearing, an in-person hearing will be conducted. A representative from the contract agency having first-hand knowledge about the application for services, processing, and decision being heard should attend the hearing. If it is not possible for the representative to attend the hearing, it is recommended the LIHEAP Program Director attend in his/her place. The final decision upon completion of the hearing rests with the Family Support Division (FSD) Director. The contract agency must follow the recommendation indicated in the hearing decision. The law also provides that a Claimant/Applicant aggrieved by the Decision and Order has the right to file an appeal within ninety (90) days from the date of the Decision and Order.

12.5 When and how are applicants informed of these rights?

The LIHEAP application notifies the applicant of their right to request a hearing when a case has been denied or not acted upon in a timely manner. Energy Assistance (EA) and Energy Crisis Intervention Program (ECIP) households are also notified of hearing rights if the application is determined to be LIHEAP ineligible. EA households are notified of their hearing rights via the Energy Assistance Notification (EA-6). The EA-6 states, "You have the right to request a fair hearing if you do not agree with this decision and you request the hearing within ninety (90) days after the date of this letter. If you request a fair hearing, you may present information yourself or you may be represented by your own attorney." ECIP households are notified of their hearing rights in writing on the contract agency's denial letter which is sent by the contract agency. Hearings requested in relation to a decision regarding ECIP are also handled by the DLS AHU using the same procedures.

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

The State of Missouri LIHEAP does not use LIHEAP funds for these services.

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

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

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

13.5 How many households received these services?

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

## Section 14 - Leveraging Incentive Program ,2607A

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

☐ Yes ☒ No

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

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

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

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

## Section 15 - Training

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

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

## Section 15: Training

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

**a. Grant recipient Staff:**

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

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☐ Other, describe:

**b. Local Agencies:**

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

How often?

☒ Annually

☐ Biannually

☒ As needed

☒ Other, describe: Self-paced trainings are available on the LIHEAP Training

Website

☒ On-site training

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☐ Other, describe:

**c. Vendors**

☒ Formal training conference

How often?

☐ Annually

☐ Biannually

☐ As needed

☒ Other, describe: Self-paced trainings are available on the LIHEAP Training

Website

☐ Policies communicated through vendor agreements

☒ Policies are outlined in a vendor manual

<input type="checkbox"/> Other, describe:	
15.2 Does your training program address fraud reporting and prevention?	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

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

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

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

**16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.**

Since FFY2019, the Missouri Information System (MIS) has been the data collection and information system for all aggregated reporting for crisis components (ECIP) related to LIHEAP. MIS tracks performance data for the restoration of home energy service and the prevention of loss home energy service. This system provides data and information for quarterly and annual reports related to ECIP. The State of Missouri Office of Administration Information Technology Services Division (OAITSD) is the source of all data and aggregated reporting for all energy assistance (EA) components related to LIHEAP. OAITSD collects data ranging from consumer demographics to supplier data based on usage by fuel source. This system provides data and information for quarterly and annual reports related to EA. For FFY26 the state will continue to utilize both data systems for data collection for comprehensive LIHEAP services related to EA and ECIP.

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



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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

### 17.1 Fraud Reporting Mechanisms

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



Online Fraud Reporting



Dedicated Fraud Reporting Hotline



Report directly to local agency/district office or Grant recipient office



Report to State Inspector General or Attorney General



Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse



Other - Describe:

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



Printed outreach materials



Posted in local administering agencies offices.



Addressed on LIHEAP application



Website



Other - Describe:

The LIHEAP contract between Missouri Department of Social Services (DSS) and LIHEAP contractors has an entire section title "Fraud and/or abuse". The LIHEAP supplier Agreement between DSS and Home Energy Suppliers contain an entire section titled "Fraud prevention and Reporting" which advises the Energy Supplier how to report suspected issues of fraud as well as making the Energy Supplier aware of the consequences they would face if they concealed any confidential information at their disposal. The LIHEAP Policy and Procedures Manual includes information regarding Reporting LIHEAP Fraud and Reporting Department of Social Services Fraud to Other programs.

### 17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?					
		Applicant Only		All Adults in Household		All Household Members
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input checked="" 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
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested

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

**17.3. Citizenship/Legal Residency Verification**

What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.

