

# STATE OF SOUTH CAROLINA

## LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

**2016 STATE PLAN**  
(CFDA 93.568)



**DEPARTMENT OF ADMINISTRATION**  
**OFFICE OF ECONOMIC OPPORTUNITY**

**James Miller, Director**  
**Bertie McKie, Executive Administrator**  
**Kelly Sumpter, Senior Manager**

July 2015

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# INTRODUCTION

The Low-Income Home Energy Assistance Program (LIHEAP) is a federally-funded program designed to assist eligible low-income households in meeting home heating and/or cooling needs. LIHEAP alleviates home energy crises through the provision of energy assistance, energy education, home weatherization, income management counseling, and intervention with energy providers on behalf of low-income households.

The Low-Income Home Energy Assistance Program (LIHEAP) is authorized by Title XXVI of Public Law (P.L.) 97-35, the Omnibus Budget Reconciliation Act of 1981 (42 U.S.C. Section 8621 et seq.) as amended by the Human Services Reauthorization Act of 1984 (P.L. 98-558), the Human Services Reauthorization Act of 1986 (P.L. 99-425), the Augustus F. Hawkins Human Services Reauthorization Act of 1990 (P.L. 101-501), the National Institutes of Health Revitalization Act of 1993 (P.L. 103-43), the Low-Income Home Energy Amendments of 1994 (P.L. 103-552), the Coats Human Services Reauthorization Act of 1998 (P.L. 105-285), and the Energy Policy Act of 2005 (P.L. 109-58). The Office of Community Services, housed within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services, administers the Low-Income Home Energy Assistance Program.

In South Carolina, LIHEAP is administered through the Office of Economic Opportunity (OEO). LIHEAP programs are administered through a network of fourteen community action agencies that provide LIHEAP Energy Assistance to eligible low-income households for each of South Carolina's 46 counties. The South Carolina LIHEAP Program Year operates from January 1 through December 31.

Income eligibility for all LIHEAP assistance under this plan will be limited to households whose total monthly gross income does not exceed 150% of the Poverty Income Guidelines published in the Federal Register by the U.S. Department of Health and Human Services. Allocation of funds is based upon the low-income households in each county as compared to the state's total poverty population; current U.S. Census data.

The goals of LIHEAP for the 2016 Program Year are to expand outreach to previously unserved households, target energy assistance to eligible households with the highest energy needs and lowest incomes, increase efficiency of energy usage by applicant households, identify resources to broaden the reach of LIHEAP funds, and address inefficient home heating/cooling systems through repair and/or replacement.

LIHEAP, in coordination with the Community Services Block Grant and the Weatherization Assistance Program, will assist individuals in achieving improved self-sufficiency. Through case management, agencies will identify and address the factors contributing to energy-related adversities. Agency initiatives will include the use/collaboration of area-wide resources.

## **The following requirements will be incorporated into the LIHEAP 2016 Program:**

If funds are available, each household may receive up to two services during the program year in any combination: 1 DA and 1 ECIP, or 2 DA's, or 2 ECIP's, or DA and Project Share, or ECIP and Project Share.

### **1. Direct Assistance (DA)**

- \* Maximum benefit \$500

### **2. Emergency Crisis Intervention Program (ECIP)**

- \* Maximum benefit \$1,000

- \* As funds are available, where need is determined, to sustain the winter cold or summer heat, home heating/cooling systems may be repaired or replaced up to a maximum of \$6,500

- \* Assistance cannot exceed total amount of energy bill

- \* Emergency utility payments (ECIP) are not to be rounded. Payments will reflect the actual amount of the bill.

### **3. Vendor Agreements**

Vendor Agreement (Appendix I) was revised to capture the most recent vendor information in order that, after 2007, the annual requirement for obtaining this information will only apply to new vendors and on occasions when there are revisions to existing Vendor Agreements. New and existing Vendor Agreements must be available for review upon request and during each monitoring visit.

**South Carolina Community Action Agencies and Designated County Service Areas:**

<p><b>Aiken-Barnwell Counties Community Action Commission, Inc.</b> Aiken, Barnwell, and Lexington counties</p>
<p><b>Beaufort-Jasper Economic Opportunity Commission, Inc.</b> Beaufort and Jasper counties</p>
<p><b>Carolina Community Actions, Inc.</b> Chester, Fairfield, Lancaster, Union, and York counties</p>
<p><b>Chesterfield-Marlboro Economic Opportunity Council, Inc.</b> Chesterfield and Marlboro counties</p>
<p><b>Darlington County Community Action Agency</b> Darlington County</p>
<p><b>GLEAMNS Human Resources Commission, Inc.</b> Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry and Saluda counties</p>
<p><b>Lowcountry Community Action Agency, Inc.</b> Colleton and Hampton counties</p>
<p><b>OCAB Community Action Agency</b> Allendale, Bamberg, Calhoun, and Orangeburg counties</p>
<p><b>Palmetto Community Action Partnership</b> <i>(Charleston County Human Services)</i> Charleston, Berkeley and Dorchester counties</p>
<p><b>Pee Dee Community Action Partnership</b> Dillon, Florence, and Marion counties</p>
<p><b>Piedmont Community Actions, Inc.</b> Cherokee and Spartanburg counties</p>
<p><b>Sunbelt Human Advancement Resources (SHARE), Inc.</b> Anderson, Greenville, Oconee, and Pickens counties</p>
<p><b>Waccamaw Economic Opportunity Council, Inc.</b> Horry, Georgetown, and Williamsburg counties</p>
<p><b>Wateree Community Actions, Inc.</b> Clarendon, Kershaw, Lee, Sumter, and Richland counties</p>

## SYNOPSIS FOR PROJECTED 2016 FUNDING (based on actual 2015 allocation)

Description	2016 Projected Allocation
OEO Administration 4%	\$ 1,552,991
Subgrantee Administration 6%	\$ 2,329,489
Subgrantee Energy Assistance	\$29,118,616
LIHEAP Weatherization 15%	\$ 5,823,722
<b>Total Projected Award</b>	<b>\$38,824,818</b>

**Administrative Costs** - Costs necessary for the proper administration of LIHEAP. For more information, visit [www.acf.dhhs.gov/programs/liheap/guidance/.html](http://www.acf.dhhs.gov/programs/liheap/guidance/.html) and refer to LIHEAP Transmittal #2000-12, LIHEAP Costs for Planning and Administration. For OEO guidance, visit [www.oep.sc.gov/oao](http://www.oep.sc.gov/oao).

Administrative costs include:

- General administration and coordination.
- Salaries and benefits of staff performing administrative and program activities.
- Preparation of program plan and budgets.
- Program monitoring.
- Fraud and abuse units.
- Procurement.
- Technical assistance and training.
- Services related to financial management systems and internal controls, litigation, audits, property management and personnel.
- Supplies, equipment, travel, postage, utilities, and office space for program administration.
- Travel costs for official business and not excluded as a direct program administrative cost for providing program services.
- Management information systems not related to the tracking and monitoring of TANF requirements (e.g., for a personnel or payroll system for State staff).
- Preparing reports and other documents.

### Energy Assistance Funds

The Energy Assistance funds are the total funds available for distribution to eligible households. Assistance is given based on need and is subject to the availability of Federal funds. All applicant households will be determined eligible according to the program procedures and income guidelines. There are two components of Energy Assistance: Direct Assistance Heating or Direct Assistance Cooling and Emergency Crisis Intervention (ECIP).

A crisis exists when extreme weather conditions, fuel supply shortages or increases in home energy costs have depleted or threatened to deplete household financial resources creating an energy burden that poses a health and/or safety threat to the well-being of the household; particularly households with elderly, disabled and those with children age 5 or younger.

A utility termination alone does not necessarily constitute a crisis.

### LIHEAP Weatherization Funds

The State of South Carolina allocates 15% of LIHEAP funds for Weatherization to supplement the PY 2016 Weatherization Assistance Program, funded by the U.S. Department of Energy. The South Carolina Office of Economic Opportunity administers the state's Weatherization Program. Services are provided by a network of ten Community Action Agencies in all 46 counties. Typical weatherization services include: air sealing, attic and wall insulation, replacing incandescent light bulbs with compact fluorescent light bulbs, installing storm windows, refrigerator replacement, and insulating ducts.

**LIHEAP Weatherization funds will allow for administrative costs.**

## **Project Share Funds**

The Office of Economic Opportunity also distributes funding from three (3) utility companies in South Carolina through Project Share; a program consisting of subscriber and corporate contributions from Duke Energy Progress, South Carolina Electric and Gas (SCE&G) Project Share Program and Piedmont Natural Gas Share the Warmth Program. Project Share funds supplement the Low-Income Home Energy Assistance Program. For more information about the South Carolina Low-Income Home Energy Assistance Program, visit: [www.oeo.sc.gov](http://www.oeo.sc.gov).

## **Program and Fiscal Reporting Requirements**

LIHEAP and Project Share Financial Status Reports (FSRs) and Household Reports are due to the Office of Economic Opportunity (OEO) on the 15<sup>th</sup> of the month following the reporting month. To ensure accuracy with Federal required reporting from the State, additional reporting by Subgrantees is necessary. Therefore, Program Status Reports (PSRs) will be due quarterly on the 15<sup>th</sup> day following each quarter (see Appendix), Pre-Closeout on December 1<sup>st</sup> (OEOs year-end report is due to US HHS by December 15<sup>th</sup>), and an annual report (cumulative) will be due on January 15<sup>th</sup>. All reports must be submitted in a timely manner; timeliness will be reported on risk assessments.

**LOW INCOME HOME ENERGY ASSISTANCE BLOCK GRANT PROGRAM  
DETAILED MODEL PLAN  
PUBLIC LAW 97-35, AS AMENDED  
CFDA 93.568  
PROGRAM YEAR 2016**

**GRANTEE: OFFICE OF ECONOMIC OPPORTUNITY**

**FFY 2016**

**EIN: 1-576000286- A1**

**DUNS: 079733487**

**ADDRESS: 1205 Pendleton Street  
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**LAST DETAILED MODEL PLAN FILED: PY 2015**

**PLEASE CHECK ONE: TRIBE \_\_\_\_ STATE  INSULAR AREA \_\_\_\_**

**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: 10/31**

**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.

**ASSURANCES**

The **Office of Economic Opportunity** agrees to:

(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 an --
  - (i) amount equal to 150 percent of the poverty level for such State; or
  - (ii) 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 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 the State --
- (A) will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and
  - (B) will treat owners and renters equitably under the program assisted under this title;
- (9) provide that the State --
- (A) 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) 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;
- (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; and
- (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.

