

# Low Income Home Energy Assistance Program (LIHEAP)

## **LIHEAP Model Plan Template**

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



## Mandatory Grant Application SF-424

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

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

#### 7. APPLICANT INFORMATION

**\*a. Legal Name:** Tennessee Housing Development Agency

**\*b. Address:**

<b>*Street 1:</b>	502Deaderick Street, 3rd Floor	<b>Street 2:</b>	
<b>*City:</b>	Nashville	<b>County:</b>	Davidson
<b>*State:</b>	Tennessee	<b>Province:</b>	
<b>*County:</b>	Davidson	<b>*Zip/Postal Code:</b>	37243-0900

**c. Organizational Unit:**

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

<b>*First Name:</b>	Rebecca	<b>*Last Name:</b>	Carter
<b>Title:</b>	Community Services Director	<b>Organizational Affiliation:</b>	
<b>*Telephone Number:</b>	615-815-3732	<b>Fax Number:</b>	
<b>*Email:</b>	RCarter@thda.org		

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

State Government

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

No.

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

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

	<b>Catalog of Federal Domestic Assistance Number</b>	<b>CFDA Title:</b>
<b>9. CFDA NUMBERS AND TITLES</b>	93.568	Low-Income Home Energy Assistance Program

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

Low-Income Home Energy Assistance for Regular and Crisis Assistance

**11. AREAS AFFECTED BY FUNDING:**

State of Tennessee

**12. CONGRESSIONAL DISTRICTS OF APPLICANT:**

5

**13. FUNDING PERIOD:**

<b>a. Start Date:</b> 10/01/2024	<b>b. End Date:</b> 09/30/2025
<b>*14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>	
<b>a. This submission was made available to the State under Executive Order 12372</b>	
<b>Process for review on:</b>	
<b>b. Program is subject to E.O. 12372 but has not been selected by State for review.</b>	
<b>c. Program is not covered by E.O. 12372.</b>	
<b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO	
<b>If yes, explain:</b>	
<b>16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>	
<input checked="" type="checkbox"/> I AGREE	
<b>**The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</b>	
<b>17a. Typed or Printed Name and Title of Authorized Certifying Official</b>	<b>17c. Telephone (area code, number, and extension)</b>
Rebecca Carter, Community Services Director	615-815-3732
<b>17b. Signature of Authorized Certifying Official (on)</b>	<b>17d. Email Address:</b>
	RCarter@thda.org
<b>17e. Date Report Submitted (Month, Day, Year)</b>	
<b>Attach supporting documents as specified in agency instructions</b>	

**Section 1 - Program Components**

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

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

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

**Section 1 – Program Components**

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

**Section 1 Program Components**

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

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

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

THDA reserves the right to reallocate LIHEAP funds as needed to ensure funds can be utilized prior to the end of the obligation period. THDA reserves the ability to increase the client benefit amount, as needed, in order to reduce the energy burden for LIHEAP households.

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

<b>1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%</b>	<b>Prior year totals (auto-populate)</b>
Heating assistance	51%
Cooling assistance	17%
Summer crisis assistance	
Winter crisis assistance	
Year-round crisis assistance	10%
Weatherization assistance	10%
Carryover to the following federal fiscal year	10%
Administrative and planning costs	
Services to reduce home energy needs including needs assessment (Assurance 16)	2%
Used to develop and implement leverages activities	
<b>TOTAL:</b>	

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

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

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

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

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

<b>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?</b>									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
<b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>									
	<b>Heating</b>		<b>Cooling</b>		<b>Crisis</b>		<b>Weatherization</b>		
<b>TANF</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>SSI</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>SNAP</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Means-tested Veterans programs</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>1.4 a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e., do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.</b>									
<b>1.5 Do you automatically enroll households without a direct annual application?</b>									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
<b>If Yes, explain:</b>									
<b>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?</b>									
<b>SNAP Nominal Payments</b>									
<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b>									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
If you answered "yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c and 1.7d.									
<b>1.7b Amount of Nominal Assistance:</b>					\$				
<b>1.7c Frequency of Assistance</b>									
<input type="checkbox"/>	Once per year								
<input type="checkbox"/>	Once every five years								
<input type="checkbox"/>	Other – Describe:								
<b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>									
<b>Determination of Eligibility - Countable Income</b>									
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?</b>									
<input checked="" type="checkbox"/>	Gross Income								
<input type="checkbox"/>	Net Income								
<input type="checkbox"/>	Other – Describe:								
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>									
<input checked="" type="checkbox"/>	Wages								
<input checked="" type="checkbox"/>	Self - Employment Income								
<input checked="" type="checkbox"/>	Contract Income								
<input type="checkbox"/>	Payments from mortgage or Sales Contracts								
<input checked="" type="checkbox"/>	Unemployment insurance								
<input checked="" type="checkbox"/>	Strike Pay								
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits								
	<input type="checkbox"/>	Including Medicare deduction			<input checked="" type="checkbox"/>	Excluding Medicare deduction			
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)								
<input checked="" type="checkbox"/>	Retirement/pension benefits								
<input checked="" type="checkbox"/>	General Assistance benefits								
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits								

<input type="checkbox"/>	Loans that need to be repaid
<input type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input checked="" type="checkbox"/>	One-time lump sum payments, such as rebates or credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input checked="" type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input checked="" type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	Other: railroad retirement, workers compensation, training stipends, military allotments or regular support from an absent family member or someone not living in the household.

**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.**

**1.10 Do you have an online application process?**

Yes  No

**1.10a If yes, describe the type of online application (select all boxes that apply)**

- A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person, or faxed in for processing.
- A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing
- One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing
- Online application that is also mobile friendly
- Other, please describe
- Please include a link(s) to a statewide application, if available:

**1.10b Can all program components be applied for online?**

Yes  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:**

Yes.

**1.12 Do you or any of your subrecipients require in person appointments in order to apply?**

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, describe0

Verbal verification via phone can be taken for application, signatures and form verification. The person obtaining verbal confirmations/verifications must document the following on each item verified: dcvg'qh'lpk'c'ileppcev'd{ 'en'gpy nco g'qh'r gtupp'v'c'ntpi 'j g'xgtdcn'lp'hto cv'qp" \*u'w'di t'cpv'gg+, p'gtu'qp"calling to provide the lp'hto cv'qp"(cr r'ilecpv'; dcvg'xgtdcn'xgt'ilecv'qp't'ge'g'x'gf, t'lo g'qh'xgtdcn'xgt'ilecv'qp, mg'j qf "qh't'ge'g'k'v' \*k'g'0mobile pj q'pg+. The subgrantee must receive verbal consent from the applicant to allow verbal verification on each form. The applicant's consent to allow verbal verification must be documented on each form and noted in the client database system. If an applicant refuses to allow verbal verification another intake method must be provided. (i.e. mail, drop off, electronic)."

