

# DETAILED MODEL PLAN (LIHEAP)

## Mandatory Grant Application SF-424

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

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

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

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

#### 7. APPLICANT INFORMATION

**\* a. Legal Name:** Oregon Housing and Community Services

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):** 930952117      **\* c. Organizational DUNS:** 809580293

#### \* d. Address:

<b>* Street 1:</b>	HOUSING AND COMMUNITY SERVICES DEPT.	<b>Street 2:</b>	725 Summer Street NE, Suite B
<b>* City:</b>	SALEM	<b>County:</b>	Marion
<b>* State:</b>	OR	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	97301 - 0161

#### e. Organizational Unit:

<b>Department Name:</b>	<b>Division Name:</b>
-------------------------	-----------------------

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

<b>Prefix:</b>	<b>* First Name:</b> David	<b>Middle Name:</b>	<b>* Last Name:</b> Kaufman
<b>Suffix:</b>	<b>Title:</b> LIHEAP Coordinator	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (503) 986-2134	<b>Fax Number:</b>	<b>* Email:</b> david.kaufman@oregon.gov	

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

**b. Additional Description:**

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

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

**11. Descriptive Title of Applicant's Project**  
Low Income Home Energy Assistance

**12. Areas Affected by Funding:**  
Statewide

#### 13. CONGRESSIONAL DISTRICTS OF:

<b>* a. Applicant</b> 01	<b>b. Program/Project:</b> Statewide
-----------------------------	---

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

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

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

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

**Process for Review on :**

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

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

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

YES

NO

**Explanation:**

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

**\*\*I Agree**

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

<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b>	<b>18c. Telephone (area code, number and extension)</b>
	<b>18d. Email Address</b>
<b>18b. Signature of Authorized Certifying Official</b>	<b>18e. Date Report Submitted (Month, Day, Year)</b>

**Attach supporting documents as specified in agency instructions.**

## Section 1 - Program Components

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

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

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

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

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

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

## Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2016	09/30/2017
<input checked="" type="checkbox"/>	Cooling assistance	10/01/2016	09/30/2017
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2016	09/30/2017
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2016	09/30/2017

Provide further explanation for the dates of operation, if necessary

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )
Heating assistance	30.00%
Cooling assistance	20.00%
Crisis assistance	10.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	10.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%
Used to develop and implement leveraging activities	0.00%
<b>TOTAL</b>	<b>100.00%</b>

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

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

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

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

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

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

	Heating	Cooling	Crisis	Weatherization	
TANF	<input type="radio"/> Yes <input type="radio"/> No				
SSI	<input type="radio"/> Yes <input type="radio"/> No				
SNAP	<input type="radio"/> Yes <input type="radio"/> No				
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No				
Other(Specify) 1	Program Name	Heating	Cooling	Crisis	Weatherization
		<input type="radio"/> Yes <input type="radio"/> No			

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

If Yes, explain:

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

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$21.00

1.7c Frequency of Assistance

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

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

This is specifically addressed in the contractual agreement with the SNAP agency, in the SNAP application, and in the subsequent interview with the SNAP eligibility staff.

Determination of Eligibility - Countable Income

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

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

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

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

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

<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

## Section 2 - HEATING ASSISTANCE

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

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

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

#### Section 2 - Heating Assistance

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

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

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

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

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

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

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

- Renters?  Yes  No
- Renters Living in subsidized housing ?  Yes  No
- Renters with utilities included in the rent ?  Yes  No

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

- Elderly?  Yes  No
- Disabled?  Yes  No
- Young children?  Yes  No
- Households with high energy burdens ?  Yes  No
- Other? See comments below:  Yes  No

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

Oregon does not uniformly give priority eligibility to elder, disabled, and families with young children. However, sub-grantees may choose to target these groups for a brief time at the start of the heating season.

In addition, OHCS strongly encourages all sub-grantees to target households that have not received energy assistance from other sources (such as fuel/utility/rate-payer funds) in the current program year. When other energy assistance resources are available, targeting very limited LIHEAP funds to households that have yet to receive assistance will allow local providers to help more households in their community, many for the first time.

Sub-grantees must indicate within their work plan application whether or not they intend to target any portion of the population. At a minimum this includes a complete description of eligibility and outreach practices as well as safeguards to ensure that processes are applied consistently and fairly to all applicants.

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.**

Sub-grantees must indicate within their work plan application whether or not they intend to target any portion of the population and the time period dedicated to the targeted group. This includes a description of eligibility and outreach practices as well as safeguards to ensure that processes are applied consistently and fairly to all applicants.

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

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

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

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

**2.6 Describe estimated benefit levels for FY 2016:**

<b>Minimum Benefit</b>	\$150	<b>Maximum Benefit</b>	\$1,050
------------------------	-------	------------------------	---------

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

**If yes, describe.**

Households in crisis may be eligible for other services, depending on specific situations and needs, including in-kind items such as blankets, space heaters, and other emergency supplies.

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

## Section 3 - COOLING ASSISTANCE

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

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

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

### Section 3 - Cooling Assistance

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

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

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

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

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

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

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

- Yes  No **Renters?**
- Yes  No **Renters Living in subsidized housing ?**
- Yes  No **Renters with utilities included in the rent ?**

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

- Yes  No **Elderly?**
- Yes  No **Disabled?**
- Yes  No **Young children?**
- Yes  No **Households with high energy burdens ?**
- Yes  No **Other?**

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

Oregon does not uniformly give priority eligibility to elder, disabled, and families with young children. However, sub-grantees may choose to target these groups for a brief time at the start of the season.