\* **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.**

Certification to the Assurances: As Chief Executive Officer, I agree to comply with the sixteen assurances contained in Title XXVI of the Omnibus Budget Reconciliation Act of 1981, as amended.\* By signing these assurances, I also agree to abide by the standard assurances on lobbying, debarment and suspension, and a drug-free workplace.

Signature of the Chief Executive Officer of the State

**Signature:** \_\_\_\_\_

**Title:** Director, Office of Economic Opportunity

**Date:** \_\_\_\_\_

**\*\* If a person other than the Chief Executive Officer of the State or territory, or Tribal Chairperson or Board Chairperson of a tribal organization, is signing the certification to the assurances, a letter must be submitted delegating such authority. (PLEASE ATTACH DELEGATION of AUTHORITY.) The delegation must include authority to sign the assurances, not just to administer the program.**

Energy Assistance Act"; "section" means Section 2605 of OBRA; and, "subsection" refers to Section 2605(b) of OBRA In the above assurances which are quoted from the law, "State" means the 50 States, the District of Columbia, an Indian Tribe or Tribal Organization, or a Territory; "title" of the Act refers to Title XXVI of the Omnibus Budget Reconciliation Act of 1981 (OBRA), as amended, the "Low Income Home.

**LIHEAP Statutory**

**References**

2605(a)

2605(b)(1)

**USE OF FUNDS**

**Please 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**

<u>  X  </u>	Heating Assistance	<u>January 1 – April 30</u>
<u>  X  </u>	Heating Assistance	<u>October 1 – December 31</u>
<u>  X  </u>	Cooling Assistance	<u>May 1 – September 30</u>
<u>  X  </u>	Crisis Assistance	<u>January 1 – December 31</u>
<u>  X  </u>	Weatherization Assistance	<u>April 1 – March 31</u>

2605(c)(1)(C)

**LIHEAP funds will be used for each component that you will operate:**

  30%   Heating Assistance

  20%   Cooling Assistance

  25%   Crisis Assistance

2605(k)(1)

  15%   Weatherization Assistance

\_\_\_\_\_ Carryover to the Following Fiscal Year

2605(b)(9)

  10%   Administrative and Planning (State 4%; LIHEAP Eligible Entities 5%; WAP Eligible Entities 1 %)

2605(b)(16)

\_\_\_\_\_ Services to Reduce Home Energy Needs, Including Needs Assessment (Assurance 16)

\_\_\_\_\_ Used to Develop and Implement Leveraging Activities (limited to the greater of 0.08% or \$35,000 for States, the greater of 2% or \$100 for territories, tribes and tribal organizations).

 100%  **TOTAL**

**ALTERNATE USE OF CRISIS ASSISTANCE FUNDS**

2605(c)(1)(C)

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

\_\_\_\_\_ Heating Assistance

  X   Cooling Assistance

\_\_\_\_\_ Weatherization Assistance

\_\_\_\_\_ Other:

Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? (This is required by the statute.)

Yes   X   No \_\_\_\_\_

**ELIGIBILITY**

2605(b)(2)

**What are your maximum eligibility limits?**

2605(c)(1)(A)

(Please check the components to which they apply.)

**Current year guidelines must be used.**

  X   150% of the poverty guidelines:

heating   X   cooling   X   crisis   X   wx   X

2605(c)(1)(A)  
2605(b)(2)

**ELIGIBILITY**

**Do you have additional eligibility requirements for:  
HEATING ASSISTANCE** (\_\_\_\_ Yes   X   No)

**Do you use:** Yes    No  
Assets test? \_\_\_\_\_   X  

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

Elderly   X   \_\_\_\_\_  
Disabled   X   \_\_\_\_\_  
Young children   X   \_\_\_\_\_  
Other: High energy burden   X   \_\_\_\_\_

2605(c)(1)(A)  
2605(b)(2)

**ELIGIBILITY**

**Do you have additional eligibility requirements for:  
COOLING ASSISTANCE** (\_\_\_\_ Yes   X   No)

**Do you use:** Yes    No  
Assets test? \_\_\_\_\_   X  

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

Elderly   X   \_\_\_\_\_  
Disabled   X   \_\_\_\_\_  
Young children   X   \_\_\_\_\_  
Other: High energy burden   X   \_\_\_\_\_

2604(c)  
2605(c)(1)(A)

**ELIGIBILITY**

**Do you have additional eligibility requirements for:  
CRISIS ASSISTANCE** (\_\_\_\_ Yes   X   No)

**Do you use:** Yes    No  
Assets test? \_\_\_\_\_   X  

**Must the household have received a:**

Shut-off notice or have an empty tank?   X   \_\_\_\_\_  
Must the household have exhausted regular benefit? \_\_\_\_\_   X    
Must the household have received a rent eviction notice? \_\_\_\_\_   X    
Must heating/cooling be medically necessary? \_\_\_\_\_   X    
Other (Please explain): \_\_\_\_\_ \_\_\_\_\_

**What constitutes a crisis?** (Please describe)

**18-Hour Life Threatening emergencies** – A situation that has already or poses an immediate risk to life, health and safety directly related to the home energy heating/cooling costs.

**48-Hour emergencies** – A situation that poses a threat to life, health and safety directly related to the home energy heating/cooling costs.

- Sudden Reduction in Household Income – Primary wage earner died or became disabled; or lost job.
- Dwelling is burned or damaged by tornado or hurricane.
- Utility termination within 5 days.
- Utility disconnected.
- Empty/low fuel tank.
- Medical/health and/or safety necessity to sustain extreme heat/cold.
- Home heating/cooling system inoperable; needs repair/replacement to sustain during extreme temperatures.

**ELIGIBILITY**

2605(c)(1)(A)

**Do you have additional eligibility requirements for Weatherization?**

(  Yes  No)

Homes with severe repair issues that may prevent effective weatherization but are not covered under the program may not be eligible.

**Do you use:** Yes No

Assets test? \_\_\_\_\_ X

**Priority groups?** (Please list) X \_\_\_\_\_

Elderly, Disabled, Households w/children age 17 and younger, high energy users with lowest incomes, and high energy burden

**Are you using Department of Energy (DOE) Low Income Weatherization Assistance Program (LIWAP) rules to establish eligibility or to establish priority eligibility for households with certain characteristics?** X \_\_\_\_\_

If yes, are there exceptions? \_\_\_\_\_ X

Please list below. **No exceptions**

**OUTREACH**

2605(b)(3)

**Please check the outreach activities that you 2605(c)(3)(A) conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:**

provide intake service through home visits or by telephone for the elderly and disabled.

place posters/flyers in local and county social service offices, offices on aging, Social Security offices, VA, etc.

publish articles in newspapers and applicable publications, and broadcast public service announcements.

include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.

conduct mass mailing to previous year LIHEAP recipients.

inform applicants of the availability of LIHEAP assistance during application intake for other low-income programs; e.g. Head Start, CSBG, WAP.

establish interagency agreements with other area agencies to perform outreach to target groups.

other (Please specify): CSBG, Head Start and Weatherization Referrals, and OEO web site.

**COORDINATION**

2605(b)(4)

**Please describe how you will assure that LIHEAP is coordinated with similar and related programs. The description provided applies to all components unless specifically noted.**

Subgrantees will ensure coordination with other resources within the designated service area to assist with providing other services/funds to households in need. Such coordination, outlined in the agency's Work Plan, details how the Subgrantee will ensure the elimination of the duplication of services. Subgrantees also make referrals within the agency to programs and services that provide educational assistance in helping clients reduce high energy usage and improve income management techniques. CSBG case management and program support components assist with the provision of LIHEAP services.

**DETERMINATION OF BENEFITS AND LEVELS**

**2605(b)(5)**      **The statute requires that there be no difference in the treatment of households**  
**2605(b)(2)**      **eligible because of their income and those eligible because they receive benefits**  
**2605(b)(8A)**    **under TANF, Food Stamps, SSL, or certain means-tested veterans programs**  
**("categorically eligible"). How do you ensure there is no difference when determining**  
**eligibility and benefit amounts? This applies to all components unless specifically noted**  
**below.**

No differentiation is made based on the source(s) of household income. All sources of household income are documented on the Application for Program Services or in SC ROMA and then processed, reviewed and approved by an agency representative.

**HEATING COMPONENT**

**2605(b)(5)**      **Please check the variables you use to determine your benefit levels (check all that apply):**

- total household income
- household size
- total home energy expense
  - fuel type
  - climate/region
  - individual utility bill
  - dwelling type
  - energy burden (20% of income spent on home energy)
  - energy need
  - other (describe): Disabled Household Member  
 Elderly Household Member  
 Household with Child Age 5 or younger

**BENEFIT LEVELS - HEATING**

**2605(b)(5)**      **Describe how you will assure that the highest benefits go to households with the**  
**2605(c)(1)(B)**    **lowest incomes and the highest energy costs or needs in relation to income, taking into**  
**account family size.**

**Please describe benefit levels or attach a copy of your payment matrix.**

<b>Minimum Assistance</b>	<b>\$225</b>
<u>Additional assistance provided if:</u>	
(1) Elderly	\$ 50
(2) Disabled	\$ 50
(3) Total Household Income is 100% or less than Poverty Guideline	\$ 50
(4) Applicant with children age 5 or younger	\$ 50
(5) Energy Burden	<u>\$ 75</u>
<b>Maximum Assistance</b>	<b>\$500</b>

**Do you provide in-kind (e.g., blankets) and/or other forms of benefits?**

Yes  No If yes, please describe.

Subgrantees have the option to purchase blankets and lap throws for eligible households and throws for the elderly, homebound and disabled. Window Heat Pump A/C Units are also approved and may be purchased as needed if funds are available. Space heaters are not approved.