**Section 2 - HEATING ASSISTANCE**

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

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

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

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Priority is given to households with a vulnerable member. A priority point system assigns extra points for a member who is elderly, disabled, child under six, military veteran. Additionally, extra points are given to households with the highest energy burden. THDA also base the allocations on census data that include poverty. After the total number of points is determined for the household, the applicants are ranked from highest to lowest. The household with the highest number of points receive priority for assistance and will be served subject to available funds. The total number awarded to households is the determining factor in benefit level of assistance provided, except for public housing households which are subject to the payment of "overages".

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

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



<input type="checkbox"/>	Dwelling type		
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe: THDA will use the FY2025 State Median Income for Tennessee as adjusted for household size for the FY2025 performance year.		
<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	\$600.00	Maximum Benefit	\$1,000.00
<b>2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe. THDA will allow subgrantees to provide blankets to eligible households with a unit cost of no more than \$50.00. Subgrantees can provide space heaters to eligible households with at least one vulnerable member. The cost of space heaters cannot exceed \$200.00 per unit.			
<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 3 - COOLING ASSISTANCE**

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

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

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

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Priority is given to households with a vulnerable member. A priority point system assigns extra points for a member who is elderly, disabled, child under six, military veteran. Additionally, extra points is given to households with the highest energy burden. THDA also base the allocations on census data that include poverty. After the total number of points is determined for the household, the applicants are ranked from highest to lowest. The household with the highest number of points receive priority for assistance and will be served subject to available funds. The total number awarded to households is the determining factor in benefit level of assistance provided, except for public housing households which are subject to the payment of "overages".

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

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

<input type="checkbox"/>	Dwelling type		
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe: THDA will use the FY2025 State Median Income for Tennessee as adjusted for household size for the FY2025 performance year.		
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.</b>			
Minimum Benefit	\$600.00	Maximum Benefit	\$1,000.00
<b>3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe. Subgrantees can provide fans to eligible households. The unit cost of the fan cannot exceed \$100.00. Subgrantees can provide portable AC units to eligible households with at least one vulnerable member. The cost of window units cannot exceed \$300.00 per unit.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

**Section 4 - CRISIS ASSISTANCE**

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

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

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 4 – Crisis Assistance**

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60%

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

Read below due to limited space.

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

Read below due to limited space.

**Crisis Requirement, 2604(c)**

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
<b>4.6 Do you have additional eligibility requirements for crisis assistance?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4.7 Check the appropriate boxes below to indicate type(s) of assistance provided</b>			
Do you require an assets test? No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
Older adults? Yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with a disability? Yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young children? Yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Households with high energy burdens? Yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other? Yes, Military Veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**In Order to receive crisis assistance:**

Must the household have received a shut-off notice or have a near empty tank? Yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank? Yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have exhausted their regular heating benefit? No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice? No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating or cooling be medically necessary? No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment? No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Renters? No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing? No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent? No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanations of policies for each "yes" checked above:

Read below due to limited space.

**Determination of Benefits**

**4.8 How do you handle crisis situations?**

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

	customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe:		
<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.		\$
<input type="checkbox"/>	Other - Describe:		
<b>Crisis Requirements, 2604(c)</b>			
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Explain. All ninety-five (95) counties in Tennessee are served by a network of community action agencies.			
<b>4.11 Do you provide individuals with a disability the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain.			
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If no, explain.			
<b>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</b>			
<b>Benefit Levels, 2605(c)(1)(B)</b>			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	Maximum Benefit		\$ 0.00
Summer Crisis	Maximum Benefit		\$ 0.00
Year-Round Crisis	Maximum Benefit		\$ 1,000.00
<b>4.13 Do you provide in-kind (e.g., blankets, space heaters, fans) or other forms of benefits?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe. <small>We allow subgrantees to provide blankets to eligible households with a unit cost of no more than \$50.00. Subgrantees can provide fans to eligible households, the unit cost cannot exceed \$100.00. Subgrantees can provide portable AC units to eligible households with at least one vulnerable member. The cost of window units cannot exceed \$300.00 per unit. Subgrantees can provide space heaters to eligible households with at least one vulnerable member. The cost of the space heaters cannot exceed \$200.00 per unit.</small>			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>If you answered "Yes" to question 4.14, you must complete question 4.15.</b>			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>		Winter Crisis	Summer Crisis
			Year-Round Crisis
Heating system repair		<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement		<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair		<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement		<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase		<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase		<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)		<input type="checkbox"/>	<input type="checkbox"/>
Utility poles/gas line hook-ups		<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):		<input type="checkbox"/>	<input type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>If you responded "Yes" to question 4.16, you must respond to question 4.17.</b>			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
<b>4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster</b>			

related crisis situations?	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
If yes, describe:	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

Crisis Assistance will be provided in an amount sufficient to alleviate the crisis and within the applicant's determined benefit level amount. The Crisis Assistance component will be based on uncontrollable circumstances which must include either a shutoff notice, disconnected utilities or a lack of home delivered fuel notice in combination with at least one of the following: Household has an unanticipated medical or major household expense. Out of pocket expense should exceed 100% of current utility bill. Documentation could include: receipts of payments made to meet unanticipated medical or major household expense. Household wage earner with at least a year of stable work history has lost his/her job within the last twelve (12) months. Documentation could include: letter from employer, termination or lay-off notice, UI claims, UI notification of eligibility. Household wage earner has left the home within the past forty-five (45) days. Documentation could include recent application for family assistance (Families First, Food Stamps), order of protection, police report, revised lease, or other legal documentation. Death of Wage earner within the last twelve (12) months. Documentation could include obituary, death certificate, and funeral program. Significant loss of work hours. Documentation could include a letter from employer outlining details of loss of work hours or pay stubs. Household wage earner is unable to work due to illness and does not receive sick leave or time away from work. Documentation could include a statement from employer. Household has a non-functioning or malfunctioning heating system. Child under the age of six (6) in the home, Elderly - one member of household is age 60 or above. Disabled - one member of the household is disabled. Uncontrollable Circumstances must be explained by the household member and documented to the extent possible.

4.3 What constitutes a life-threatening crisis?

If a household member is in eminent danger of death or serious injury they are considered to be in a life-threatening situation. Subgrantees are aware of the eighteen (18) hours time frame and the need to address household member's needs when they are in a life-threatening situation. To ensure all subgrantee staff are aware of the importance of providing crisis assistance within eighteen (18) hours in life-threatening situations, state wide training for all subgrantee staff is held annually. This is addressed and the time frame and definition of life-threatening is discussed. This is also included in their training material, and is a part of the subgrantees annual operational plan signed by the Executive Director, Program Director, and Fiscal Officer for each subgrantee. The plan is discussed in detail with subgrantee staff to make sure they are aware of the requirements and policy.