In addition, OHCS strongly encourages all sub-grantees to target households that have not received energy assistance from other sources (such as fuel/utility/rate-payer funds) in the current program year. When other energy assistance resources are available, targeting very limited LIHEAP funds to households that have yet to receive assistance will allow local providers to help more households in their community, many for the first time.

Sub-grantees must indicate within their work plan application whether or not they intend to target any portion of the population. At a minimum this includes a complete description of eligibility and outreach practices as well as safeguards to ensure that processes are applied consistently and fairly to all applicants.

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

Sub-grantees must indicate within their work plan application whether or not they intend to target any portion of the population and the time period dedicated to the targeted group. This includes a description of eligibility and outreach practices as well as safeguards to ensure that processes are applied consistently and fairly to all applicants.

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

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

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

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

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

**3.6 Describe estimated benefit levels for FY 2016:**

<b>Minimum Benefit</b>	\$150	<b>Maximum Benefit</b>	\$1,050
------------------------	-------	------------------------	---------

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

If yes, describe.

Households in crisis may be eligible for other services, depending on specific situations and needs, including in-kind items such as blankets, air conditioners, and other emergency supplies.

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

## Section 4 - CRISIS ASSISTANCE

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

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

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

#### Section 4: CRISIS ASSISTANCE

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

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

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

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

A crisis exists when a household faces an energy burden which depletes or threatens to deplete financial resources, or which poses a potential health and/or safety threat to the well-being of the household.

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

A life-threatening crisis exists when a household member's health and/or well-being would likely be endangered if assistance is not provided to continue heating/cooling/energy services. Generally, this would require an active medical certificate but may be deemed a life-threatening crisis by the local service provider if extreme circumstances are present (e.g. extreme cold or heat, fuel supply shortages, etc.).

In addition to the above, the household must either be disconnected or at imminent risk of disconnection (within 5 days of application) to be considered as having a life-threatening crisis situation. Households with deliverable fuels must either be out of fuel or at imminent risk of being out of fuel.

Life-threatening crisis situations must be addressed within 18 hours of application. This timeframe must be documented to ensure compliance with the federal requirement and must include comments outlining how the situation was addressed.

**Crisis Requirement, 2604(c)**

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

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

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

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

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

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

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

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

**In Order to receive crisis assistance:**

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

<b>Must the household have non-working heating or cooling equipment?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Other?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Do you have additional / differing eligibility policies for:</b>			
<b>Renters?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Renters living in subsidized housing?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Renters with utilities included in the rent?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Explanations of policies for each "yes" checked above:</b>			
A household must have received a regular benefit before receiving a crisis benefit.			
Determination of Benefits			
<b>4.8 How do you handle crisis situations?</b>			
<input checked="" type="checkbox"/>	Separate component		
<input type="checkbox"/>	Fast Track		
<input type="checkbox"/>	Other - Describe:		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input checked="" type="checkbox"/>	Amount to resolve the crisis.		
<input type="checkbox"/>	Other - Describe:		
Crisis Requirements, 2604(c)			
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.			
Applications for crisis assistance are accepted at sites that are geographically accessible.			
<b>4.11 Do you provide individuals who are physically disabled the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.			
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.			
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?			
Benefit Levels, 2605(c)(1)(B)			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	\$0.00 maximum benefit		
Summer Crisis	\$0.00 maximum benefit		
Year-round Crisis	\$500.00 maximum benefit		
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No If yes, Describe			
Households in crisis may be eligible for other services depending on their situation and need including in-kind items such as blankets, space heaters, air conditioners, and other emergency supplies.			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
<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"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Yes  No

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

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

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency.

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

#### WEATHERIZATION - Types of Rules

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

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

Additional criteria are allowed when determining waitlist priority. The priorities a sub-grantee is using must be approved by OHCS and used consistently for all applicants.

Re-weatherization is allowable.

LIHEAP income definitions.

Social Security Numbers are strongly encouraged but not required.

No limit on health & safety measures.

When providing only energy education and/or baseload services, ASHRAE 62.2 ventilation standards are optional.

A LIHEAP weatherization project may be inspected by a certified quality control inspector.

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

**Renters**  Yes  No

Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>5.8 Do you give priority in eligibility to:</b>	
Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below. Eligibility is prioritized as per DOE guidelines.	

**Benefit Levels**

<b>5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>5.10 If yes, what is the maximum? \$0</b>	

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

<b>5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)</b>	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input 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 type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> <b>Other - Describe:</b> Other weatherization measures including but not limited to air filtration and cooling system replacement and repair may be provided under health & safety with proper documentation in project file and with approval from OHCS.

**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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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>	Local County Government Community Action Agencies			
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	Local County Government Community Action Agencies	Local County Government Community Action Agencies	Local County Government Community Action Agencies	
<b>8.5c who processes benefit payments to bulk fuel vendors?</b>	Local County Government Community Action Agencies	Local County Government Community Action Agencies	Local County Government Community Action Agencies	
<b>8.5d Who performs installation of weatherization measures?</b>				Local County Government Community Action Agencies

**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?**

In accordance with Assurance 6 the State of Oregon gives special consideration, in the designation of local administrative agencies, to any local public or private non-profit 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. Each local administering agency must meet all program and fiscal requirements established by the state.

**8.7 How many local administering agencies do you use? 18**

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

- Yes
- No

**8.9 If so, why?**

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

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 04/30/2014

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

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

Sub-grantees provide the client with documentation at the time of intake or by mail.

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?

This provision is included in the vendor contract.

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?

This provision is included in the vendor contract.

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

Yes  No

If so, describe the measures unregulated vendors may take.

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

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

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

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

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

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

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

See attached.