**2605(b)(5)**      **COOLING COMPONENT**  
**2605(c)(1)(B)**    **Please check the variables you use to determine benefit levels (check all that apply):**

- income
- family (household) size
- home energy cost or need
- fuel type
- climate/region
- individual bill
- dwelling type
- energy burden (20% of income spent on home energy)
- energy need
- other: Disabled Household Member  
Elderly Household Member  
Household with Child Age 5 or younger

2605(b)(5)  
2605(c)(1)(B)

**BENEFIT LEVELS - COOLING**

**Describe how you will assure that the highest benefits will go to households with the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size. Please describe benefit levels or attach a copy of your payment matrix.**

<b>Minimum Assistance</b>	<b>\$225</b>
<u>Additional assistance provided if:</u>	
(1) Elderly	\$ 50
(2) Disabled	\$ 50
(3) Total Household Income is 100% or less than Poverty Guideline	\$ 50
(4) Applicant with children age 5 or younger	\$ 50
(5) Energy Burden	<u>\$ 75</u>
<b>Maximum Assistance</b>	<b>\$500</b>

**Do you provide in-kind (e.g. fans) and/or other forms of benefits?**

Yes  No (If yes, please describe.)

Subgrantees utilize other funds to purchase fans. Window a/c units and window heat pump a/c units are also approved for purchase particularly for vulnerable households during extreme summer temperatures to sustain the health and safety of clients.

2605(b)(5)  
2605(c)(1)(B)

**CRISIS COMPONENT**

**How do you handle crisis situations?**

separate component  other (please explain)

**If you have a separate component, how do you determine crisis assistance benefits?**

amount to resolve crisis, up to maximum  
 other (please describe)

**Please indicate the maximum benefit for each type of crisis assistance offered.**

year-round \$ 1,000 maximum benefit

**Do you provide in-kind (e.g. blankets, fans) and/or other forms of benefits?**

Yes  No If yes, please describe.

Under ECIP, during extreme summer heat, as need is determined, a/c units may be purchased and installed and HVAC systems may be repaired/replaced (requires Manual J Calculation) to increase operating efficiency and help households to sustain during the extreme summer temperatures.

\*Air Conditioners: Households may be provided an air conditioner if the unit is needed to sustain the extreme summer heat; in particular households with members who are elderly, disabled and those with young children.

\*Window Heat Pump A/C Units: May be provided for households particularly where there are elderly and other vulnerable populations in order to sustain health and safety during extreme temperatures.

2605(b)(5)  
2605(c)(1) (B) & (D)

**WEATHERIZATION & OTHER ENERGY RELATED  
HOME REPAIR AND IMPROVEMENTS**

**What LIHEAP weatherization services/materials do you provide? (Check all categories that apply.)**

- Weatherization needs assessments/audits.
- Caulking, insulation, storm windows, etc.
- Furnace/heating system modifications/repairs
- Furnace replacement
- Cooling efficiency mods/repairs/replacement
- Other:
  - \*Compact Fluorescent Lights
  - \*Refrigerators
  - \*Hot Water Heaters
  - \*Health and Safety energy-related measures: floors, ceilings, walls

**Do you have a maximum LIHEAP weatherization benefit/expenditure levels**  
If yes, what is the maximum amount? **\$7,105.**

**TYPES OF RULES**

Under what rule do you administer LIHEAP weatherization? (Check one.)

- Entirely under LIHEAP (not DOE) rules
- Entirely under DOE LIWAP rules
- Mostly under LIHEAP rules with the following DOE LIWAP rule(s) where

**LIHEAP and LIWAP rules differ** (Check all that apply):

- Weatherize buildings 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 (Please describe)
- Mostly under DOE LIWAP rules, with the following LIHEAP rule(s) where LIHEAP and LIWAP rules differ
- Weatherization not subject to DOE LIWAP maximum statewide average cost per dwelling unit.
- Other:

**AGENCY DESIGNATION**

2605(b)(6) **The state or tribe administers LIHEAP through the following local agencies:**

- county welfare offices
- community action agencies (weatherization component only)
- community action agencies (heating, cooling or crisis)
- charitable organizations
- not applicable (i.e. state energy office)
- tribal office
- other, describe: *Other nonprofit organizations*

**Have you changed local administering agencies from last year?**

- Yes  No

**TARGETING ASSISTANCE**

2605I(1)(E) Please describe any additional steps (other than those described elsewhere in this plan) that will be taken to target assistance to households with high home energy burdens. **(This applies to all components. If**

all steps to target households with high home energy burdens are described elsewhere in the plan, no further information is required here.)

Described elsewhere in the plan.

**ENERGY SUPPLIERS**

2605(b)(7) **Does the State make payments directly to home energy suppliers?**

Heating      \_\_\_\_\_ Yes      X   No

Cooling      \_\_\_\_\_ Yes      X   No

Crisis        \_\_\_\_\_ Yes      X   No

2605(b)(7)(A) **If you make payments directly to home energy suppliers, how do you notify the client of the amount of assistance paid? (Please describe)**

While the State does not make payments directly to home energy suppliers, subgrantees do. Clients are provided with vouchers or letters of commitment indicating the amount of assistance.

2605(b)(7) (B) & (C) **How do you make sure the home energy supplier performs what is required in this assurance? If vendor agreements are used, they may be attached. Indicate each component for which this description applies.**

Refer Appendix I: Vendor Agreement. Each participating vendor is required to contract with the participating community action agency. Each vendor must comply with the Agreement terms and conditions. Agreements and vendor payment logs are reviewed during monitoring.

**OWNERS AND RENTERS**

2605(b)(8)(B) **Is there any difference in the way owners and renters are treated? If yes, please describe.**

**HEATING ASSISTANCE**

\_\_\_\_\_ Yes      X   No

**COOLING ASSISTANCE**

\_\_\_\_\_ Yes      X   No

**CRISIS ASSISTANCE**

\_\_\_\_\_ Yes      X   No

**WEATHERIZATION**

  X   Yes    \_\_\_\_\_ No (Must have permission of owner and assurance that improvements resulting from Weatherization will not increase the client's rent.)

**PROGRAM, FISCAL MONITORING AND AUDIT**

2605(b)(10) **How do you ensure good fiscal accounting and tracking of LIHEAP funds? (Please describe. Include a description of how you monitor fiscal activities.)**

**(Program Monitoring):** Following field visits, comprehensive Monitoring Reports are prepared and submitted to the Subgrantee. The report is an analysis of the Subgrantee's year-to-date progress with Performance Targets, projected outcomes and expenditures. The report identifies best practices and compliance with Federal and State policies and regulations. The report is distributed to the Executive Director, Program Director and Board Chairperson. With each report, Subgrantees have the right to respond and time to correct identified deficiencies.

Subgrantees submit a Monthly Household Report (HR) identifying total households served, denied service, applicable Federal Poverty Levels, the number of vulnerable households served and program expenditures.

**(Fiscal Monitoring):** The OEO maintains the internal controls and financial management system necessary to accurately account for LIHEAP expenditures; both fiscally and programmatically. OEO's fiscal team initially reviews and approves budget applications, then closely monitors comprehensive expenditure reports and monthly financial status reports prepared/submitted by Subgrantees. Technical assistance and fiscal training are ongoing for agency fiscal officers and staff.

**How do you monitor program activities? (Please be sure to include a description of how you monitor eligibility and benefit determination.)**

Each program component is monitored for fiscal/program compliance through the SC ROMA (Results-Oriented Management and Accountability System) Client Tracking System and through monthly HRs submitted by Subgrantees. Field monitoring visits are conducted in accordance with LIHEAP requirements at each agency where program files are inspected for income eligibility documentation and benefit calculation. Desk reviews of program progress are conducted routinely. Refer Appendix F: OEO LIHEAP Monitoring Instruments.

**How is your LIHEAP program audited?**

**Under the Single Audit Act?**  Yes\*  No

\*On-site field audits are also conducted and as often as is needed to ensure compliance and provision of technical assistance. Single Audit desk reviews are also conducted by the OEO.

**TIMELY AND MEANINGFUL PUBLIC PARTICIPATION**

2605(b)(12)

**How did you get timely and meaningful public participation in the development of the plan? (Please describe.)**

The Office of Economic Opportunity (OEO) holds a public hearing each year and a legislative public hearing every third year in which all Subgrantees are extended an invitation, encouraging statewide participation. The hearing provides the public an opportunity to comment on the proposed use of LIHEAP funds. Prior to the hearing, the State distributes a draft of South Carolina's plans to each Subgrantee for comments and suggestions. During on-site visits and trainings throughout the year, suggestions are also solicited from Subgrantees.

2605(a)(2)

**Did you conduct public hearings on the proposed use and distribution of your LIHEAP funds? When and where?**

Yes  No

**Details and Location of Public Hearing**

**Date:** August 12, 2015

**Time:** 10:00 AM

**Location:** 1105 Pendleton Street, Room 101, Columbia, SC 29201

2016 State Plan will also available for review on OEO web site: [www.oeo.sc.gov](http://www.oeo.sc.gov)

**APPEALS AND FAIR HEARINGS**

2605(b)(13)

**Describe your fair hearing procedures for households whose applications are denied or not acted on in a timely manner. When are applicants informed of these rights?**

A Statewide Appeal and Fair Hearing notice appears on the customer application for service, and is required to be posted in the lobbies and at intake sites where LIHEAP applications are taken. OEO verifies this during the monitoring process and the submission of the Work Plan for LIHEAP.

**Denials:** Clients who assert being unfairly treated and/or denied assistance and/or services must be informed in writing or at the time of application of the reason for denial. Such notification must clearly cite the reason for denial. If not resolved by the Program Coordinator within a reasonable time, the client is to be provided an opportunity to appeal/request an official hearing at the Community Action Agency in which they applied for service(s). An escalated appeal can be submitted to the Office of Economic Opportunity located at 1205 Pendleton Street in Columbia, SC 29201. Finally, a concluding petition can be made to an appellate court in the State of South Carolina.

**Examples – A Notice of Denial will be issued when:**

\* applicant is refused access to services and financial assistance

- \* applicant does not fulfill his/her obligations to program participatory requirements or exceeds the 150% income eligibility requirement
- \* applicant does not provide sufficient information to complete his/her application or has knowingly provided false and/or misleading information
- \* applicant has maxed out his/her eligibility for program assistance during the program year
- \* funds are exhausted
- \* applicant has not met the time restraints on program availability (e.g. between LIHEAP heating and cooling periods)

**Applications Not Acted On In a Timely Manner**

Applicants whose applications are not processed in a timely manner are notified in writing or at the time of application to the right to a Fair Hearing. OEO will provide training and technical assistance to agencies whose applications fail to be processed.