4.7 Explanation of Policies checked for each "yes"

THDA only offers one type of utility assistance per program year. We marked no for exhausted heating benefit even though this is not applicable because we only offer crisis assistance or regular assistance once in a program year. The applicant can be disconnected or have a shut off notice, disconnected utilities or a lack of home delivered fuel notice in combination with at least one uncontrollable circumstance as described in 4.2. We originally checked these boxes as no because the question says, "must", and it is an either/or situation. Determination of Benefits 4.8 How do you handle crisis situations?

**Section 5 - WEATHERIZATION ASSISTANCE**

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

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

**5.2 Do you enter into an interagency agreement to have another government agency administer a Weatherization component?**

Yes       No

**5.3 If yes, name the agency and attach a copy of the internal agreement or contract.**

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

Yes       No

**Weatherization - Types of Rules**

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

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

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

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- and 4-unit buildings) are eligible units or will become eligible within 180 days.

Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities)

Other - Describe:

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

Income threshold

Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit

Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards.

Other - Describe: 200% FPL for LIHEAP Weatherization instead of 150% so the income guidelines are in sync. No cap for LWx jobs, justification still required for jobs exceeding DOE cap. An energy audit is required to identify eligible measures.

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

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

Yes       No

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

Do you require an assets test?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>Do you have additional or differing eligibility policies for:</b>				
Renters?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Renters living in subsidized housing?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Renters with utilities included in the rent?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Do you give priority in eligibility to:</b>				
Older adults?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Individuals with a disability?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Young children?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Households with high energy burdens?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of

Type text here

these policies in the text field below.

Read above due to limited space.

**Benefit Levels**

**5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?**

Yes  No

If yes, what is the maximum: \$

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

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

<input checked="" type="checkbox"/>	Weatherization needs assessments/audits	<input checked="" type="checkbox"/>	Energy-related roof repair
<input checked="" type="checkbox"/>	Caulking and insulation	<input checked="" type="checkbox"/>	Major appliance Repairs
<input checked="" type="checkbox"/>	Storm windows	<input checked="" type="checkbox"/>	Major appliance replacement
<input checked="" type="checkbox"/>	Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/>	Windows/sliding glass doors
<input checked="" type="checkbox"/>	Furnace replacement	<input checked="" type="checkbox"/>	Doors
<input checked="" type="checkbox"/>	Cooling system modifications/repairs	<input checked="" type="checkbox"/>	Water Heater
<input checked="" type="checkbox"/>	Water conservation measures	<input checked="" type="checkbox"/>	Cooling system replacement
<input checked="" type="checkbox"/>	Compact florescent light bulbs	<input type="checkbox"/>	Community Solar projects
<input type="checkbox"/>	Rooftop solar	<input checked="" type="checkbox"/>	Other - Describe: <small>Health &amp; Safety and deferred mitigation related to a dwelling receiving weatherization services.</small>

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



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

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

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OMB Clearance No.: 0970-0075  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 6 – Outreach**

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

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

<input checked="" type="checkbox"/>	Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
<input checked="" type="checkbox"/>	Publish articles in local newspapers or broadcast media announcements.
<input checked="" type="checkbox"/>	Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
<input 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 type="checkbox"/>	Execute interagency agreements with other low-income program offices to perform outreach to target groups.
<input checked="" type="checkbox"/>	Web posting
<input 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.**

All LIHEAP application information is listed on THDA's website: [www.thda.org](http://www.thda.org).

**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

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

**MODEL PLAN**

**Section 7 – Coordination**

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

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

Joint application for multiple programs

**Indicate programs included:**

Intake referrals to or from other programs

**Indicate programs included:**

One-stop intake centers

Other - Describe: Some subgrantees use a universal application system at initial intake.

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

**Section 8 – Agency Designation**

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

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

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

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

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

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

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

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

<b>8.5 LIHEAP Component Administration</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	Community Action Agencies	Community Action Agencies	Community Action Agencies	Community Action Agencies
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	Community Action Agencies	Community Action Agencies	Community Action Agencies	
<b>8.5c Who processes benefit payments to bulk fuel vendors?</b>	Community Action Agencies	Community Action Agencies	Community Action Agencies	
<b>8.5d Who performs installation of weatherization measures?</b>				Community Action Agencies

**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. Please see attachment.**

**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? Read below due to limited space.**

**8.7 How many local administering agencies do you use? 19**

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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**8.9 If so, why?**

<input type="checkbox"/>	Agency was in non-compliance with grant recipient requirements for LIHEAP -
<input type="checkbox"/>	Agency is under criminal investigation.
<input type="checkbox"/>	Added agency
<input type="checkbox"/>	Agency closed
<input type="checkbox"/>	Other – describe

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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<b>8.10a If yes, please explain:</b>	
<b>8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc.</b>	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
<b>8.10c if yes, please explain:</b>	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

8.6 What is your process for selecting local administering agencies?

Tennessee's nine (9) human resource agencies were created by Chapter 289 of the Public Acts of 1973, known as the Human Resource Agency Act of 1973, and operate under the authority of Tennessee Code Annotated, Title 13, Chapter 26, as mentioned. This legislation provides a regional system to deliver human resource programs in the state's counties and cities. CAA's were the initiative of the Economic Opportunity Act of 1964, and there are 20 CAA's in Tennessee. LIHEAP is operated by nineteen (19) HRA's and CAA's that cover all ninety-five (95) counties in Tennessee. There is no overlap in service delivery areas. These were established at the beginning of the LIHEAP program in Tennessee, and have not changed.

Subgrantees receive contracts each year (template attached) with an allocation that is based on the three (3) year rolling average of SAIPE data based on poverty. The contracts are the same for each agency, but the allocation will be different. Subgrantees are monitored by THDA's Compliance & Asset Management team, as well as the State Comptroller's Office, and subject to a single audit each year. If a subgrantee was found to be non-compliant, were chose not to participate, closed, or were found to be unsuitable to carry out the LIHEAP program, an adjoining subgrantee would be selected to cover the territory. This has not been necessary in Tennessee in the history of the program.

Subgrantees are under contract and required to submit an operational plan from a state standard template each year. The standard operating procedures LIHEAP Policy Manual states policies and standards for agencies to follow in the Agency Specific Operational Plan which demonstrates an understanding of the policies and requirements.

Subgrantees follow one state policy. We do not allow subgrantees to develop their own policies. Subgrantees are part of the policy making process. In addition, numbered memorandums are developed as needed for clarification or changes.

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

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

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

**Section 9 – Energy Suppliers**

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

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

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

If yes, Describe.

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

A letter is generated from the LIHEAP software program in the local subgrantee office and mailed to the client, or given to the client when they are in the local subgrantee office.

**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?**

Read below due to limited space.