**Audit Process**

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

Yes  No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	other	See attached audit and response letters.	In Progress	procedure/policy changes

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

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

**Grantee employees:**

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

**Local Administering Agencies / District Offices:**

- On - site evaluation
- Annual program review
- Monitoring through central database
- Desk reviews
- Client File Testing / Sampling



**Other program review mechanisms are in place. Describe:**

See attached.

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

OHCS will review (including copying) annually, or as it deems necessary any and all sub-grantee and sub-recipient(s) files, records, and other information of every type arising from or related to performance under the agreement. Within 60 days after a review, OHCS will endeavor to communicate in writing to the sub-grantee. OHCS may advise the sub-grantee of any corrective action that it deems appropriate based upon its monitoring activities or otherwise. Sub-grantee shall timely satisfy such corrective actions as reasonably required by OHCS.

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

**Site Visits:**

Each agency is reviewed annually or as OHCS deems necessary.

**Desk Reviews:**

Each agency is reviewed annually or as OHCS deems necessary.

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

Annually or as OHCS deems necessary.

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

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

**10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 8**

**10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 5**

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

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

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

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

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

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

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

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

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

Because the review process takes place at multiple meetings throughout the year with sub-grantees, partners, and stakeholders it's not possible to determine specific changes. Energy Services staff participate in at least five formal meetings with our sub-grantees throughout the year that are specific to energy assistance and weatherization. In addition to those, staff participate in various other meetings throughout the year that involve larger and smaller groups of sub-grantees, partners, utilities, and other stakeholders. Oregon's review process never really ends; we're always looking at how to do things better, how to serve our communities more effectively.

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

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

	Date	Event Description
1	08/08/2016	Public Hearing, Salem Oregon

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

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

None.

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

None.

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: 06/30/2017

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

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

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

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

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

None.

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

Applicants have the ability to request a fair hearing from the sub-grantee. The sub-grantee will inform the applicant of their decision within ten days of the final determination. The applicant may appeal the sub-grantee's decision and submit a request for review to the Energy Assistance Coordinator at OHCS.

Review by OHCS, and the manner thereof, is at the sole discretion of OHCS. The department may accept or deny a request for it's review in whole or in part, at it's sole discretion. Any department review will be in the manner determined appropriate by the department and may include, but will not necessarily be limited to, review of provided information.

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

At the time of application.

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

If an applicant feels their application was not processed in a timely manner they may request a hearing from the sub-grantee within 30 days of the date of denial or the date of application. The applicant may appeal the sub-grantee's decision and submit a request for review to the Energy Assistance Coordinator at OHCS.

Review by OHCS, and the manner thereof, is at the sole discretion of OHCS. The department may accept or deny a request for it's review in whole or in part, at it's sole discretion. Any department review will be in the manner determined appropriate by the department and may include, but will not necessarily be limited to, review of provided information.

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

Each sub-grantee is required to inform applicants at the time of application.

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

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

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

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

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

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

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

Assurance 16 funds are used to integrate existing energy programs and enhance services for households with complex needs. Outcomes include reduced energy burden, improved payment patterns, energy conservation, and improved self-sufficiency.

Sub-grantees consider community need and local program design when determining how to utilize Assurance 16 funding. Allowable uses include, but are not limited to needs assessments, budget planning, arrearage management, energy education, energy saving incentives, and supplemental bill payment.

All sub-grantees are required to include a description of how they will use Assurance 16 funding within their workplan application. At a minimum this includes eligibility criteria, benefit determination, description of services, and how these funds will be integrated within the overall LIHEAP program.

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

These funds are allocated as a unique line item and sub-grantee budgets are monitored carefully for activities that could be captured under this assurance.

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

Oregon's database does not currently capture information on the impact of these activities.

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

n/a

**13.5 How many households applied for these services?** n/a

**13.6 How many households received these services?** 0

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

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

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

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

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

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

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

Yes  No

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

All local service providers receive a copy of the leveraging report template along with instructions for completion.

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	State-managed rate-payer funds	Utility rate-payers	Provides additional bill-payment assistance to supplement LIHEAP.
2	Utility-managed funds	Utility rate-payers	Provides bill-payment assistance to supplement LIHEAP.
3	Cash assistance, rebates, donations, and discounts on weatherization and energy saving products and services.	Various private companies and non-profits.	Provides additional resources & benefits for weatherized homes to reduce energy burden.
4	Donation of heating fuel, blankets, clothing, etc.	Energy/fuel suppliers and private donors.	Provides additional heating and crisis benefits.

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

## Section 15 - Training

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

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

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

## Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

**b. Local Agencies:**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other - Describe:

Policies are also described in an Operations Manual.

15.2 Does your training program address fraud reporting and prevention?

Yes

No

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

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

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

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

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

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

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

Oregon plans to collect data from the five top electric utilities and from all three of our natural gas utilities. Oregon plans to begin reporting data from bulk fuel vendors for FFY 2017.

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

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

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

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

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

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

17.1 Fraud Reporting Mechanisms

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

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

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

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

17.2. Identification Documentation Requirements

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

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

	Required	Requested	Required	Requested	Required	Requested
1	<input type="checkbox"/>					
<p>b. Describe any exceptions to the above policies.</p> <p>SSN exceptions include: unavailable to custodial guardian/parent, domestic violence, child under the age of 1, or adult applying for SSN with documentation from SSA.</p>						
<b>17.3 Identification Verification</b>						
<b>Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply</b>						
<input type="checkbox"/> Verify SSNs with Social Security Administration						
<input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency						
<input type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)						
<input type="checkbox"/> Match with state Department of Labor system						
<input type="checkbox"/> Match with state and/or federal corrections system						
<input type="checkbox"/> Match with state child support system						
<input type="checkbox"/> Verification using private software (e.g., The Work Number)						
<input type="checkbox"/> In-person certification by staff (for tribal grantees only)						
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)						
<input checked="" type="checkbox"/> Other - Describe: In-person certification by staff.						
<b>17.4. Citizenship/Legal Residency Verification</b>						
<b>What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.</b>						
<input type="checkbox"/> Clients sign an attestation of citizenship or legal residency						
<input checked="" type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency						
<input type="checkbox"/> Noncitizens must provide documentation of immigration status						
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport						
<input type="checkbox"/> Noncitizens are verified through the SAVE system						
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card						
<input type="checkbox"/> Other - Describe:						
<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 checked="" type="checkbox"/> Other - Describe: Depending on the source of income, different documentation may be required.						
<input type="checkbox"/> Computer data matches:						
<input type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)						
<input type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor						
<input type="checkbox"/> Social Security income verified with SSA						