**ALTERNATE OUTREACH AND INTAKE**

2605(b)(15)

**For States and Puerto Rico only** (not applicable to Tribes and tribal organizations, or to territories whose annual regular LIHEAP allotments are \$200,000 or less): **Does the State agency that administers the following LIHEAP component also administer the State’s welfare program?**

**HEATING ASSISTANCE**

\_\_\_\_\_ Yes  No

**COOLING ASSISTANCE**

\_\_\_\_\_ Yes  No

**CRISIS ASSISTANCE**

\_\_\_\_\_ Yes  No

2605(b)(16)

**Do 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?** (This assurance refers to activities such as needs assessments, counseling, and assistance with energy vendors.)

\_\_\_\_\_ Yes  No

**If yes, describe these activities.**

**If yes, how do you ensure that you don’t use more than 5% (statutory ceiling) of your LIHEAP funds for these activities?**

2607A

**LEVERAGING**

**Please describe leveraging activities planned for the fiscal year. (This entry is optional.)\***

Complete this entry if you plan to apply for LIHEAP leveraging incentive funds and to include in your leveraging report resources/benefits provided to low income households this fiscal year under criterion (iii) in 45 CFR 96.87(d)(2). Provide the following information for each:

- (1) Identify and described each resource/benefit;
- (2) Identify the source(s) of each resource; and
- (3) Describe the integration/coordination of each resource/benefit with the LIHEAP program, consistent with 1 or more of conditions A-H in 45 CFR 96.87(d)(2)(iii).

**The State leverages resources from private agency funding as identified in the Introduction of this Plan (page vi) subtitled “Project Share”.**

\*Leveraged resources/benefits that are counted under criterion (iii) in 45 CFR 96.87(d)(2) must be identified and described in the grantee’s LIHEAP plan and distributed as indicated in the plan. In addition, leveraging resources/benefits that are counted under criterion (ii) must be carried out under one or more components of the grantee’s regular LIHEAP program.

**PERFORMANCE GOALS AND MEASURES**

2605(b)

**Please describe performance goals and measures planned for the fiscal year. (This entry is optional.)**

- Goal 1:** Subgrantees Performance Target Outcomes will project increase in outreach to unserved households during the Program Year.
- Measure:** Subgrantee Work Plan initial projection(s) will document increase in service to previously unserved households. Client files will substantiate.
- Goal 2:** Target energy assistance to low-income households with the highest home energy needs and lowest incomes, taking into account both the energy burdens and the vulnerable household members.
- Measure:** Direct Assistance to provide additional financial benefits for vulnerable households; households with children age 5 and younger, elderly, disabled and income 100% FPL.
- Measure:** Ratio of percent of vulnerable households served to the percent of all.
- Goal 3:** Increase efficiency of energy usage by applicant households.
- Measure:** Number of LIHEAP recipient households weatherized.
- Measure:** Reduction in the number of repeat LIHEAP households requesting regular assistance in consecutive years.
- Measure:** Number of referrals to other programs and services.
- Measure:** Client files to validate receipt of education requirement.
- Goal 4:** Identify resources to broaden the reach of LIHEAP funds.
- Measure:** Project Share fund balances will reflect agency use of those funds when possible.
- Measure:** Applicant files will reflect use of local resources when possible.
- Measure:** Applicant files reflect vendor negotiations which permit clients to pay energy bills.
- Measure:** Applicant files will reflect the use of other funds to pay client utility bills when possible.
- Goal 5:** Address inefficient home heating/cooling systems through repair and or replacement. Recommend Subgrantees work through the Weatherization program to ensure efficiency in output.
- Measure:** Reduction in the number of households requesting assistance with high home energy costs in consecutive years.
- Measure:** Improved coordination and program service delivery through whole house weatherization concept resulting in energy efficiency output.

# CERTIFICATION REGARDING LOBBYING

## Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned 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.

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**Signature**

Director

**Title**

South Carolina – Office of Economic Opportunity

**Organization**

# 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.

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### 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 whom 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.

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**Certification Regarding Debarment, Suspension, Ineligibility and 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.

## CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

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### 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:  
South Carolina Office of Economic Opportunity  
1205 Pendleton Street, Columbia, South Carolina 29201**

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]

## PY 2016 LIHEAP COMMUNITY ACTION AGENCIES (SUBGRANTEES)

AGENCY	LIHEAP PROGRAM DIRECTOR
<b>Aiken/Barnwell/Lexington Counties Community Action Commission</b> <b>Mr. George A. Anderson</b> Executive Director 291 Beaufort Street Aiken, SC 29801 (803) 648-6836	<b>Marieanne Petersen</b> <a href="mailto:mapetersen291@bellsouth.net">mapetersen291@bellsouth.net</a> (803) 648-6836
<b>Beaufort-Jasper Economic Opportunity Commission</b> <b>Mr. Leroy H. Gilliard</b> Executive Director 1905 Duke St. Beaufort, SC 29902 (843) 470-4500	<b>Sarah Marshall</b> <a href="mailto:smarshall@beaufortjaspereoc.org">smarshall@beaufortjaspereoc.org</a> (843) 470-4507
<b>Carolina Community Actions</b> <b>Mr. Walter H. Kellogg</b> Executive Director 138 South Oakland Avenue Rock Hill, SC 29731 (803) 329-5195	<b>Mary Reid</b> <a href="mailto:mreid@cca-inc.org">mreid@cca-inc.org</a> (803) 329-5195
<b>Chesterfield-Marlboro Economic Opportunity Council</b> <b>Mr. Samuel D. Bass, Jr.</b> Executive Director 318-322 Front Street Cheraw, SC 29520 (843) 320-9760	<b>Patricia Threatt</b> <a href="mailto:pthreatt@cmeoc.org">pthreatt@cmeoc.org</a> (843) 320-9760
<b>Darlington County Community Action Agency</b> <b>Dr. Ernest K. Nicholson</b> Executive Director 904 S. Fourth Street Hartsville, SC 29550	<b>Rosa McLeod</b> <a href="mailto:rmcleod@dcca.net">rmcleod@dcca.net</a> (843) 332-1135 ext. 101
<b>GLEAMNS Human Resources Commission</b> <b>Dr. Joseph D. Patton, III</b> Executive Director 237 Hospital Street Greenwood, SC 29648 (864) 223-8434	<b>Marcella Kennedy</b> <a href="mailto:mkenney@gleamns-hrc.org">mkenney@gleamns-hrc.org</a> (864) 229-8829
<b>Lowcountry Community Action Agency</b> <b>Ms. Arlene Dobison</b> Executive Director 319 Washington Street Walterboro, SC 29488 (843) 549-5576	<b>Emily Mitchell</b> <a href="mailto:emitchell@lowcountrycaa.org">emitchell@lowcountrycaa.org</a> (843) 549-5576

<p><b>OCAB Community Action Agency</b>  <b>Mr. Calvin Wright</b>  Executive Director  1822 Joe Jeffords Highway  Orangeburg, SC 29116  (803) 536-1027</p>	<p><b>Janice Jamison</b>  <a href="mailto:jjamison@ocabcaa.org">jjamison@ocabcaa.org</a>  (803) 536-1027</p>
<p><b>Palmetto Community Action Partnership</b>  <b>Mr. Arnold Collins</b>  Executive Director  1069 King Street  Charleston, SC 29403  (843) 724-6760</p>	<p><b>Reba Hough-Martin</b>  <a href="mailto:rhough-martin@cchscom.com">rhough-martin@cchscom.com</a>  (843) 724-6760</p>
<p><b>Pee Dee Community Action Partnership</b>  <b>Mr. Walter Fleming</b>  Executive Director  2685 South Irby Street  Florence, SC 29501  (843) 678-3400</p>	<p><b>Queen McCall</b>  <a href="mailto:qmccall@peedeecap.org">qmccall@peedeecap.org</a>  (843) 678-3400 ext. 121</p>
<p><b>Piedmont Community Actions</b>  <b>Dr. Willie Ross, Jr.</b>  Executive Director  300A S. Daniel Morgan Ave.  Spartanburg, SC 29306  (864) 585-8183</p>	<p><b>Cynthia Lounds</b>  <a href="mailto:clounds@pcasp.org">clounds@pcasp.org</a>  (864) 327-1127</p>
<p><b>Sunbelt Human Advancement Resources</b>  <b>Dr. Willis H. Crosby, Jr.</b>  Executive Director  1200 Pendleton Street  Greenville, SC 29611  (864) 269-0700</p>	<p><b>Tandy Bannister</b>  <a href="mailto:tbannister@sharesc.org">tbannister@sharesc.org</a></p>
<p><b>Waccamaw Economic Opportunity Council</b>  <b>Mr. James Pasley</b>  Executive Director  1261 Hwy. 501 East, Suite B  Conway, SC 29528-1467  (843) 234-1400</p>	<p><b>Emily Cooper</b>  <a href="mailto:ecooper@weoc.org">ecooper@weoc.org</a>  (843) 355-9922</p>
<p><b>Wateree Community Actions</b>  <b>Ms. Annette Tucker</b>  Interim Executive Director  2712 Middleburg Plaza, Suite 207  Columbia, SC 29204  803-807-9811</p>	<p><b>Margaret Gibson</b>  <a href="mailto:mgibson@wcai.org">mgibson@wcai.org</a>  803-807-9811</p>

**2015 HOUSEHOLD REPORT FORM**

**(to be inserted)**

## NOTICE OF PUBLIC HEARING

A combined Public Hearing, as required by the Community Services Block Grant (Section 676(a)(3)) and the Low-Income Home Energy Assistance Program (Section 2605(a)(2) and 2605(b)(12)), will be conducted by the Office of Economic Opportunity in the Edgar A. Brown Building, 1205 Pendleton Street, Room 364, Columbia, South Carolina, on Wednesday, August 12, 2015 at 10:00 a.m. At that time, public comments will be received on the proposed 2016 State Plans for the Community Services Block Grant (CSBG) and the Low-Income Home Energy Assistance Program (LIHEAP) Block Grant.

The U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Office of Community Services administers the CSBG Program and the USHHS Division of Energy Assistance administers the LIHEAP Program. Federal governing regulations for CSBG are P.L. 105-285 and the Community Services Block Grant (42 U.S.C. 9901 et seq.), as amended; and for LIHEAP, the Low-Income Home Energy Assistance Act, Title XXVI of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, as amended and more recently, the 2005 Energy Policy Act.

The CSBG State Plan identifies the State's intent to fund local community initiatives and statewide programs designed to reduce poverty, increase self-sufficiency and revitalize low-income communities. The plan provides eligibility requirements, benefit levels and the projected program allocation.