**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?**

Read below due to limited space.

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

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

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?

Nineteen (19) sub-grantees have vendor agreements with all vendors. Section A of the Vendor Agreement States:

The Home Energy Supplier agrees to the following conditions and terms:

1. To participate in the Low Income Home Energy Assistance Program (LIHEAP) in accordance with the approved LIHEAP State Plan and Federal regulations.
2. To accept benefit checks and vouchers on behalf of eligible households for the purpose of providing LIHEAP services for clients identified to receive such benefits.
3. To apply benefit check or voucher amounts to the energy accounts of eligible and certified households.
4. To not discriminate against the eligible customers in offering deferred payment or level payment plans or in the other conditions of sale, credit, or price to the customer.
5. To record the LIHEAP payments to the Home Energy Supplier's books as a credit to the LIHEAP households' current active energy account.
6. To refund upon receipt any LIHEAP credit balances to the LIHEAP agency who made the payment on behalf of the customer, if the customer terminates their service.
7. To provide, at no cost, the LIHEAP customers' energy consumption history for the previous twelve (12) months, or available history.
8. To be responsible for compliance with the terms and provisions of this agreement and to understand that this agreement may be revoked by the LLA for noncompliance by the Home Energy Supplier.
9. To permit and cooperate with State and/or Federal investigations undertaken in connection with Section 2608, Title XXVI, Low Income Home Energy Assistance Act of 1981 as amended, concerning the use of funds received under this title in order to evaluate compliance with the provisions and assurances made by the State. Such investigations may require examination of appropriate books, documents, papers and records pertaining to customers served with funds under this program. Reasonable notice will be made to the Home Energy Supplier in advance of any investigation and the costs of conducting such an investigation will be borne by the Department.

Type text here

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?

Section A.4 of the LIHEAP Vendor Agreement states: "To not discriminate against the eligible customers in offering deferred payment or level payment plans or in the other conditions of sale, credit, or price to the customer."

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

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

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

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

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

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

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

Obligation:	Funds committed to subgrantees for LIHEAP specific activities.
Expenditures:	Costs incurred by a subgrantee for LIHEAP specific activities.
Expenditure timeframe:	The start and end dates for a designated contract period.
Administrative costs:	Allowable costs necessary for the proper administration of the LIHEAP program.

**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.**

The State Comptroller's office who performs the Single audit for the State of Tennessee and all component units serves as THDA's external auditor.

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

Please see attachment for Findings.

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
Please see attachment for Findings.				

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

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

**Grant recipient employees:**

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

**Local Administering Agencies or District Offices:**

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

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

See the attached PY24 Monitoring Plan along with the Monitoring Process Checklist.

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

<b>subrecipients are utilized.</b>	
Site Visits:	On-site visits are conducted for all LIHEAP Subrecipients awarded the LIHEAP grant least once every three years.
Desk Reviews:	Desktop monitoring reviews are conducted annually for all Subrecipients awarded the LIHEAP grant. The desk review includes an in-depth assessment of the subrecipients' administration of the LIHEAP grant. 19 Subrecipients are required to adhere to the audit requirements outlined in 45 CFR 75 Subpart F.
<b>10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.</b>	
<input checked="" type="checkbox"/>	Annually
<input type="checkbox"/>	Biannually
<input checked="" type="checkbox"/>	Triannually
<input type="checkbox"/>	Other,
<b>10.9. How many local agencies are currently on corrective action plans?</b> There are currently no Subrecipients on a CAP for PY2024.	
<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)**

U.S. Department of Health and Human Services  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
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**Section 11 – Timely and Meaningful Public Participation**

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

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

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

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

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

	Date	Event Description
1	7/15/2024	Published Draft Model Plan for Comment on THDA Website
2	8/15/2024	Virtual Public Hearing

**11.4. How many parties commented on your plan at the hearing(s)?** Hearing scheduled for 8/15/24.

**11.5 Summarize the comments you received at the hearing(s).** Hearing scheduled for 8/15/24.

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

Hearing scheduled for 8/15/24.

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



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

U.S. Department of Health and Human Services Administration for Children and Families	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 12 – Fair Hearings</b>	
<b>Section 12: Fair Hearings, 2605(b)(13) - Assurance 13</b>	
<b>12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year?</b>	
0	
<b>12.2 How many of those fair hearings resulted in the initial decision being reversed?</b>	
0	
<b>12.3 Describe any policy or procedural changes made in the last federal Fiscal Year as a result of fair hearings?</b>	
None	
<b>12.4 Describe your fair hearing procedures for households whose applications are denied or not acted upon in a timely manner.</b>	
Read below due to limited space.	
<b>12.5 When and how are applicants informed of these rights?</b>	
Read below due to limited space.	
<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>	

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

A client may apply by e-mail, physical mail, in person, through an authorized representative, or at a home visit if the client needs assistance. We have instances where a client sends in an application that does not have enough information to determine who is the applicant, where the applicant lives, etc. In this instance, the client could appeal, but the sub-grantee would offer to help the client to fill out the application, and then process the application. In instances where applications are not acted on in a timely manner, a client may appeal. Individuals whose claims for LIHEAP assistance are denied or are not acted upon with reasonable promptness, except if the denial or lack of reasonable promptness is due to lack of funds, may request a hearing with the local contracting agency. No hearing shall be required if LIHEAP funds are no longer available to the local contracting agency. The standard state policy is as follows: Each local contracting agency shall establish processes and procedures for hearings at the local level. At a minimum, such process and procedures shall include the following requirements: That requests for hearings be made in writing, on a form provided by the local contracting agency, with specific information about the error made by the local contracting agency in denying or not acting with reasonable promptness on an individual's claim for LIHEAP assistance; That a copy of the completed form be given to the individual requesting the hearing, with one copy to THDA and a copy retained by the local contracting agency in the individual's permanent file; That requests for a hearing shall be filed within 30 calendar days of the denial of LIHEAP assistance or within 30 calendar days following a claim for LIHEAP assistance that has not been acted upon by the local contracting agency; That the local contracting agency will hold a hearing, in accordance with their policies and procedures, within a reasonable time, from the date of a proper request for a hearing and shall provide written notice of the results of the hearing to both the individual who requested the hearing and THDA. Individuals who properly apply for LIHEAP assistance shall be informed by the local contracting agency at the time of a denial of their application of the following: 1. the ability to request a hearing; 2. the requirements associated with requesting a hearing; and 3. the ability to be represented by an authorized representative, such as legal counsel, relative, or friend. The local contracting agency shall also provide information and referral services regarding any legal services available in the community that may be available to the individual requesting the hearing. The local contracting agency shall notify, in writing, all individuals who claim LIHEAP assistance whether their claim for assistance is approved or denied. If the claim for assistance is approved, the written notification shall also indicate the benefit amount to be provided. If the claim for assistance is denied, the written notification shall state the correct procedures to follow to request a hearing in connection with the denial and shall include the items stated above. Individuals whose claim for LIHEAP assistance is denied, and that denial is upheld by the local contracting agency, may request a review by the Tennessee Housing Development Agency (THDA). Requests to THDA for a review may be made in writing, electronic mail, or telephone within thirty (30) days of the date of the written notification of the outcome of the hearing conducted by the local contracting agency. No request for a THDA review will be accepted until a hearing has been held by the local contracting agency and notification of the results have been made. All requests to THDA for a review shall include all materials submitted by the individual to claim LIHEAP assistance and all other documentation and communication between the individual claimant and the local contracting agency and shall be submitted to: Rebecca Carter, Community Services Director, Tennessee Housing Development Agency, 502 Deaderick Street, 5th Floor, Nashville, TN 37243, (615) 815-3732 RCarter@thda.org.