Utilize state directory of new hires

Other - Describe:

**17.6. Protection of Privacy and Confidentiality**

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

Policy in place prohibiting release of information without written consent

Grantee LIHEAP database includes privacy/confidentiality safeguards

Employee training on confidentiality for:

Grantee employees

Local agencies/district offices

Employees must sign confidentiality agreement

Grantee employees

Local agencies/district offices

Physical files are stored in a secure location

Other - Describe:

**17.7. Verifying the Authenticity**

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

All vendors must register with the State/Tribe.

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

Vendors are verified through energy bills provided by the household

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

Other - Describe and note any exceptions to policies above:

In order to receive any LIHEAP payments all vendors must sign a vendor agreement with sub-grantees.

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

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

Applicants required to submit proof of physical residency

Applicants must submit current utility bill

Data exchange with utilities that verifies:

Account ownership

Consumption

Balances

Payment history

Account is properly credited with benefit

Other - Describe:

Centralized computer system/database tracks payments to all utilities

Centralized computer system automatically generates benefit level

Separation of duties between intake and payment approval

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

Payments to utilities and invoices from utilities are reviewed for accuracy

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

Direct payment to households are made in limited cases only

Procedures are in place to require prompt refunds from utilities in cases of account closure

Vendor agreements specify requirements selected above, and provide enforcement mechanism

Other - Describe:

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

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

Vendors are checked against an approved vendors list

Centralized computer system/database is used to track payments to all vendors

Clients are relied on for reports of non-delivery or partial delivery

Two-party checks are issued naming client and vendor

Direct payment to households are made in limited cases only

Vendors are only paid once they provide a delivery receipt signed by the client

Conduct monitoring of bulk fuel vendors

Bulk fuel vendors are required to submit reports to the Grantee

Vendor agreements specify requirements selected above, and provide enforcement mechanism

Other - Describe:

**17.10. Investigations and Prosecutions**

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

Refer to state Inspector General

Refer to local prosecutor or state Attorney General

Refer to US DHHS Inspector General (including referral to OIG hotline)

Local agencies/district offices or Grantee conduct investigation of fraud complaints from public

Grantee attempts collection of improper payments. If so, describe the recoupment process

Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?

Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated

Vendors found to have committed fraud may no longer participate in LIHEAP

Other - Describe:

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

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

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

Instructions for Certification

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

agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

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

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

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

## proposal.

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

#### Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.**
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.**
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.**
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause.**

The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

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

#### Certification Regarding Drug-Free Workplace Requirements

##### Alternate I. (Grantees Other Than Individuals)

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

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

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

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

725 Summer Street NE Suite B  
**\* Address Line 1**

Address Line 2

Address Line 3

Salem <b>* City</b>	OR <b>* State</b>	97301 <b>* Zip Code</b>
------------------------	----------------------	----------------------------

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

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

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

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

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

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

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

Assurances

Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

## Plan Attachments

### PLAN ATTACHMENTS

The following documents must be attached to this application

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

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

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

### ***Fiscal Monitoring:***

OHCS monitors fiscal operations within local agencies to ensure strong fiscal accounting and tracking of LIHEAP funds. Comprehensive annual reviews include, but are not limited to the following:

- General Ledger and Support Journals
- Timely submission of Financial Status Reports
- Charts of Accounts
- Accounting Policy and Procedure Manual
- Separation of Duties and internal controls
- Bank Reconciliation with Canceled Checks
- Samples of paid invoices, including signatures and check copies
- Time cards, including payroll register
- Purchase Orders

Procurement Process

- Cost Allocation Plans and Negotiated Indirect Cost Rates
- Insurance

Equipment files and inventory reconciliation

- Subcontracts and subaward agreements

### ***Program Auditing***

Oregon's LIHEAP program is audited under the Single Audit Act. Audits of local service providers are conducted by an entity independent of any agency administering activities or services under LIHEAP, and in accordance with generally accepted accounting principles and audit standards of the US General Accounting Office.

Fiscal staff, in collaboration with program staff of Oregon Housing and Community Services, review the annual independent audits which are conducted by private CPA firms. The CPA firms conduct the audit in accordance with A133, if applicable.

Audits for the State of Oregon (Oregon Housing and Community Services) are conducted by the Audits Division of the Secretary of State's office.

### ***Corrective Action***

The State of Oregon may choose to require sub-grantees to participate in additional monitoring activities when there is concern regarding potential non-compliance with Federal or State LIHEAP guidelines.

If a sub-grantee or sub-recipient is deemed to be out of compliance on the basis of monitoring results (routine or otherwise), the State of Oregon will provide the agency with corrective action steps necessary to resolve the concern. This includes, wherever possible, training and technical assistance.

If a sub-grantee or sub-recipient is unable to make improvements necessary to effectively deliver the LIHEAP program within a specified timeframe, another local service provider may be identified for future program operation.