The LIHEAP State Plan outlines eligibility requirements, benefit levels and the projected funds for each category of LIHEAP assistance. LIHEAP funds are used to assist eligible households with home energy costs, energy crisis intervention, energy conservation counseling and low-cost residential weatherization.

The proposed CSBG and LIHEAP 2016 State Plans are available and may be reviewed at the main office of each of the fourteen Community Action Agencies located throughout the State or at the Office of Economic Opportunity, Edgar A. Brown Building, 1205 Pendleton Street, Columbia, South Carolina.

Persons desiring to submit comments on the CSBG and/or the LIHEAP 2016 State Plans may do so in writing prior to this Hearing. Comments may be mailed or hand-delivered to the Office of Economic Opportunity at the above mentioned address. Comments on the 2016 CSBG and LIHEAP State Plans should be directed to Ms. Bertie A. McKie, Executive Administrator, or Ms. Kelly Sumpter, Senior Manager.

## 2015 POVERTY INCOME GUIDELINES\*

### FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

(AMOUNTS SHOWN ARE COMPUTED AT 150% OF POVERTY GUIDELINES)

#### USE FOR LIHEAP SERVICES: COMPUTED AT 150% OF POVERTY GUIDELINES)

<u>FAMILY SIZE</u>	<u>150% MONTHLY POVERTY GUIDELINES</u>	<u>150% ANNUAL POVERTY GUIDELINES</u>
1	\$1,471.25	\$17,655
2	\$1,991.25	\$23,895
3	\$2,511.25	\$30,135
4	\$3,031.25	\$36,375
5	\$3,551.25	\$42,615
6	\$4,071.25	\$48,855
7	\$4,591.25	\$55,095
8	\$5,111.25	\$61,335
For each additional person, add	\$520.00	\$6,240

**\*Special Note:** The 2015 Federal Poverty Guidelines listed above were published on January 25, 2015.

The 2016 Federal Poverty Guidelines will be issued when published and available in the Federal Register. Until then, continue to use the 2015 FPG listed above.

OMB Control No. 0970-0060

**LIHEAP Household Report--Program Year 2016**

Expiration Date:

Subgrantee Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

The *LIHEAP Household Report--Long Format* is for use by the 50 States, District of Columbia, and insular areas with annual LIHEAP allotments of \$200,000 or more. This Federal Report provides data on both LIHEAP recipient and applicant households for Federal Fiscal Year (FFY) 2016, the period of October 1, 2015 - September 30, 2016. The Report consists of the following sections: (1) Recommended Long Format for LIHEAP Assisted Households and (2) Recommended Format for LIHEAP Applicant Households. Data on assisted households are included in the Department's annual *LIHEAP Report to Congress*. The data are also used in measuring targeting performance under the Government Performance and Results Act of 1993. As the reported data are aggregated, the information in this report is not considered to be confidential.

There are two types of data: (1) **required** data which must be reported under the LIHEAP statute and (2) **requested** data which are optional, in response to House Report 103-483 and Senate Report 103-251. Both the *LIHEAP Household Report--Long Format* (the Excel file name is *hhsrptst.xls*) and the instructions on completing the Report (the Word file name is *hhrptins.doc*) can be downloaded in the Forms sections of the Office of Community Services' LIHEAP web site at: [www.acf.hhs.gov/programs/liheap/grantee\\_forms/index.html#household\\_report](http://www.acf.hhs.gov/programs/liheap/grantee_forms/index.html#household_report). The spreadsheet is page protected in order to keep the format uniform. The items requiring a response are not page protected. However, other areas of the spreadsheet cannot be modified. For example, the number of assisted and applicant households can not be entered. Each total will be calculated automatically for each type of assistance by a formula when the poverty level data are entered.

Do the data below include estimated figures? No  Yes  Mark "X" in the second column below for each type of assistance that has at least one estimated data entry.

**1. RECOMMENDED LONG FORMAT FOR LIHEAP ASSISTED HOUSEHOLDS**

Type of assistance	Mark "X" to indicate estimated data	Number of assisted households	REQUIRED DATA					REQUESTED DATA				
			2016 HHS Poverty Guideline interval, based on gross income and household size					At least one member who is			At least one member who is	
			Under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	Over 150% poverty	60 years or older	Disabled	Age 5 years or under	Age 2 years or under	Age 3 years through 5 years
Heating		0										
Cooling		0										
Winter/year round crisis		0										
Summer crisis		0										
Other crisis (specify)		0										
Weatherization		0										

**2. RECOMMENDED FORMAT FOR LIHEAP APPLICANT HOUSEHOLDS (regardless of whether assisted)**

Type of assistance	Mark "x" to indicate estimated data	Number of applicant households	REQUIRED DATA					Income data unavailable
			2016 HHS Poverty Guideline interval, based on gross income and household size					
			Under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	Over 150% poverty	
Heating		0						
Cooling		0						
Winter/year round crisis		0						
Summer crisis		0						
Other crisis (specify)		0						
Weatherization		0						

**Note:** Include any notes below for section 1 or 2 (indicate which section, type of assistance, and item the note is referencing):

### DA LIHEAP MONITORING WORKSHEET

**AGENCY:** \_\_\_\_\_ **MONITORING DATES:** \_\_\_\_\_

Applicant: \_\_\_\_\_ DBA System I.D. \_\_\_\_\_

2013 Service Date \_\_\_\_\_ County: \_\_\_\_\_

1. FPL (% of poverty) \_\_\_\_\_ % HH# \_\_\_\_\_ Age \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 SCROMA Income \$ \_\_\_\_\_ Income Correct in DBA: Yes  No
2. Application completed (fields), signed and dated by applicant and staff: Yes  No
3. File contains pictured I.D. and Social Security cards: Yes  No  Legible Yes  No
4. Income Verification: Checks  SS  SSI/Disability  UI/DSS  0 Income Doc  Other  (Specify) \_\_\_\_\_
5. Copy of most recent energy bill in file: Yes  No  Date \_\_\_\_\_
6. Energy Conservation info: Yes  No

VOUCHER			
Voucher dates: _____ / _____ / _____		Check dates: _____ / _____ / _____	
Check #s _____ / _____ / _____		Total \$ _____	
DA \$ _____	SLAPP \$ _____	\$ _____	Balance \$ _____
LSAP \$ _____	Project Share DA\$ _____	Blanket \$ _____	Other _____

DIRECT ASSISTANCE (DA) REQUIREMENTS:	
Calculation: Monthly Income _____ x 20% = _____	Current Energy Bill \$ _____
<b>Min DA benefit</b>	<b>\$225</b>
Child Age 5 or < <input type="checkbox"/> \$ 50 _____	
Energy Burden <input type="checkbox"/> \$ 75 _____	
Elderly, Age 60 <input type="checkbox"/> \$ 50 _____	
Disabled <input type="checkbox"/> \$ 50 _____	
Income <100% <input type="checkbox"/> \$ 50 _____	
<b>Client's benefit =</b>	<b>\$ _____ (Max \$500)</b>
<b>Unallowed benefit rec'd/not rec'd: \$ _____</b>	
Total Unallowed \$ _____	Paid \$ _____ By _____ Date _____

**ISSUES:**

\_\_\_\_\_

\_\_\_\_\_

**Resolution:**

\_\_\_\_\_

**Agency Response:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ECIP LIHEAP MONITORING WORKSHEET

**AGENCY:** \_\_\_\_\_ **MONITORING DATES:** \_\_\_\_\_

Applicant: \_\_\_\_\_ DBA System I.D. \_\_\_\_\_

2013 Service Date \_\_\_\_\_ County: \_\_\_\_\_

1. FPL (% of poverty) \_\_\_\_\_ % HH# \_\_\_\_\_ Age \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SCROMA Income \$ \_\_\_\_\_ Income Correct in DBA: Yes  No
2. Application completed (fields), signed and dated by applicant and staff: Yes  No
3. File contains pictured I.D. and Social Security cards: Yes  No  Legible Yes  No
4. Income Verification: Checks  SS  SSI/Disability  UI/DSS  0 Income Doc  Other  (Specify) \_\_\_\_\_
5. Copy of most recent energy bill in file: Yes  No  Date \_\_\_\_\_
6. Energy Conservation info: Yes  No

<b>VOUCHER</b>	
<b>Voucher dates:</b> _____ / _____	<b>Check dates:</b> _____ / _____
<b>Check #s</b> _____ / _____	<b>\$</b> _____ <b>\$</b> _____
ECIP \$ _____	Project Share ECIP \$ _____
Heater \$ _____	Blanket \$ _____ Heat Pump \$ _____ Air Conditioner \$ _____
HVAC Repair/Replace \$ _____	Other _____ \$ _____
<b>EMERGENCY CRISIS INTERVENTION PROGRAM (ECIP) REQUIREMENTS:</b>	
1. Proof of Emergency (narrative): Yes <input type="checkbox"/> No <input type="checkbox"/> _____	
2. Amount of bill: <b>current</b> \$ _____ + <b>past due</b> \$ _____ = <b>total</b> \$ _____	
3. Did agency pay the entire bill amount: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, balance \$ _____	
<b>Balance Paid:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ By _____ Date _____	
4. Emergency pledge w/in 48 hrs: Yes <input type="checkbox"/> No <input type="checkbox"/> Life threatening pledge w/in 18 hrs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total Unallowed \$ _____ Paid \$ _____ By _____ Date _____	

**ISSUES:**

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**Resolution:**

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**Agency Response:**

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# OFFICE OF ECONOMIC OPPORTUNITY (OEO)

## Low Income Home Energy Assistance Program (LIHEAP)

### Monitoring Instrument

Agency:

Executive Director:

LIHEAP Director:

OEO Coordinator:

Monitoring Review Dates:

Period Reviewed:

Entrance Conference		YES	NO
*	Introduction of attendees. List:		
*	Explain purpose of visit.		
*	Are all required documents and materials provided upon arrival? List:		
*	Is an appropriate area set up and provided for the review?		
*	Are all files available for random sampling?		
*	Current LIHEAP Work Plan available at each county office site		
Agency Capacity		YES	NO
*	LIHEAP funds <i>are mobilized and leveraged</i> with other public and private resources--to help eliminate community poverty		
*	Agency is <i>coordinating programs and establishing linkages to fill identified gaps</i> in services between governmental and other social services programs to assure the effective delivery of services/programs and to avoid duplication of such services		
*	Agency is forming <i>partnerships</i> with other organizations serving low-income residents, <i>including religious organizations and charitable groups to broaden resource base</i>		
*	Agency is <i>using funds to support other innovative community and neighborhood-based initiatives</i>		
*	Agency has <i>introduced efforts to reduce/eliminate cultural/language barriers</i> among staff and income-eligible customers		
*	Agency <i>files evidence agency publicizes programs/services routinely and widely throughout the service area</i> utilizing diverse media medium		
Agency Planning and Operations		YES	NO
*	<i>Record retention:</i> Agency will retain records for program activities for <b>current year and three (3) years</b> after submitting its final expenditure report		
*	<i>Monitoring and evaluation:</i> Report data/information provided to OEO in a concise and correct format, by date stipulated		
*	Does the agency have any policies or procedures in place to prevent fraud, abuse, and/or any improper payments by customers? <i>If so, what are they?</i>		
SC ROMA Utilization			
*	Agency participates in ROMA reporting <b>DBA FACSPRO</b> system.		
a	Documentation/reports are complete and accurate and provided in timely manner with documented measurable outcomes for each initiative		
b	Include a breakdown of funds spent on administrative costs and on the delivery of local services, the number of low-income persons served, and demographic data on the populations served		
*	c Agency is utilizing the "live-intake" process.		
*	d Agency database is routinely monitored for errors and corrections made.		
*	Monitoring of database results in improved usage and output of agency database.		
*	Agency is utilizing the <b>AwardPro</b> section of the DBA FACSPRO system.		
*	Agency is utilizing the <b>Action Plan</b> section of the s DBA FACSPRO system.		



Total # of households served to date: \_\_\_\_\_  
Proposed # to-date: \_\_\_\_\_  
Proposed # to date: \_\_\_\_\_  
Total program funds: Expended by county \_\_\_\_\_  
Committed by county \_\_\_\_\_  
Balance by county \_\_\_\_\_

**Customer Interview(s):**

Customer's Name: \_\_\_\_\_

Date of last Agency Visit: \_\_\_\_\_

How did you hear about this program?

Did the agency personnel inform you of other available services during the intake process?

Was the interview conducted in a courteous and professional manner?

Do you feel you were provided quality customer service?

What type of assistance will be/or was provided you by the agency?

If you were denied service, did the agency provide you with an explanation and were you advised of your right to appeal?

Has the agency informed you they will/will not follow-up on your case?

What suggestion(s) would you have that might help improve the agency's service delivery?

**LIHEAP MONITORING REVIEW INSTRUMENT—Exit Conference**

**Attendee's Name**

**Title**

_____	_____
_____	_____
_____	_____
_____	_____

<b>Positives:</b>	
1	
2	
3	
4	

<b>Findings:</b>	
1	
2	
3	
4	

<b>Corrections made on site:</b>	
1	
2	
3	
4	

<b>Comments:</b>	
1	
2	
3	
4	

<b>Unresolved concerns:</b>		<b>Date to Respond</b>
1		
2		
3		
4		

**LIHEAP 2016 WORK PLAN****(Must be submitted with the Application Budget by Friday, August 28, 2015)****SUBGRANTEE IDENTIFICATION****Agency:****Date Submitted:****Project Name:** Low-Income Home Energy Assistance Program (LIHEAP)**Project Period:** January 1, 2016 through December 31, 2016**LIHEAP Funds Requested:** \$**Other Funds:** \$**Source:****Total Project Funds:** \$**PLAN FOR MAXIMIZING****Step I –Program Outcomes and Objectives****Counties:****Assurance of Target Households (Sec. 2605(b)(5)):**

The agency must assure that the highest level of assistance goes to households with the lowest incomes and highest energy costs in relation to income, taking into account family size. Additional targets are those households with members who are especially vulnerable, including the elderly, disabled and those with children age 5 or younger.

**Total households projected to be served with LIHEAP funds in 2016:** \_\_\_\_\_**Project Outcome Statement:**

A statement that defines the end result sought, stated in household terms.

**Performance Target Outcome:** The performance target will define success for the program in terms of what households will actually achieve. The Performance Target Outcome will state the number or percentage of households entering the program that will achieve the performance target(s). What is “success” for the project? *Examples:* How many households will you work with this year and how many will significantly change behavior, condition or status? How many *new* households will you target this year? How many *elderly* households will you serve this year? How many *new homebound* households will you serve this year? What percentage of households will you target for *case management*? What percentage of high energy use households will you target for *referral to Weatherization*?

**“Of the X number of households served, Y number of households will achieve.”** Outcomes should correspond with the goals outlined in the State Work Plan.

**Step II – Approach and Strategies: (Methodology)** Respond in narrative.

**Outreach (42 USC 8624(b)(1))** Describe the frequency and specific mediums for advertising the availability of LIHEAP funds that will reach vulnerable and diverse households within the entire service area. Agency control file must validate.

Describe the agency’s operational plan for intake; provide actual street address locations, hours of operation and number of staffing at each intake site.

**Homebound and Disabled Households:** Describe the agency’s application process for Direct Assistance (DA) for homebound and disabled households. Explain how the agency ensures *new* homebound and disabled applicants are served each year.

**Training:** Describe how and when the agency will conduct training for intake staff on the performance targets outlined in this Work Plan.

**Appeal and Fair Hearings Procedure (Sec. 2605(b)(13)):** Specify the location/posting and availability of the Appeal and Fair Hearing Procedure at the main office and at each in-take location.

**Applicant Education ((Sec. 2605(b)(5) and (42 USC 8624(b)(2)):** Describe the manner in which agency employees will educate applicants on the statutory purposes of the LIHEAP Program.

**Program Eligibility Determination & Timely Provision of Direct Assistance:**  
Describe the time frame for approving and for notifying Direct Assistance applicants.

**Emergency Crisis Intervention Program (ECIP) (Sec. 2605(c)(3)(A)):** ECIP applications are to be accepted at sites that are geographically accessible to all households within the service area). The agency must provide either the means for ECIP applications to be provided to individuals who are physically infirmed; or the means to travel to the agency intake sites (Sec. 2605(c)(3)(B)(i)(ii); explain the agency’s intake process for complying with this requirement:

**Emergency Crisis Prevention (ECIP) – General Emergencies (Sec. 2604(c)(a)(1)):** Explain the agency’s method for resolving general energy-related emergencies *within 48 hours*.

**Air Conditioners and/or HVAC System Repair/Replacement (Manual J Calculation Required):** Describe in detail the agency’s method for ensuring proper installation and client education for new air conditioners and or HVAC system repair and/or replacement.

**Emergency Crisis Prevention (ECIP) – Life Threatening Emergencies (Sec. 2604(c)(a)(2)):** Explain the agency’s method for resolving life-threatening energy-related emergencies *within 18 hours*.

**ECIP:** Describe the agency's method and time frame for notifying non-eligible ECIP households.

Describe the agency's method for working with a household that routinely (year after year) does not pay energy bills on time in order to obtain an ECIP payment (42 USC 8624(b)(16)).

Describe the agency's system of checks and balances between the Fiscal Department and program staff to assure LIHEAP funds will not be over-expended nor under-expended and the State carryover funds that cannot exceed 10% of the total grant.

Describe the method by which the agency informs applicants that energy funds are expended and provides the applicant referrals to other available services and programs. The method described should prohibit the staff from simply cutting applicants off during a phone call and from posting “Out of Funds” on the door. The methodology should encourage the use of referrals and other agency services and area resources.

Describe how/if the agency intends to implement an income and/or case management component. Applicant files must validate.

**Weatherization (42 USC 8624(b)(1) and (c)(1)(D)):** Describe how the agency will encourage/refer LIHEAP applicants to apply for Weatherization Assistance. Applicant files must validate.

Identify practices associated with LIHEAP that will provide follow-up or a continuum of care for households facing multiple hardships. Applicant files must validate.

Describe the agency’s energy education program and how it will be implemented toward high energy use and high energy burden households and monitored for improved energy consumption. Describe the agency’s method for assuring staff efforts in this area with customers. Applicant files must validate staff efforts in this area. (Enclose samples of materials)

**PY 2015 LIHEAP ASSESSMENT  
(Not optional – Must be completed)**

This portion of the Work Plan is for the purpose of evaluating the agency’s 2015 successes and identifying areas that need improvement for PY 2016.

**Outreach:** Outreach efforts in the coming year for LIHEAP need to be strengthened as follows:

**Applications:** Application efforts in the coming year need to be restructured and/or strengthened as follows:

**Collaborations/Partners:** Applicants were often referred to us from the following agencies and organizations:

**Referrals:** When funds were exhausted, we referred applicants to the following sources:

**2015 Program Restructuring:** The following changes were incorporated during the year in order to accomplish the agency's 2015 Performance Targets:

**Areas Needing Improvement:** Describe aspects of the 2015 program that were least effective, why they were least effective and how they will be improved:

**Best Practices:** Describe the aspects of the 2015 program that were most successful in serving eligible applicants and how they were successful:

**Additional Partnerships/Resources for FY 2016:** This year, the following additional partnerships and resources will be sought in order to expand/enhance agency outreach and outcomes:

**Assurance 16:** Section 2605(b)(16) [Assurance 16] of the LIHEAP statute creates an additional category of limited funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance. Describe the energy counseling tools used during the 2015 program that were most successful in reducing energy needs as a result of Assurance 16 (Energy Counseling)? Please describe how you will use these funds in the 2016 program year:

**Recommendations (for OEO consideration):** To improve our processes and outcomes, could the following policy(ies) and/or procedure(s) be implemented or changed for the LIHEAP Program (each is to be followed by a brief justification and explanation of what would improve the program's results)?

## Logic Model Narrative: Subgrantee Project Description

The narrative is the basic description of the work to be performed by an applicant with 2016 LIHEAP funds. A separate Logic Model Narrative is required for each project an applicant proposes to operate with LIHEAP funds.

### Section I – Identification

AGENCY: \_\_\_\_\_ APPLICABLE DATES: \_\_\_\_\_ to \_\_\_\_\_

1. Project Name: \_\_\_\_\_

2. Service Category(ies): \_\_\_\_\_

3. Total LIHEAP Funds for this Project: \$\_\_\_\_\_ 4. Total Non-LIHEAP Funds for this Project: \$\_\_\_\_\_

### Section II – Narrative Information

1. **Description/Approach:** Describe the project. Include what the agency will do and how the agency will do it.