12.5 When and how are applicant's informed of these rights?

Clients are notified of the fair hearing process on their signed application for benefits. We also require notice on approval and denial letters. In addition, offices post the fair hearing/appeal sign in their lobby and common areas where clients are present. Clients that raise concerns are offered the right to appeal by THDA staff. Agencies report that they also do this. Some agencies include a flyer in the client information packet, but this is not a requirement. Some agencies have group sessions with LIHEAP applicants and they discuss the fair hearing process. It is not practical for all agencies to have group sessions with clients. I have attached a sample one agency uses for their poster so you can see the customization that takes place. Subgrantees can never do less than the state policy. Local sub-grantees can develop a process, not a new policy to ensure that fair hearings and appeals are carried out at the local level.

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

U.S. Department of Health and Human Services Administration for Children and Families	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN</b>	
<b>Section 13 – Reduction of Home Energy Needs</b>	
<b>Section 13: Reduction of Home Energy Needs, 2605(b)(16) - Assurance 16</b>	
<b>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?</b>	
Read below due to limited space.	
<b>13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?</b>	
Read below due to limited space.	
<b>13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year? Impact can be measured in many different ways: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management for example.</b>	
Local subgrantees track the impact in this program year with tracking tools provided by THDA for A16 activities.	
<b>13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.</b>	
Clients do not apply for this service, but it is provided. This is why we put 0 in 13.5.	
<b>13.5 How many households received these services?</b>	
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>	

13.1 Describe the impact of such activities on the number of households served in the previous federal FY?

Some agencies offer specific classes to clients to help reduce the energy burden, but we do not collect their attendance data. Energy saverflyer's are provided to clients and one on one counseling takes place. Sub-grantees conduct Assurance 16 activities at their local agency. Examples are as follows: Provide energy conservation education in the form of Calendars, pamphlets and fact sheets at the time of application intake. This material will encourage energy conservation and provide the Low Income Home Energy Assistance client with the knowledge to reduce their home energy cost. Provide energy saving videos in lobby while waiting to be assisted and given energy guides. One on one measures will be spoken about to the beneficiary. A survey of this year's beneficiaries to measure the effectiveness of last years measures. Partner with Green Spaces (local energy efficiency educator) to reduce energy usage. Green Spaces will conduct monthly workshops to those interested in reducing energy costs in their homes. We are focusing on Financial Case Managment, Energy Conservation Education and Energy Saver Kits.

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

This is a line item on the sub-grantee budget. THDA has capped this at 2%, and the agency has to describe their activities in their annual operational plan. 2% of each agency's allocation does not exceed the 5% allowed by HHS for A16.

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

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)  
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**Section 14 – Leveraging Incentive Program**

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

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

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

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

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

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

**Section 15 - Training**

U.S. Department of Health and Human Services  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP)  
MODEL PLAN  
Section 15 – Training**

**Section 15: Training**

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

**a. Grant recipient Staff:**

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

**How often?**

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe: Read below due to limited space.

**b. Local Agencies:**

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

**How often?**

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe: Read below due to limited space.

**c. Vendors**

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

**How often?**

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

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

Yes  No

b. Local Agencies  
Other-Describe

Grantee staff at THDA develop, prepare, and deliver training throughout the year based on needs. In addition, grantee staff prepare and update the operational plan and ensure that all needed topics are included. We have implemented an online system and THDA staff have actively participated and have been trained in the use of the system. Statewide virtual training was held for all agencies by THDA staff. The operational plan was discussed in detail. Fraud, waste and abuse prevention and detection was discussed at length at each training session, and sub-grantees were urged to share any additional steps they take to prevent fraud, waste and abuse. We provide training as needed, but no less than annually. In the last year we have presented at TACA (Tennessee Association of Community Action) agencies meeting, performed site visits, conducted one on one meetings with agencies in our offices to go over policies and procedures, and made ourselves available for questions, concerns or comments via e-mail and by phone.

Other-Describe

Each sub-grantee must train their staff for specific procedures, and must describe their training plan for us in their agency operational plan. Each agency must submit a completed operational plan which is attached to Section 8. In addition, numbered memorandums (one attached to Section 8) are issued for clarification or changes to policies. Sub-grantees train their staff regarding any changes as they occur, and always before the beginning of a new Program Year. This year, we also provided statewide training for all agencies by THDA. The operational plan was discussed in detail. Fraud, waste and abuse prevention and detection was discussed at length at each training session, and sub-grantees were urged to share any additional steps they take to prevent fraud, waste and abuse.

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

<b>U.S. Department of Health and Human Services Administration for Children and Families</b>	<b>August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027</b>
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 16 – Performance Goals and Measures</b>	
<b>Section 16: Performance Goals and Measures, 2605(b) - Required for States Only</b>	
<b>16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal Fiscal Year.</b>	
Read below due to limited space.	
<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>	

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures.

Our online LIHEAP system will collect the data needed for the FY2025 program. Sub-grantees have been working with vendors to obtain client data at application intake. THDA has held vendor meetings and discussions on best practices for collecting the required data. Data is kept at the subgrantee level and reported to the Grantee as needed. Clients provide a 12 month (if applicable) energy usage history at the time of application. The monthly totals are entered into the statewide system. High energy user, reconnection and disconnection are check boxes in the statewide system for each client. This information will be pulled from the system and reported to OCS annually. THDA will consider reported Performance Data to determine any changes in benefit levels. We are conducting data analysis to consider possible changes and how they may affect the program.