# Oregon

Governor Kate Brown

## Housing and Community Services

North Mall Office Building  
725 Summer St NE, Suite B  
Salem, OR 97301-1266  
PHONE: (503) 986-2000  
FAX: (503) 986-2020  
TTY: (503) 986-2100  
[www.ohcs.oregon.gov](http://www.ohcs.oregon.gov)

### MEMORANDUM

DATE: March 2, 2016

TO: Julianne Kennedy, Audit Manager  
Secretary of State, Audits Division

CC: Rob Hamilton, Manager  
Statewide Accounting and Reporting Services

FROM: Caleb Yant, Chief Financial Officer  
Oregon Housing and Community Services Department

RE: Audit Response for Statewide Single Audit  
Management Letter No. 914-2016-02-01

Dear Ms. Kennedy:

This letter is in response to the items identified in your management letter dated February 29, 2016. Oregon Housing and Community Services Department is committed to maintaining strong internal controls and meeting compliance requirements for all programs administered. OHCS believes that procedures currently in place will completely address these concerns.

Please include the following responses for the Statewide Single Audit report:

#### **Material Weaknesses:**

##### **Improve Reviews of Subrecipients**

The agency agrees with this finding.

#### **Corrective action plan:**

As of July 1, 2015, the agency is monitoring subrecipients following the guidelines established by the Office of Management and Budget (OMB) under the Uniform Guidance (2 CFR Part 200). The agency has documented processes, procedures and checklists to ensure uniformity of monitoring and subrecipient compliance with guidance and cost principles under the Uniform Guidance. Additionally, OHCS has internal systems that establish controls to adequately earmark funds into specific categories, ensuring funds are used for intended purposes. The agency has implemented a new procedure which expands the scope of items being monitored and establishes a risk based



approach to the sample selection. This approach ensures a statistically relevant sample is reviewed to provide adequate evidence that the expense was entered under the appropriate earmarked category and the expense is reasonable, equitably distributed, and adequately documented.

**Anticipated completion date:**

July 1, 2015

**Contact person responsible for correction action:**

Sandra Flickinger and Monika Peterson

Strengthen Controls Over Cash Management

The agency agrees with this finding.

**Corrective action plan:**

As of July 1, 2015, the agency has required subrecipients to provide documentation from the subrecipient's accounting system with each funding request. The documentation specifies the period in which the expenditure occurred and whether or not the request is for reimbursement or advance of funds. This documentation is tested as part of the expanded scope of items being monitored with an emphasis on ensuring any funds advanced to a subrecipient are due to an immediate cash need and the time between the draw-down and disbursement of funds is minimized.

**Anticipated completion date:**

July 1, 2015

**Contact person responsible for corrective action:**

Sandra Flickinger and Monika Peterson

**Office of the Secretary of State**

Jeanne. P. Atkins  
Secretary of State

Robert Taylor  
Deputy Secretary of State



**Audits Division**

Mary Wenger  
Interim Director

255 Capitol St. NE, Suite 500  
Salem, OR 97310

(503) 986-2255

February 29, 2016

Margaret Van Vliet, Director  
Oregon Housing and Community Services Department  
725 Summer Street NE, Suite B  
Salem, OR 97301-1266

Dear Ms. Van Vliet:

We have completed audit work of the following selected federal program at the Oregon Housing and Community Services Department (department) for the year ended June 30, 2015.

<u>CFDA Number</u>	<u>Program Name</u>	<u>Audit Amount</u>
93.568	Low-Income Home Energy Assistance (LIHEAP)	\$ 33,605,176

This audit work was not a comprehensive audit of your federal program. We performed this federal compliance audit as part of our annual Statewide Single Audit. The Single Audit is a very specific and discrete set of tests to determine compliance with federal funding requirements, and does not conclude on general efficiency, effectiveness, or state-specific compliance issues. The Office of Management and Budget (OMB) Circular A-133 identifies internal control and compliance requirements for federal programs. Auditors review and test internal controls for all federal programs selected for audit and perform specific audit procedures only for those compliance requirements that are direct and material to the federal program under audit. For the year ended June 30, 2015, we determined whether the department substantially complied with the following compliance requirements relevant to the federal program.

<b>Compliance Requirement</b>	<b>General Summary of Audit Procedures Performed</b>
Cash Management	Confirmed program costs were paid for before federal reimbursement was requested, or federal cash drawn was for an immediate need.
Period of Performance	Determined whether federal funds were used only during the authorized period of performance.
Reporting	Verified the department submitted financial and performance reports to the federal government in accordance with the grant agreement and that those financial reports were supported by the accounting records.

<b>Compliance Requirement</b>	<b>General Summary of Audit Procedures Performed</b>
Subrecipient Monitoring	Determined whether the pass-through entity monitored subrecipient activities to provide reasonable assurance that the subrecipient administers federal awards in compliance with federal requirements.

**Noncompliance**

Noncompliance is a failure to follow compliance requirements, or a violation of prohibitions included in compliance requirements, that are applicable to a federal program. As described in the “Audit Findings and Recommendations” section, we identified noncompliance with federal requirements which is required to be reported in accordance with OMB Circular A-133.

**Internal Control Over Compliance**

Department management is responsible for establishing and maintaining effective internal control over compliance with program requirements. In planning and performing our audit, we considered the department’s internal control over compliance with requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the department’s compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the department’s internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. As discussed below, we identified certain deficiencies in internal control over compliance that we consider to be material weaknesses.