☒ Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen

☐ Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.

☒ Non-Citizens must provide documentation of immigration status

☐ Citizens must provide a copy of their birth certificate, naturalization papers, or passport

☐ Non-Citizens are verified through the SAVE system

☐ Tribal members are verified through Tribal enrollment records/Tribal ID card

☒ Other - Describe:

The State of Missouri's current eligibility system, FAMIS contains application information from the Food Stamp Program and may also be used to verify whether a household's member is considered a legal permanent Resident or whether they are excluded from the Food Stamp case for reason, "Citizenship".

**17.4. Income Verification**

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

☒ Require documentation of income for all adult household members

☒ Pay stubs

☐ Social Security award letters

☒ Bank statements

☒ Tax statements

☒ Zero-income statements

☒ Unemployment Insurance letters

☒ Other - Describe:

Household income is verified by: Verbal verification from a current or past employer. (Verification must be documented in the case file.) Employee wage document report. Statement from employer with current date. Income maintenance payroll information. Copy of benefit check. Child Support Payment records. Contracts: Signed and dated statement from tenant or cancelled checks.

☒ Computer data matches:

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

☒ Proof of unemployment benefits verified with state Department of Labor

☒ Social Security income verified with SSA

☐ Utilize state directory of new hires

☐ Other - Describe:

b. Describe any exceptions to the above policies.

**17.5 Identification Verification**

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

☒ 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

<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal Grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input type="checkbox"/>	Other - Describe:
<b>17.6. Protection of Privacy and Confidentiality</b>	
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.	
<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location
<input checked="" type="checkbox"/>	Electronic files are protected in a secure location.
<input checked="" type="checkbox"/>	Other - Describe:  State policies to protect client information: Logging off the system prior to leaving workstation. Paying attention to who can see your computer screens and what information is being displayed. Use Departmental Client Numbers (DCN) instead of SSN for emails or any internet transmission. Encryption is required when any email is sent which contains confidential information. Never share passwords. Shredding confidential information that is being discarded. Safe at Home (SAH) program available through the Secretary of State's Office for survivors of sexual assault, rape, stalking, and domestic violence. SAH provides an assigned address for mail. This mail is then sent to the member(s) from the Secretary of State's Office. Confidential information provided only to those household Members. Information may be released to a limited amount of people such as State Legislators, Personal Representatives or Advocates. In addition to the above the LIHEAP systems and reports masks SSN's by only allowing the last four (4) of the SSN to be visible at any given time on each LIHEAP screen. A Release of Information form to be signed by the applicant is required before any information is released to any requesting party. LIHEAP agency contracts include Information Security Management Requirements.
<b>17.7. Verifying the Authenticity</b>	
What policies are in place for verifying vendor authenticity? Select all that apply.	
<input checked="" type="checkbox"/>	All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/>	Vendors are verified through energy bills provided by the household
<input type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/>	Other - Describe and note any exceptions to policies above:  Policies/process for vendor authenticity: The DSS Home Energy Supplier Agreement contains an entire section titled, "Debarment Certification" which certifies that the Supplier is not presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation, or otherwise excluded from or ineligible for participation under federal assistance programs. The DSS Home Energy Supplier Agreement, Business Compliance states, "The provider must complete and submit Exhibit #3 Registration of Business Name (if applicable) with the Missouri Secretary of State, prior to award of contract. "The vendor may access this information at <a href="http://www.sos.mo.gov/records">http://www.sos.mo.gov/records</a> (Select Business Services, then Business Search from the drop-down box).
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>	
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.	
<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 checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit

<input checked="" type="checkbox"/> <b>Other - Describe:</b>
To protect against fraud, the LIHEAP Eligibility Energy Assistance (EA) System includes online transactions to standardize addresses with United States Postal Service verification program Code One Plus to prevent duplicate addresses from receiving more than one EA payment for the same household for a different fuel source. In addition, staff are not allowed to proceed with application processing until they determine that a duplicate address issue does not exist. If the case does not have a duplicate address issue, the manager may override the system and provide an explanation in the LIHEAP Case Notes (E1CN) screen.
<input checked="" type="checkbox"/> <b>Centralized computer system/database tracks payments to all utilities</b>
<input checked="" type="checkbox"/> <b>Centralized computer system automatically generates benefit level</b>
<input type="checkbox"/> <b>Separation of duties between intake and payment approval</b>
<input checked="" type="checkbox"/> <b>Payments coordinated among other energy assistance programs to avoid duplication of payments</b>
<input checked="" type="checkbox"/> <b>Payments to utilities and invoices from utilities are reviewed for accuracy</b>
<input type="checkbox"/> <b>Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities</b>
<input checked="" type="checkbox"/> <b>Direct payment to households are made in limited cases only</b>
<input checked="" type="checkbox"/> <b>Procedures are in place to require prompt refunds from utilities in cases of account closure</b>
<input checked="" type="checkbox"/> <b>Vendor agreements specify requirements selected above, and provide enforcement mechanism</b>
<input type="checkbox"/> <b>Other - Describe:</b>
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
<b>What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.</b>
<input type="checkbox"/> <b>Vendors are checked against an approved vendors list</b>
<input checked="" type="checkbox"/> <b>Centralized computer system/database is used to track payments to all vendors</b>
<input checked="" type="checkbox"/> <b>Clients are relied on for reports of non-delivery or partial delivery</b>
<input type="checkbox"/> <b>Two-party checks are issued naming client and vendor</b>
<input checked="" type="checkbox"/> <b>Direct payment to households are made in limited cases only</b>
<input type="checkbox"/> <b>Vendors are only paid once they provide a delivery receipt signed by the client</b>
<input type="checkbox"/> <b>Conduct monitoring of bulk fuel vendors</b>
<input checked="" type="checkbox"/> <b>Bulk fuel vendors are required to submit reports to the grant recipient.</b>
<input checked="" type="checkbox"/> <b>Vendor agreements specify requirements selected above, and provide enforcement mechanism</b>
<input type="checkbox"/> <b>Other - Describe:</b>
<b>17.10. Investigations and Prosecutions</b>
<b>Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.</b>
<input type="checkbox"/> <b>Refer to state Inspector General</b>
<input checked="" type="checkbox"/> <b>Refer to local prosecutor or state Attorney General</b>
<input type="checkbox"/> <b>Refer to US DHHS Inspector General (including referral to OIG hotline)</b>
<input checked="" type="checkbox"/> <b>Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public</b>
<input checked="" type="checkbox"/> <b>Grant recipient attempts collection of improper payments. If so, describe the recoupment process</b>
For potential client fraud, notification is sent to the clients of overpayments. The client has ninety (90) days to either sign a repayment agreement or request a hearing. If FSD receives no response, the overpayment is entered into the Claims and Restitution System (CARS). The amount is added to the computer system and an offset is set up against any future Energy Assistance (EA) payments. For agencies or employees that commit fraud, the FSD and DSS Welfare Investigator will conduct onsite and case review monitoring and interviews to determine if victims need to be referred to their local prosecuting attorney. The onsite monitoring may reveal systemic agency issues that need to be corrected. Claims of home energy supplier fraud are referred to state Attorney General Office Consumer Protection hotline.
<input type="checkbox"/> <b>Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?</b>
<input type="checkbox"/> <b>Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated</b>
<input checked="" type="checkbox"/> <b>Vendors found to have committed fraud may no longer participate in LIHEAP</b>
<input type="checkbox"/> <b>Other - Describe:</b>

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

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

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

**Instructions for Certification**

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

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

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

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

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

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

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

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or

voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

#### **Certification Regarding Drug-Free Workplace Requirements**

##### **Alternate I. (Grant recipients Other Than Individuals)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3705 Missouri Blvd. <b>* Address Line 1</b>		
2nd Floor Address Line 2		
Address Line 3		
Jefferson City <b>* City</b>	MO <b>* State</b>	65102 <b>* Zip Code</b>

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

**Alternate II. (Grant recipients Who Are Individuals)**

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

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

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

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

## Section 20: Certification Regarding Lobbying

### Section 20: Certification Regarding Lobbying

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

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

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

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

#### Statement for Loan Guarantees and Loan Insurance

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

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

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

**(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and**



**thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.**



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

## Plan Attachments

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