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 17 – Program Integrity**

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

**17.1 Fraud Reporting Mechanisms**

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

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

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

<input checked="" type="checkbox"/>	Printed outreach materials
<input type="checkbox"/>	Addressed on LIHEAP application
<input checked="" type="checkbox"/>	Website
<input type="checkbox"/>	Printed outreach materials
	Other - Describe:

**17.2. Identification Documentation Requirements**

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

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

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

**17.3 Identification Verification**

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

<input type="checkbox"/>	Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
<input type="checkbox"/>	Verify SSNs with Social Security Administration
<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input checked="" type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input type="checkbox"/>	Match with state Department of Labor system

<input type="checkbox"/>	Match with state and/or federal corrections system
<input type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only)
<input type="checkbox"/>	Other - Describe:
<b>17.4. Citizenship or Legal Residency Verification</b>	
<b>What are your procedures for ensuring that household members are U.S. citizens or qualified non-citizens who are qualified to receive LIHEAP benefits? Select all that apply.</b>	
<input checked="" type="checkbox"/>	Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Non-citizens must provide documentation of immigration status.
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport.
<input checked="" type="checkbox"/>	Non-citizens are verified through the SAVE system.
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card.
<input checked="" type="checkbox"/>	Other - Describe: We have directed our subgrantees to use SAVE procedures.
<b>17.5. Income Verification</b>	
<b>What methods does your agency utilize to verify household income? Select all that apply.</b>	
<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input checked="" type="checkbox"/>	Bank statements
<input checked="" type="checkbox"/>	Tax statements
<input checked="" type="checkbox"/>	Zero income statements
<input checked="" type="checkbox"/>	Unemployment Insurance letters
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Computer data matches:
<input checked="" type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input type="checkbox"/>	Social Security income verified with SSA
<input type="checkbox"/>	Utilize state directory of new hires
<input type="checkbox"/>	Other - Describe:
<b>17.6. Protection of Privacy and Confidentiality</b>	
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>	
<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards.
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input 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: Digital files will be maintained under a secure database and the process included in the Agency Operational Plan.
<b>17.7. Verifying the Authenticity</b>	
<b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>	
<input checked="" type="checkbox"/>	All vendors must register with the state/tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form.

<input type="checkbox"/>	Vendors are verified through energy bills provided by the household.
<input checked="" 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: Vendors are checked in SAM.gov to make sure they are not suspended or debarred.

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

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

<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency.
<input checked="" type="checkbox"/>	Applicants must submit current utility bill.
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input type="checkbox"/>	Balances
<input type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities.
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level.
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval.
<input type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments.
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy.
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities.
<input type="checkbox"/>	Direct payment to households are made in limited cases only.
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above and provide enforcement mechanism.
<input checked="" type="checkbox"/>	Other - Describe: Direct payments are never made to clients.

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

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

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

**17.10. Investigations and Prosecutions**

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

<input type="checkbox"/>	Refer to state Inspector General.
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General.
<input type="checkbox"/>	Refer to U.S. DHHS Inspector General (including referral to OIG hotline).
<input type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.



<input type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process.
<input type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated.
<input checked="" type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP.
<input type="checkbox"/>	Other - Describe:
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

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

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

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

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

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

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

**Instructions for Certification**

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.**
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.**
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.**
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.**
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.**
- 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.**
- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant**

may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

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

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

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

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

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

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

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

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

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Address Line 2

Address Line 3

*City	*State	*Zip Code
<p><b>Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients Who Are Individuals)</b></p> <p><b>(a) The grant recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;</b></p> <p><b>(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.</b></p> <p><b>[55 FR 21690, 21702, May 25, 1990]</b></p>		
<input type="checkbox"/>	<b>By checking this box, the prospective primary participant is providing the certification set out above.</b>	

**Section 20: Certification Regarding Lobbying**

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

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

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

**Section 20 – Certification Regarding Lobbying**

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The following documents must be attached to this application

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

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for Tribes

# Tennessee Low Income Home Energy Assistance Program (LIHEAP) Agencies

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## Blount County Community Action Agency, Inc

3509 Tuckaleechee Pike  
Maryville, TN 37803  
(865) 983-8411  
(865) 681-1781 fax  
serving **Blount County**  
**Congressional District 2**

## Bradley-Cleveland Community Services Agency

155 Sixth Street, S.E.  
Cleveland, TN 37320  
(423) 479-4111  
(423) 479-4113 fax  
serving **Bradley County**  
**Congressional District 3**

## Chattanooga Youth and Family Development

6098 Debra Rd  
Chattanooga, TN 37402  
(423) 643-6422  
(423) 643-6439 fax  
serving **Hamilton County**  
**Congressional District 3**

## Clarksville-Montgomery County

150 Lafayette Road  
Clarksville, TN 37042  
(931) 896-1800  
888-607-8094 fax  
serving **Montgomery County**  
**Congressional District 7**

## Delta Human Resources Agency

915 Hwy 51 South  
Covington, TN 38019  
(901) 476-5226  
(901) 476-5258 fax  
serving **Fayette, Lauderdale & Tipton Counties**  
**Congressional District 8 and 9**

## Douglas-Cherokee Economic Authority, Inc.

534 E First North Street  
Morristown, TN 37814  
(423) 587-4500  
(423) 587-4509 fax  
serving **Cocke, Grainger, Hamblen, Jefferson, Monroe & Sevier Counties**  
**Congressional District 1,2 and 3**

# Tennessee Low Income Home Energy Assistance Program (LIHEAP) Agencies

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## East Tennessee Human Resource Agency (ETHRA)

9111 Cross Park Drive, Suite D100  
Knoxville, TN 37923  
(865) 691-2551  
(865) 531-7216 fax  
serving Anderson, Campbell, Claiborne, Morgan, Scott,  
Union Counties

**Congressional District 2,3 and 6**

## Highland Rim Economic Corporation

213 College Street  
Erin, TN 37061  
(931) 289-4101  
(931) 289-5311 fax  
serving Dickson, Houston, Humphreys & Stewart  
Counties

**Congressional District 7**

## Knoxville-Knox County Community Action Committee

2247 Western Avenue  
Knoxville, TN 37921  
(865) 546-3500  
(865) 546-0832 fax  
serving Knox County

**Congressional District 2**

## Metropolitan Action Commission

1281 Murfreesboro Pike  
Nashville, TN 37217  
(615) 862-8860  
(615) 862-8881 fax  
serving Davidson County

**Congressional District 5, 6 and 7**

## Mid-Cumberland Community Action Agency

3735 North Mount Juliet Rd.  
Mt. Juliet, TN 37122  
(615) 742-1113 or 1137 or (615) 453-2243  
(615) 742-3911 fax

serving Cheatham, Robertson, Rutherford, Sumner,  
Trousdale, Williamson & Wilson Counties  
**Congressional District 4,5,6 and 7**

## Mid-East Community Action Agency

315 East Race Street  
Kingston, TN 37763  
(865) 354-0450  
(865) 245-8162 fax

serving Loudon & Roane Counties  
**Congressional District 2 and 3**

# Tennessee Low Income Home Energy Assistance Program (LIHEAP) Agencies

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## Northwest Tennessee Economic Development Council