### **Audit Findings and Recommendations**

#### **Improve Reviews of Subrecipients**

**Federal Awarding Agency:** U.S. Department of Health and Human Services  
**Program Title and CFDA Number:** Low-Income Home Energy Assistance, CFDA 93.568  
**Federal Award Numbers and Year:** 2015G992201; 2015, 2015G992205; 2015,  
2015G992212; 2015, 2014G992201; 2014,  
2014G995623; 2014  
**Compliance Requirement:** Subrecipient Monitoring  
**Type of Finding:** Material Weakness, Noncompliance

Federal regulations require the department, as a recipient of federal awards, to monitor the activities of subrecipients to ensure that federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements. For the LIHEAP program, this includes monitoring subrecipients to ensure:

- Program funds are used for certain allowable activities;
- Specified “earmarking” limits are not exceeded; and
- Subrecipient cost allocation plans are in compliance with applicable cost principles.

We found the department does not have adequate controls to ensure only costs for allowable activities are reimbursed with federal funds; limitations are not exceeded; and ensure subrecipients follow general cost principles, including gaining assurances that expenditures charged to federal programs are reasonable, equitably distributed, and adequately documented.

This has been an ongoing finding since fiscal year 2012 due to a lack of adequate resources dedicated by the department to develop and maintain adequate controls. The department has been in the process of updating its fiscal monitoring controls but has yet to fully implement changes to ensure compliance with program requirements.

**We recommend** department management complete and implement an adequate fiscal monitoring process to ensure federal reimbursements are for allowable program activities, subrecipient cost allocation plans are sufficiently reviewed to determine whether the plans are in compliance with applicable cost principles, and required limitations are not exceeded.

#### **Strengthen Controls Over Cash Management**

**Federal Awarding Agency:** U.S. Department of Health and Human Services  
**Program Title and CFDA Number:** Low-Income Home Energy Assistance, CFDA 93.568  
**Federal Award Numbers and Year:** 2015G992201; 2015, 2015G992205; 2015,  
2015G992212; 2015, 2014G992201; 2014,  
2014G995623; 2014  
**Compliance Requirement:** Cash Management  
**Type of Finding:** Material Weakness, Noncompliance

Federal regulations require program costs be paid with entity funds before reimbursement is requested from the federal government. The exception to the cost reimbursement basis is the

advancement of federal monies to meet immediate cash needs. When awards provide for advance payments, recipients must follow procedures to minimize the time elapsing between the transfer of funds from the U.S. Treasury and disbursement by the recipient with similar procedures established for subrecipients. These regulations include expectations for the department to monitor cash drawdowns by subrecipients to ensure subrecipients conform substantially to the same standards of timing and amounts that apply to the department.

We found the department does not have adequate controls to ensure funds are provided as reimbursement of costs already paid by the subrecipient or that a minimal lapse of time occurred between the advancement to and disbursement of funds by subrecipients. This has been an ongoing finding since fiscal year 2010 due to a lack of adequate resources dedicated by the department to develop and maintain an adequate control process. The department has been in the process of updating its reviews of subrecipient requests for funds but has yet to fully implement changes to ensure compliance with cash management requirements.

**We recommend** department management complete and implement adequate controls to ensure subrecipient requests for funds are in compliance with federal cash management requirements.

### **Prior Year Findings**

In the prior fiscal years, we reported noncompliance and internal control findings in the Statewide Single Audit Report related to LIHEAP. For the fiscal-year ended June 30, 2014; see Secretary of State audit report number 2015-05, and for the fiscal year ended June 30, 2013; see Secretary of State audit report number 2014-09.

During fiscal year 2015, the department continued to develop plans for addressing these findings. The last two years of prior findings listed below will be reported in the Statewide Single Audit Report for the fiscal year ended June 30, 2015 with a status of partial corrective action taken.

Finding Title	Prior Year Finding No.
Review of Subrecipient Costs for Allowability Should be Improved	2013-046
Strengthen Controls Over Cash Management	2013-047
Improve Controls Over Subrecipient Cost Allocation Plans	2013-048
Improve Reviews of Subrecipients	2014-036
Improve Reviews of Subrecipient Allocated Costs	2014-037
Strengthen Controls Over Cash Management	2014-038

The audit findings and recommendations above, along with your responses, will be included in our Statewide Single Audit Report for the fiscal year ended June 30, 2015. Including your responses satisfies the federal requirement that management prepare a Corrective Action Plan covering all reported audit findings. Satisfying the federal requirement in this manner,

Margaret Van Vliet, Director  
Oregon Housing and Community Services Department  
Page 5

however, can only be accomplished if the response to each material weakness includes the information specified by the federal requirement, and only if the responses are received in time to be included in the audit report. The following information is required for the each response:

- 1) Your agreement or disagreement with the finding. If you do not agree with an audit finding or believe corrective action is not required, include in your response an explanation and specific reasons for your position.
- 2) The corrective action planned.
- 3) The anticipated completion date.
- 4) The name(s) of the contact person(s) responsible for corrective action.

Please provide a response to us by March 7, 2016 and provide Rob Hamilton, Statewide Accounting and Reporting Services (SARS) Manager, a copy of your Corrective Action Plan.

The purpose of this communication is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this communication is not suitable for any other purpose.

We appreciate your staff's assistance and cooperation during this audit. Should you have any questions, please contact Wendy Hewitt, Principal Auditor or Julianne Kennedy, Audit Manager at (503) 986-2255.

Sincerely,

*Office of the Secretary of State, Audits Division*

cc: Caleb Yant, CFO  
Claire Seguin, Assistant Director of Housing Stabilization  
Sandra Flickinger, Financial Services Section Manager  
Tim Zimmer, Energy and Weatherization Section Manager  
George Naughton, Interim Director, Department of Administrative Services

## **Section 10: Program, Fiscal Monitoring, and Audit**

10.5 Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP Policies and procedures.