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2. **Assistance Levels:** Will this project provide direct client assistance? Explain.

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3. **Selection Rationale:** Why has the agency selected this project?

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4. **Partnerships:** Define specific roles with other human services agencies, faith based organizations and partners.

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5. **Client Activities & Verification:** List the primary activities/milestones (customer behaviors) that will measure customer progress from program entry to measure achievement. For each activity list at least one clear and identifiable means of verification.

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**ROMA LOGIC MODEL**

BUDGET/Direct Service: \$ \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program: \_\_\_\_\_

- Family
- Agency
- Community

<u>Identified Problem, Need, Situation</u>  Identify the timeframe.  Identify the # of clients served or the # of units offered.	<u>Service or Activity</u>  Identify the timeframe.  Identify the # of clients served or the # of units offered.	<u>Outcome (NPI)</u>	<u>Outcome/Indicator</u>  Projected # and % of clients who <u>will</u> achieve each outcome. or Projected # and % of units <u>expected</u> to be achieved.	<u>Actual Results</u>  Actual # and % of clients who <u>achieve</u> each outcome. or Actual # and % of units achieved.	<u>Measurement Tool</u>	<u>Data Source, Collection Procedure, Personnel</u>	<u>Frequency of Data Collection and Reporting</u>
(1) Planning	(2) Intervention	(3) Intervention	(4) Intervention	(5) Impact	(6) Accountability	(7) Accountability	(8) Accountability

Mission:  
Proxy Outcome:

## Instructions for Completing ROMA Logic Model Narrative:

**A separate ROMA Logic Model must be prepared for each PY 2016 LIHEAP Project.**

The narrative is the basic description of the work to be performed by an applicant with LIHEAP funds.  
**A separate Narrative is required for each project an applicant proposes to operate with LIHEAP funds.**

The Logic Model serves as:

- The description of the ROMA Goals, Direct Measures, and Indicators to be achieved for each project to be undertaken with LIHEAP funds, including project outcome statement, measures (performance targets), approach/methodology, selection rationale, client activity/milestones, target numbers and verification.
- The description of how linkages will be developed to fill identified gaps in services, through the provision of information, referrals, case management and follow-up consultations;
- The description of how LIHEAP funds will be coordinated with other public and private resources;
- The description of how LIHEAP funds will be used to support innovative community, agency and family-based initiatives related to the purposes of LIHEAP and ROMA;
- A program monitoring tool for tracking and assessing project performance outcomes.
- A Grant Amendment when new projects are added or significant changes are made in approved projects.

### **Section I – Identification**

- 1. Project Name:** Enter the title of the project the applicant plans to implement to address the problem/need and the project's associated LIHEAP approved **Service Category(-ies)**.
  - a. The "Service Category" listed must be identified in the subgrantee's Needs Assessment and enclosed with the grant application. In the Needs Assessment, the poverty-related problem must be stated so as to give the what, why, who, and where. The statement must clearly and concisely identify the real problem, the causes of the problem, the number and characteristics of those affected, and the geographical area affected. A copy of the assessment process and results must be on file at the subgrantee's office for review by the OEO.
  - b. In the Needs Assessment, give current statistical data that supports and documents the causes and severity of the problem/need. The statistical data serves to clarify the scope and magnitude of the problem/need. It must be specific and must relate to the identified problem/need. Give titles and dates of sources used.
- 2. Total Funds for this Project from All Sources:** Enter the total amounts of funding planned to be received from all funding sources for the implementation of project addressed on the Logic Model.

### **Section II – Narrative Information**

**Using the Narrative Form, provide the information in detail. Use additional sheets as needed.**

- 1. Description/Approach:** Enter a general description of the approach (methodology, product description) to be used for achieving the outcomes. Describe the product and its core features. What "vehicle" will you use to influence customer change? What activities, services, strategies, tactics, actions, etc. will be used? What quality and quantity will be necessary to get a customer to the target? The approach, or product description, must connect in an obvious way to the needs and characteristics of customers.
- 2. Assistance Levels:** Indicate the maximum amount of direct client assistance that will be provided to individuals and/or households for each project and the services that will be allowed as direct client assistance.
- 3. Selection Rationale:** Describe why the proposed strategies have been selected, and why they are expected to be effective. Discuss "prior results and learning," or what you will do differently to achieve targeted program outcomes, based on research or prior experience. If other community resources are being applied to the problem, describe how the proposed approach or activities will differ from, reduce barriers to or fill gaps in existing services.
- 4. Partnerships:** Lists other entities involved in and supporting the specific project to include a clear definition of the role and responsibility of each partner. Provide Letters of Support from partners listed.
- 5. Client Activities & Verification:** List the primary activities that will measure customer progress from program entry to measure achievement. For each activity, list at least one clear and identifiable means of verification.

**SOUTH CAROLINA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
VENDOR AGREEMENT**

This Vendor Agreement shall govern certain activities of the Low-Income Home Energy Assistance Program, hereinafter referred to as LIHEAP, which are to be carried out by the Vendor identified on the signature page of this Agreement, hereinafter referred to as the Vendor, as a condition of receipt of payment, and the Community Action Agency; hereinafter referred to as the CAA.

The \_\_\_\_\_ and the Vendor agree to the following:  
(Community Action Agency)

**A. SERVICES TO BE PERFORMED**

1. The Vendor is required to verify the account holder's name and/or household member(s), account number, current balance on account and signature upon receipt of the energy voucher prior to crediting the customer's account.
2. The Vendor will accept the voucher(s) as credit for actual commitment/cash payment for the purchase of home heating fuel or cooling assistance. The Vendor shall specify on the signature page of this Agreement the fuel type to be provided. The Vendor will accept vouchers for the purchase of only the type fuel approved in this Agreement.
3. The Vendor will only deliver fuel to the actual residence of the account holder or credit the account of the account holder as documented on the voucher.
4. If the customer has moved and the energy voucher does not reflect the new address, the Vendor shall not accept the voucher until the customer returns the voucher and requests a change of address from the Community Action Agency (CAA).
5. Vendors are to ensure credit and/or service to approved households within the designated program year.
6. This assistance is provided for households, not individuals. For this reason, no name changes may be made on the energy voucher. The address that appears on the voucher should match the name and address shown on the Vendor records. No alterations of any kind should be made to the voucher.
7. LIHEAP assistance may be used for deposits if specified by the CAA.

**B. PROVISIONS UNDER WHICH PAYMENT WILL BE MADE TO VENDORS**

1. The Vendor must return this properly executed Vendor Agreement to the CAA prior to being reimbursed.
2. The Vendor must provide a Federal Employer Identification Number (FEIN) or a Social Security number will be acceptable only if the Vendor is an individual and has no FEIN.
  - a. If a Vendor provides a Social Security Number, the Vendor must use the proprietor's name, not the company name. If a FEIN is supplied, a company name must be used.
  - b. The Vendor shall notify the CAA in writing immediately when the FEIN, Social Security number, business name and/or address changes. Failure to report changes may result in a delay of payments. An IRS W-9 must accompany changes.
3. For fuel oil, propane and/or kerosene, the Vendor shall provide the eligible customer a quantity up to the value of the energy voucher but not to exceed the amount required to fill the tank. A delivery ticket must be submitted for actual payment remittance within 30 days of the delivery.
  - a. If the value of the quantity of fuel purchased by a customer is less than the value of the energy voucher, the Vendor shall credit the difference to the customer's account. The credit balance on accounts that equals or exceeds the minimum delivery must be expended each consecutive month until the benefit is exhausted.

If the value of the quantity of fuel required/purchased by a customer is greater than the energy voucher amount, payment for the remaining balance due must be negotiated between the customer and the Vendor. The CAA will not intervene in these matters.

- b. **The Vendor will not exchange a customer's energy voucher for cash nor will any cash equivalent be given for excess credit.** Violations shall be treated in accordance with Federal and State statutes, to include termination of this Agreement and termination of future services with the Vendor.
- c. When a customer moves from the Vendor's service area, or becomes deceased, and a credit balance remains on that account, the following policies shall apply within the current program year:
  - i. Any legal survivors living in the residence of the deceased customer (as listed on the voucher), who were household residents at the time of application, are entitled to use the remaining benefit.
  - ii. If there are no remaining legal survivors within the household, any remaining credit balance shall be refunded to the CAA within 30 days of the death or date of last service for the active voucher – whichever comes first.
  - iii. Credit balances not used during the current program year (January 1 – December 31) are to be returned to the CAA within 45 days of the close of the grant period.
  - iv. Any other circumstances arising shall be dealt with on a case-by-case basis. The Vendor should contact the CAA for additional instruction.

#### **C. PAYMENT PROCEDURES**

1. Once the Vendor has honored the energy voucher, as specified herein, the Vendor shall mail the energy voucher(s) to the CAA for payment.
2. Within 30 days of the date of the receipt of the energy voucher(s), payment amount equal to the total amount of the energy voucher(s) for electric service received by the CAA will be made to the Vendor. For kerosene, propane, fuel oil and/or wood vendors, payment will be made for the actual amount delivered, not to exceed the voucher amount.

If a Vendor has not received payment for the energy voucher(s) within 30 days following the submission, the Vendor should contact the CAA and report the delay. In instances of reported delays, the Vendor may also contact the Office of Economic Opportunity (803-734-0662).

3. CAAs will submit an IRS Form 1099 to record payments in excess of \$600 to non-incorporated vendors.
4. All properly executed Vendor Agreements must be maintained on file with the CAA and Vendor.

#### **D. MONITORING**

1. The Vendor will maintain records documenting the amount of energy assistance that the customer received and the date of receipt for all fuels other than electricity and natural gas. Records are to be maintained for one year after the program year ends.
2. The Vendor shall permit access to records pertaining to the activities engaged in by the Vendor under this Agreement. Such records include energy voucher payment forms or other documents supporting the delivery of services or receipt of payments for services rendered by the Vendor, as well as the amount of sale, customers' names and addresses.
3. No differentiation shall be made based on the source(s) of household income. All sources of household income are documented on the Application and then processed, reviewed and approved by an agency representative. Additionally, the State prohibits any difference in treatment to households because of their receipt of LIHEAP assistance.
4. The Vendor will cooperate with any Federal, State or local investigation, audit or program review.