231 South Wilson Street  
Dresden, TN 38225  
(731) 364-3228  
(731) 364-5163 fax  
serving Benton, Carroll, Crockett, Dyer, Gibson, Henry,  
Lake, Obion & Weakley Counties

**Congressional District 7 and 8**

## Shelby County Community Services Agency

1188 Minna Place  
Memphis, TN 38104  
(901) 222-4200  
(901) 545-3250 fax

serving Shelby County

**Congressional District 8 and 9**

## South Central Human Resource Agency

1437 Winchester Highway Fayetteville, TN  
37334  
(931) 433-7182  
(931) 438-0074 fax  
serving Bedford, Coffee, Franklin, Giles,  
Hickman, Lawrence, Lewis, Lincoln, Marshall,  
Maury, Moore

**Congressional District 4, 5 and 7**

## Southeast Tennessee Human Resource Agency

312 Resource Road  
Dunlap, TN 37327  
(423) 949-2191  
(423) 949-4023 fax  
serving Bledsoe, Grundy, Marion, McMinn, Meigs, Polk,  
Rhea & Sequatchie Counties

**Congressional District 3 and 4**

## Southwest Human Resource Agency

1527 White Avenue  
Henderson, TN 38240  
(731) 989-5111  
(931) 989-3095 fax  
serving Chester, Decatur, Hardeman, Hardin,  
Haywood, Henderson, Madison, & McNairy Counties

**District 7 and 8**

## Upper Cumberland Human Resource

580 South Jefferson Avenue, Suite B  
Cookeville, TN 38501  
(931) 528-1127  
(931) 526-8305 fax  
serving Cannon, Clay, Cumberland, DeKalb, Fentress,  
Jackson, Macon, Overton, Pickett, Putnam, Smith,  
VanBuren, Warren & White Counties

**District 4 and 6**

## Upper East Tennessee Human Development Agency, Inc.

301 Louis Street  
Kingsport, TN 37662  
(423) 246-6180  
(423) 246-5682 fax  
serving Carter, Greene, Hancock, Hawkins, Johnson,  
Sullivan, Unicoi & Washington Counties

**District 1**

## LIHEAP MONITORING PROCESS CHECKLIST

**The LIHEAP Monitoring Process Checklist outlines the process for conducting the monitoring review.**

### **EMAIL PACKET:**

The following documents noted as, “initial notification” in parentheses, should be included in the monitoring email notification and should be saved on the network in the CAM subfolder titled, Email Packet.” The other documents should be emailed during the monitoring process as outlined in parentheses below.

- Notification Letter (Initial notification)
- Email language (message for the body of the email; Initial notification)
- Monitoring Questionnaire (Initial notification)
- Contact Information sheet (Initial notification)
- LIHEAP Program Specific Monitoring Tool Spreadsheet with the vendor tab completed by the agency
- LIHEAP Monitoring Checklist
- Entrance conference Agenda (Sent day before the Entrance Conference)
- Client File Document Transmission Checklist (Sent the day of Entrance Conference)
- Compliance Monitoring Completion Form (Sent once monitoring is completed and/or no findings)

### **COMPLIANCE MONITORING PROCESS:**

- Read previous monitoring reports for the agency, review the agency website, and review the Agency Specific Operational Plan, LIHEAP Program Description, and the HHS CFR’s.
- Send email notification (two weeks prior to monitoring for desk review/two weeks prior for on-site visit) to inform subrecipient of monitoring.
- The following documents should be attached to email notification.
  1. Monitoring notification letter
  2. Contact sheet/Request for list Board of Directors (if/applicable)
  3. Monitoring Tool (**subrecipient should enter the names of their vendors under the vendor tab of the monitoring tool**)
  4. Agency Program Questionnaire
- Enter monitoring data on the “Monitoring Scheduler.”
- Enter monitoring data on the “Monitoring Tracker” throughout the monitoring process.
- Request client list from the THO administrator.
- Use randomizer to select files to be reviewed (<https://randomwordgenerator.com/number.php>).
- Schedule the entrance conference (send Teams invitation once dates are confirmed)
- Provide a copy of the Entrance Conference Agenda to the subrecipient.
- Use the LIHEAP File Breakdown Tool and the LIHEAP Agency Allocation Summary to calculate number of files required for review



## LIHEAP MONITORING PROCESS CHECKLIST

- Send subrecipient the client list along with specific instructions to upload files within 24 hours to EDT as separate PDF documents and in accordance with the “Client File Document Transmission Checklist.” Client list should include Regular, Crisis, Denied, and Pending files.
- Request that the subrecipient informs you when files have been uploaded to EDT.
- Once uploaded to EDT, transfer files to the designated network folder.
- Conduct file review – reviewing each file to confirm compliance with the federal and state regulations and for client eligibility **(some file information may be located in THO)**
- Complete monitoring tool as file review is being completed.
- Conduct a random selection of the vendors listed in the monitoring tool.
- Request a minimum sample of 5 (if applicable- the agency may only use one vendor) vendor agreements for review to ensure agreements were executed within the grant program year.
- Once the file review is complete, draft the monitoring letter to note and findings, observations, and/or concerns.
- Schedule the exit conference to address deficiencies highlighted in the monitoring letter.
- Finalize and send the monitoring letter along with the Monitoring Completion Form to the subrecipient.
  - Remember to CC: all who should receive a copy of the letter **(BCC internal staff)**.
- Once the subrecipient responds to the monitoring letter, verify that the Corrective Action Plans have been successfully completed, send the monitoring close out letter.
  - Remember to CC: all who should receive a copy of the letter **(BCC internal staff)**.
- Compile the following documents into the ECM packet and save on the network in the subfolder titled, “ECM Packet.”
  1. ECM Cover Letter
  2. Monitoring Closeout Letter
  3. Monitoring Completion Form
  4. Monitoring Letter (final draft)
  5. Subrecipient Response
  6. Monitoring Tool
  7. Monitoring Notification
  8. Confirmation of Entrance and Exit Conferences/Agenda
  9. Client File documents/Client Document Transmission Form
  10. Questionnaire
  11. Misc. Forms

**2021 SUBRECIPIENT MONITORING REPORT  
and  
2022 SUBRECIPIENT MONITORING PLAN  
TENNESSEE HOUSING DEVELOPMENT AGENCY  
COMMUNITY PROGRAMS DIVISION**