Sub-grantees enter into work plan agreements (contracts) that specifically outline local procedures for outreach, eligibility, application, intake, benefit determination and certification of payment to LIHEAP applicants. These agreements will be monitored for compliance with federal and state requirements.

All LIHEAP households are placed into a statewide database (OPUS) developed and maintained by Oregon Housing and Community Services. OPUS requires entry of several personal identifiers in order to process energy assistance benefits including but not limited to names, birthdates, Social Security numbers and physical addresses of all household members. Information is available for all LIHEAP households accessing services within the last 10 years.

Use of this statewide database not only prevents duplicate payments, but also allows LIHEAP providers to identify discrepancies in personal information provided by HH at the time of eligibility and benefit determination.

This system is shared by the State and sub-grantees and allows for realtime reporting as well as access to client intake processes, income calculations, eligibility determination and client comments. There is also an audit log which tracks any updates to a client's record.

OHCS may monitor the activities of each Sub-grantee and its sub-recipients as it deems necessary or appropriate to ensure Sub-grantee and its sub-recipients comply with the terms of the agreement between OHCS and the sub-grantee and that grant fund awards are used properly for authorized purposes hereunder. OHCS also may ensure that performance goals are achieved as specified in the agreement, including without limitation in the Scope of Work, related Program Elements, Work Plans and Budgets. Monitoring activities may include any action deemed necessary or appropriate by OHCS including, but not limited to the following: (1) the review (including copying) from time to time of any and all Sub-grantee and sub-recipient(s) files, records and other information of every type arising from or related to performance under this Agreement; (2) arranging for, performing, and evaluating general and limited scope audits; (3) conducting or arranging for on-site and field visits and inspections; (4) review of Sub-grantee fiscal and program reports prior approval documentation; and (5) evaluating, training, providing technical assistance and enforcing compliance of Sub-grantee, sub-recipient(s), and their officers, employees, agents, contractors and other staff. OHCS may utilize third parties in its monitoring and enforcement activities, including monitoring by peer agencies. OHCS monitoring and enforcement activities may be conducted in person, by telephone and by other means deemed appropriate by OHCS and may be effected through contractors, agents or other authorized representatives. Sub-grantee consents to such monitoring and enforcement by OHCS and agrees to cooperate fully

with same, including requiring by agreement and causing that its sub-recipients so cooperate.

OHCS reserves the right, at its sole and absolute discretion, to request assistance in monitoring from outside parties including, but not limited to the Oregon Secretary of State, the Attorney General, the federal government, and law enforcement agencies.

Sub-grantee shall fully and timely cooperate with OHCS in the performance of any and all monitoring and enforcement activities. Failure by Sub-grantee or any of its sub-recipients to comply with this requirement is sufficient cause for OHCS to require special conditions and may be deemed by OHCS as a failure by the Sub-grantee to perform its obligations under this Agreement.

Sub-grantee shall perform onsite visits to monitor the activities of its sub-recipients as specified by applicable grant program requirements or otherwise directed by OHCS, but in no case less than at least once during the term of the agreement, and not later than the third quarter of the term of the agreement (unless otherwise approved in writing by OHCS) to ensure that grant funds are used for authorized purposes in compliance with the agreement, including but not limited to specific program requirements, and that performance goals are achieved as specified in the Scope of Work.

OHCS generally will advise the Sub-grantee as to its observations and findings generated by any on-site visit; usually through an exit interview. Within 60 days after an on-site inspection, OHCS will endeavor to provide Sub-grantee with a written report as to its findings from that inspection. OHCS may advise the Sub-grantee of any corrective action that it deems appropriate based upon its monitoring activities or otherwise. Sub-grantee shall timely satisfy such corrective actions required by OHCS.

OHCS will review (including copying) annually or as it deems necessary any and all Sub-grantee and sub-recipient(s) files, records, and other information of every type arising from or related to performance under the agreement. Within 60 days after a review, OHCS will endeavor to communicate in writing to the Sub-grantee. OHCS may advise the Sub-grantee of any corrective action that it deems appropriate based upon its monitoring activities or otherwise. Sub-grantee shall timely satisfy such corrective actions as reasonably required by OHCS.

## Monitoring Schedule for FYE June 30, 2017

Date(s)	Organization	Monitoring Type
<b>August 2016</b>		
8/2-4, 2016	YCAP	HTBA/ESG/Financial
8/9-11, 2016	NOHA (Warrenton)	HTBA/ESG/Financial (confirmed)
8/30-31, 2016	MCCAC (Hood River)	Financial
<b>September 2016</b>		
9/26-28, 2016	ACCESS (Medford)	HTBA/ESG/HSP/EHA/SHAP/CSBG/Financial
<b>October 2016</b>		
10/4-6, 2016	Nim pact (Bend)	HTBA/ESG/Financial
10/18-20, 2016	ORCCA (Coos Bay)	HTBA/ESG/HSP/EHA/SHAP/CSBG/Financial
<b>November 2016</b>		
11/1-3, 2016	KLCAS (K-Falls)	HTBA/ESG/Financial
11/29-12/1, 2016	UCAN (Roseburg)	
<b>December 2016</b>		
<b>January 2017</b>		
1/18-19, 2016	CAPO (Salem)	Financial
1/10-12, 2017	MWVCAA (Salem)	HTBA/ESG/Financial
<b>February 2017</b>		
2/7-8, 2017	CSC (Albany)	HTBA/ESG/Financial (confirmed)
2/21-22, 2017	OHDC (Tigard)	HTBA/ESG/Financial (confirmed)
<b>March 2017</b>		
3/7-9, 2017	CAT (St. Helens)	ESG/HSP/EHA/SHAP/CSBG/Financial/CHDO
3/27-29, 2017	CCNO (La Grande)	HTBA/ESG/Financial
3/29-31, 2017	CAPECO (Pendleton)	HTBA/ESG/Financial
<b>April 2017</b>		
4/11-13, 2017	CCSSD (Oregon City)	ESG/HSP/EHA/SHAP/CSBG/Financial
4/25-27, 2017	CinA (Ontario)	Financial
<b>May 2017</b>		
5/9-11, 2017	MULTCO (Portland)	ESG/HSP/EHA/SHAP/CSBG/Financial
5/23-24, 2017	CAO (Beaverton)	Financial
<b>June 2017</b>		
6/6-8, 2017	LCHHS (Eugene)	HTBA/ESG/HSP/EHA/SHAP/CSBG/Financial