GRANT PROGRAM	CONTRACT YEAR	SUBRECIPIENT	MAXIMUM LIABILITY	% DRAWN DOWN AS OF 6.30.2023	CONTRACT EXPIRATION DATE	MONITORING HAS BEEN ASSIGNED	NOTES
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) 2024</b>			<b>\$62,208,779.78</b>				
LIHEAP	10/1/23	Blount Co CAA	\$875,589.10	0.00%	9/30/25		No funds expended.
LIHEAP	10/1/23	Bradley-Cleveland CSA	\$955,193.19	0.00%	9/30/25		No funds expended.
LIHEAP	10/1/23	Chattanooga Office of Family Empowerment	\$3,127,433.83	0.00%	9/30/25		No funds expended.
LIHEAP	10/1/23	Clarksville-Montgomery Co CAA	\$1,603,206.40	9.78%	9/30/25		Less than 15% of funds expended
LIHEAP	10/1/23	Delta Human Resource Agency	\$1,120,390.10	0.13%	9/30/25		Less than 15% of funds expended
LIHEAP	10/1/23	Douglas-Cherokee Economic Authority Inc.	\$3,283,923.25	62.26%	9/30/25	6/3/2024	
LIHEAP	10/1/23	East TN HRA (ETHRA)	\$2,453,110.13	0.00%	9/30/25		No funds expended.
LIHEAP	10/1/23	Highland Rim Economic Corporation	\$773,061.67	67.43%	9/30/25	6/3/2024	
LIHEAP	10/1/23	Knoxville-Knox Co CAC	\$3,805,690.06	0.00%	9/30/25		No funds expended.
LIHEAP	10/1/23	Metropolitan Action Commission	\$6,109,334.25	0.00%	9/30/25		No funds expended.
LIHEAP	10/1/23	Mid-Cumberland CAA	\$5,508,932.54	0.00%	9/30/25		No funds expended.
LIHEAP	10/1/23	Mid-East CAA	\$858,363.07	0.00%	9/30/25		No funds expended.
LIHEAP	10/1/23	Northwest TN Economic Development Council	\$2,645,537.60	76.95%	9/30/25	6/3/2024	
LIHEAP	10/1/23	Shelby Co CSA	\$11,150,241.01	0.00%	9/30/25		No funds expended.
LIHEAP	10/1/23	South Central HRA	\$3,989,335.01	57.23%	9/30/25	6/3/2024	
LIHEAP	10/1/23	Southeast TN HRA	\$1,967,607.24	44.40%	9/30/25	6/3/2024	
LIHEAP	10/1/23	Southwest HRA	\$2,865,535.63	72.78%	9/30/25	6/3/2024	
LIHEAP	10/1/23	Upper Cumberland HRA	\$3,750,195.68	66.14%	9/30/25	6/3/2024	
LIHEAP	10/1/23	Upper East TN Human Development Agency Inc.	\$5,366,100.02	48.58%	9/30/25	6/3/2024	

**POLICY 22 ANNUAL REPORT - PROGRAM SUMMARY  
 TENNESSEE HOUSING DEVELOPMENT AGENCY  
 COMMUNITY PROGRAMS DIVISION**

Grant Name	Funding	Description of Program	Monitoring Requirements	Current Grants
Low Income Home Energy Assistance Program (LIHEAP)	Federal - HHS	<p>The administration of LIHEAP was transferred to THDA from DHS in 2013. THDA awards funds annually to 19 grantees to provide funding to assist low income households with energy assistance. Beginning on January 1, 2016, separate contracts with WAP funded entities were entered into to expand the availability of weatherization assistance. These 16 agencies administer the LIHEAP Wx program to address health and safety issues at homes also assisted under the Weatherization Assistance Program.</p> <p>The Low Income Home Energy Assistance Program (LIHEAP) is administered by the Tennessee Housing Development Agency and funded by the U. S. Department of Health and Human Services. The program is designed to assist eligible low income households in meeting their immediate home energy needs. Priority in energy assistance, as well as the level of assistance, is based on the energy burden, income, size of applicant households, and the presence of vulnerable household members (i.e., the frail elderly, individuals with disabilities, and young children).</p>	<p>THDA staff follows HHS monitoring requirements. Compliance monitoring visits were completed on LIHEAP grantees. Fiscal desk audits are conducted on all pay draws for reimbursement.</p>	<p>2018 LIHEAP Contracts were issued and are effective for the period of July 1, 2018 – June 30, 2019. 2019 LIHEAP Contracts were issued and are effective for the period of July 1, 2019 – June 30, 2020. 2020 LIHEAP Contracts were issued and are effective for the period of July 1, 2020 – June 30, 2021. 2021 LIHEAP Contracts were issued and are effective for the period of July 1, 2021 – September 30, 2022. THDA was awarded \$57,218,375.00 in FY2023 funding with a term of October 1, 2022 through September 30, 2023. THDA was awarded</p>

**STANDARD MONITORING SCHEDULE AND DATES FOR GRANT PROGRAMS**

1. Email (from CPCompliance with Read Receipt options) the formal notification letter with deadlines, the virtual conference date and the on-site visit date establish
2. Request the list of program participant households served during the audit review period be received within one week from the date of the formal notification.
3. Request all other supporting (organization) documents be submitted two days later, with deadline for receipt from the agency.
4. Set the time of the virtual entrance conference after the formal notification is sent.
5. Request random program participant files to be submitted within 24 hours after list has been submitted to agency.
6. Conduct the on-site review three weeks from the date of the formal notification.

**EXAMPLE:**

OCT	M	TU	W	TH	F	
22	23	24	25	26	27	28
29	30	31				
NOV						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18

1. Date notification letter is sent to sub-recipient 10/25/22 – (1)
2. Date list of all program participant households served files are due COB via email to CPCompliance@thda.org 11/1/22 – (2)
3. Date all other supporting documentation is due COB via email to CPCompliance@thda.org 11/3/22 – (3)
4. Date of the virtual entrance conference, confirm time with the sub-recipient, days before 11/6/22 – (4)
5. Date program participant files are due COB via **EDT** 11/7/22 – (5)
6. Date of the on-site review 11/15/22 – (6)

\* All Subrecipients who receive LIHEAP funding shall be selected for monitoring review.

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

Finding	Type	Brief Summary	Resolved?	Action Taken
2023-18	Significant Deficiency and Noncompliance	Inadequate internal controls to ensure subrecipients obtained a unique entity identifier before the agency awarded federal funds	Yes	THDA has collected all of the UEI numbers associated with LIHEAP grantees. Applications associated with all other federal grant programs updated to obtain the UEI number at time of application.
2023-19	Significant Deficiency and Noncompliance	Inaccurate or untimely data on some reporting to HHS.	Yes	Management is putting into place a reporting schedule of all LIHEAP reports due, with periodic checkpoints between the preparer and supervisor to determine progress and address issues prior to the due dates. Each federal report will be reviewed by a supervisor prior to its submission in order to confirm accuracy of data values and narrative and ensure that supporting documentation is on file.
2023-20	Material Weakness	Vendor-hosted THO application did not have a SOC report or another equivalent assessment available.	In process	THDA has secured a new software vendor with a valid and current SOC 2 Type 2 certification to administer select federal programs, including LIHEAP.