# Oregon

Governor Kate Brown

## Housing and Community Services

North Mall Office Building  
725 Summer St NE, Suite B

Salem, OR 97301-1266

PHONE: (503) 986-2000

FAX: (503) 986-2020

TTY: (503) 986-2100

[www.ohcs.oregon.gov](http://www.ohcs.oregon.gov)

### LIHEAP/OEAP Monitoring Process- 2016

All Sub-grantee agencies must participate in an annual program evaluation. This process involves the review of local files to assure compliance in the areas of eligibility, documentation and benefit determination as well as a possible site visit. During the review, any notes and/or deficiencies will be highlighted with the intent of strengthening program integrity both locally, as well as statewide.

Desk monitoring process:

1. File Selection. In Addition to general sampling, the compliance officer typically requests a sampling of files for each payment type, payment status, and vendor. Direct pays, crisis payments, agency employees served and files showing discrepancies in the file selection report will be oversampled.
2. If the review is to be a desk review; the compliance officer sends an “entrance letter” to the agency beginning the monitoring process. The entrance letter will identify the files that are being requested for review and outline any specific guidelines regarding file submission. The sub-grantee is given a specific timeline in which they must provide OHCS with copies of the selected files. These files must either be uploaded to Google docs, mailed or hand delivered, usually within 30 days of the request.  
If the review is to be an on-site file review the compliance officer sends a “scheduling e-mail” to the agency director to schedule the date of the review. Once the review dates are determined the compliance officer sends a “confirmation letter” outlining any specific guidelines for the on-site review. A list of files selected for review will be provided upon the compliance officer’s arrival, or 24 hours in advance.
3. If review is to be an on-site file review, an entrance interview will be conducted to briefly go over the process of the site review and identify any key staff the compliance officer will need periodic access to during the file review.
4. File review process begins. The compliance officer will review each file to ensure that all program guidelines were followed appropriately. Each file has a standard “checklist” filled out, as well as a “worksheet” where the compliance officer will identify any deficiencies, and any notes needed to conduct the exit interview, and compile the report.



5. The compliance officer will conduct an exit interview with sub-grantee either via phone conference or in person to review any deficiencies identified during the review and to discuss possible corrective action steps needed.
6. OHCS compiles a monitoring report which outlines deficiencies identified during the file review, as well as recommendations/notes to the agency that will streamline program operations, strengthen internal controls, and/or improve services for low-income clients. The report will ask the sub-grantee to respond with corrective actions to each deficiency with an estimated completion date attached to them and if necessary, include mandatory corrective action steps outlined by OHCS.
7. If follow up/corrective actions are required, the compliance officer will follow up directly with the sub-grantee. The monitoring will not be closed until all follow up items/corrective actions are satisfactorily completed.
8. Once all follow up/corrective actions are satisfactorily completed, a closing letter will be sent to the sub-grantee. This letter will include the sub-grantees overall rating definition. The overall rating is weighted as explained below.

**Category      Title      Rating**

A	Application	25%
B	Income	50%
C	Payments	25%
	<b>Total</b>	<b>100%</b>



KATE BROWN  
Governor

July 22, 2015

I, Kate Brown, delegate my authority to the Oregon Housing and Community Services Assistant Director to certify to the 16 assurances outlined in the Low Income Home Energy Assistance Act of 1981, as amended, and otherwise perform all necessary functions to properly administer the Low Income Home Energy Assistance Program.

Sincerely,

Governor Kate Brown

KB:dl



## OREGON HOUSING AND COMMUNITY SERVICES (OHCS)

### Public Hearing Notice

There will be a Public Hearing on the proposed 2017 Low Income Home Energy Assistance Program (LIHEAP) State Plan for Oregon:

Date: Monday, August 8, 2016  
Time: 8:30am-9:30pm  
Place: North Mall Office Building  
Conference Room 124B  
725 Summer Street NE, Suite B  
Salem, Oregon 97301

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 72 hours before the meeting to Sandy McDonnell, 503-986-2012, by TTY at 503-986-2100, or by email at [sandy.mcdonnell@oregon.gov](mailto:sandy.mcdonnell@oregon.gov)

The purpose of this hearing is to obtain public comment on the proposed 2017 LIHEAP State Plan for Oregon. Persons interested in commenting on the proposed plan are invited to attend the public hearing. Written comment will be accepted as long as they are received by 5:00pm, August 12, 2016.

A copy of the proposed Oregon State Plan will be available to view on the OHCS website after July 22, 2016. The web address is <http://www.oregon.gov/ohcs/Pages/low-income-energy-assistance-oregon.aspx>

Please send all correspondence and requests for copies to the address below:

Oregon Housing and Community Services  
ATTN: David Kaufman, LIHEAP Coordinator  
725 Summer Street NE, Suite B  
Salem, OR 97301  
Phone: 503-986-2134  
[david.kaufman@oregon.gov](mailto:david.kaufman@oregon.gov)