**E. LIABILITY**

To the fullest extent permitted by law, the vendor agrees to indemnify and hold harmless the CAA and the Office of Economic Opportunity and their agents and employees from and against all claims, damages, losses, and expenses including but not limited to attorney’s fees, arising out of or resulting from, whether directly or indirectly, the performance or non-performance of the work, the enforcement of this agreement, or any other legal action.

**F. REPORTING DISCLOSURE**

The Vendor will allow the CAA and the Office of Economic Opportunity access to LIHEAP customer’s household fuel/utility/energy information for the purpose of State and Federal data reporting, as approved by the customer, via the statewide application for service.

**G. AMENDMENTS**

No amendment or modification of this Agreement shall be binding unless in writing and signed by both parties hereto.

**H. TERMINATION**

1. Either the CAA or the Vendor may terminate this Agreement by giving the other party at least 30 days written notice.
2. This Agreement will terminate immediately should the Vendor supply false information or attempt to defraud the CAA or the eligible customer. In such cases, no additional reimbursement will be made to the Vendor until such matter is resolved.

In witness hereto, the CAA and the Vendor have executed this Agreement on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**VENDOR: Complete Section 1-9. Do not leave anything blank.  
Vendor must provide physical address or agreement is void.**

1. \_\_\_\_\_  
(Business or Vendor Name)

2. \_\_\_\_\_  
(Mailing Address – Include City, State and Zip Code)

3. \_\_\_\_\_  
(Street Address – Include City, State and Zip Code)

4. \_\_\_\_\_  
(Area Code and Telephone Number)

**5. VENDOR DOCUMENTATION**

The Vendor must provide a Federal Employment Identification Number (FEIN), or, if you do not have a FEIN, a Social Security number (SSN) will be acceptable only if used with the proprietor’s name (e.g. Hallman’s Wood – (FEIN) or Mark Hallman (SSN).

**Federal Employer Identification Number \_\_\_\_\_ or**

**Social Security Number \_\_\_\_\_**

**6. Fuel Type – Circle all Types of Fuel Provided.**

**Fuel Oil                      Electricity**

**Kerosene                      Wood**  
**Propane Gas                  Coal**  
**Natural Gas                  Landlord or Building Operator Who Provides Heat to Tenants**

**7. Check all that apply:**

- I certify that I am not subject to backup withholding.
- I certify that the mailing address on file is correct and current.
- A W-9 is enclosed as required for new vendor(s), or for existing vendors to report change of address or change in FEIN or Social Security number and/or business name.

\_\_\_\_\_  
**(Print Authorizing CAA Signature)**

\_\_\_\_\_  
**(Print Authorizing Vendor Signature)**

\_\_\_\_\_  
**(Authorizing Signature)**

\_\_\_\_\_  
**(Authorizing Signature)**

\_\_\_\_\_  
**(Witness)**

\_\_\_\_\_  
**(Witness)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Date)**



**2016 LIHEAP PROGRAM STATUS REPORT**

ENERGY ASSISTANCE COMPONENTS	Total Number of Assisted Households	*2015 Household Poverty Level Using Gross Income and Household Size					At Least One Member Who Is					
		under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	over 150% poverty	60 Years or Older	Disabled	Age 5 Years and Under	Elderly, Disabled, Young Child	Age 2 Years or Under	Age 3 Years Through 5 years
DA Heating												
	Cooling											
ECIP Heating												
	Cooling											

All households that requested assistance that were served and denied

ENERGY ASSISTANCE COMPONENTS	Total Number of Assisted Households	under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	over 150% poverty
DA Heating						
Cooling						
ECIP Heating						
Cooling						

Funds Obligated in the Quarter		
Direct Assistance		
ECIP		
Quarterly Total		

**PROGRAM INTEGRITY ASSESSMENT SUPPLEMENT TEMPLATE**  
 Low Income Home Energy Assistance Program (LIHEAP)

**ABSTRACT:**

HHS is requiring further detail from Grantees and Grantee is requiring further detail from Subgrantees on their FY2016 plans for preventing and detecting fraud, abuse, and improper payments. OEO is also requiring that Subgrantees highlight and describe all elements of this FY2016 plan which represent improvements or changes to the Subgrantees' FY2016 plan for preventing and detecting fraud, abuse and improper payment prevention.

Instructions: *Please provide full descriptions of the Subgrantee's plans and strategy for each area, and attach/reference excerpts from relevant policy documents for each question/column. Responses must explicitly explain whether any changes are planned for the new FY.*

<b>Subgrantee (and grant official):</b>			<b>Date/Program Year:</b>
<b>RECENT AUDIT FINDINGS</b>			
<b>Describe any audit findings of material weaknesses and reportable conditions, questioned costs and other findings cited in FY2015 or the prior three years, in annual audits, Subgrantee monitoring assessments, Inspector General reviews, or other Government Agency reviews of LIHEAP agency finances.</b>	<b>Please describe whether the cited audit findings or relevant operations have been resolved or corrected. If not, please describe the plan and timeline for doing so in FY2016.</b>	<b>If there is no plan in place, please explain why not.</b>	<b>Necessary outcomes from these systems and strategies</b>
			<i>The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit.</i>

Attachment – page 1

According to the Paperwork Reduction Act Of 1995 (Pub. L. 104-13), public reporting burden for this collection of information is estimated to average 1 hours 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.

<b>COMPLIANCE MONITORING</b>
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<p>Describe the Subgrantee's FY 2015 strategies that will continue in FY 2016 for monitoring compliance with State and Federal LIHEAP policies and procedures by the Subgrantee and local administering agencies.</p>	<p>Please highlight any strategies for compliance monitoring from your plan which will be newly implemented as of FY 2016.</p>	<p>If you don't have a firm compliance monitoring system in place for FY 2016, please describe how the State is verifying that LIHEAP policy and procedures are being followed.</p>	<p>Necessary outcomes from these systems and strategies</p>
			<p><i>A sound methodology, with a schedule for regular monitoring and a more effective monitoring tool to gather information.</i></p>

<p><b>FRAUD REPORTING MECHANISMS</b></p>			
<p>For FY 2015 activities continuing in FY 2016, please describe all (a) mechanisms available to the public for reporting cases of suspected LIHEAP fraud, waste or abuse [These may include telephone hotlines, websites, email addresses, etc.]; (b) strategies for advertising these resources.</p>	<p>Please highlight any tools or mechanisms from your plan which will be newly implemented in FY 2016, and the timeline for that implementation.</p>	<p>If you don't have any tools or mechanisms available to the public to prevent fraud or improper payments, please describe your plan for involving all citizens and stakeholders involved with your program in detecting fraud.</p>	<p>Necessary outcomes of these strategies and systems</p>
			<p><i>Clear lines of communication for citizens, Subgrantees, clients, and employees to use in pointing out potential cases of fraud or improper payments to State administrators.</i></p>

**VERIFYING APPLICANT IDENTITIES**

<p>Describe all FY 2015 Subgrantee policies continuing in FY2016 for how identities of applicants and household members are verified.</p>	<p>Please highlight any policy or strategy from your plan which will be newly implemented in FY 2016.</p>	<p>If you don't have a system in place for verifying applicant's identities, please explain why and how the Subgrantee is ensuring that only authentic and eligible applicants are receiving benefits.</p>	<p>Necessary outcomes from these systems and strategies</p>
			<p><i>Income and energy supplier data that allow program benefits to be provided to eligible individuals.</i></p>

**SOCIAL SECURITY NUMBER REQUESTS**

<p>Describe the Subgrantee's FY 2015 policy in regards to requiring Social Security Numbers from applicants and/or household members applying for LIHEAP benefits.</p>	<p>Please describe whether the State's policy for requiring or not requiring Social Security numbers is new as of FY2016, or remaining the same.</p>	<p>If the Subgrantee is not requiring Social Security Numbers of LIHEAP applicants and/or household members, please explain what supplementary measures are being employed to prevent fraud.</p>	<p>Necessary outcomes from these systems and strategies</p>
			<p><i>All valid household members are reported for correct benefit determination.</i></p>

**CROSS-CHECKING SOCIAL SECURITY NUMBERS AGAINST GOVERNMENT SYSTEMS/DATABASES**

Describe if and how the Subgrantee used existing government systems and databases to verify applicant or household member identities in FY 2015 and continuing in FY 2016. (Social Security Administration Enumeration Verification System, prisoner databases, Government death records, etc.)	Please highlight which, if any, policies or strategies for using existing government databases will be newly implemented in FY 2016.	If the Subgrantee won't be cross checking Social Security Numbers and ID information with existing government databases, please describe how the Subgrantee will supplement this fraud prevention strategy.	Necessary outcomes from these systems and strategies
			<i>Use of all available database systems to make sound eligibility determination.</i>

**VERIFYING APPLICANT INCOME**

Describe how the Subgrantee or designee used State Directories of new hires or similar systems to confirm income eligibility in FY 2015 and continuing in FY 2016.	Please highlight any policies or strategies for using new hire directories which will be newly implemented in FY 2016.	If the Subgrantee won't be using new hire directories to verify applicant and household member incomes how will the Subgrantee be verifying the that information?	Necessary outcomes from these systems and strategies
			<i>Effective income determination achieved through coordination across program lines.</i>

**PRIVACY-PROTECTION AND CONFIDENTIALITY**

Describe the financial and operating controls in place in FY 2015 that will continue in FY 2016 to protect client information against improper use or disclosure.	Please highlight any controls or strategies from your plan which will be newly implemented as of FY 2016.	If you don't have relevant physical or operational controls in place to ensure the security and confidentiality of private information disclosed by applicants, please explain why.	Necessary outcomes from these systems and strategies
			<i>Clear and secure methods that maintain confidentiality and safeguard the private information of applicants.</i>

**LIHEAP BENEFITS POLICY**

Describe FY 2015 Subgrantee policies continuing in FY 2016 for protecting against fraud when making payments, or providing benefits to energy vendors on behalf of clients.	Please highlight any fraud prevention efforts relating to making payments or providing benefits which will be newly implemented in FY 2016.	If the Subgrantee doesn't have policy in place to protect against improper payments when making payments or providing benefits on behalf of clients, what supplementary steps is the Subgrantee taking to ensure program integrity.	Necessary outcomes from these systems and strategies
			<i>Authorized energy vendors are receiving payments on behalf of LIHEAP eligible clients.</i>

<b>PROCEDURES FOR UNREGULATED ENERGY VENDORS</b>			
<b>Describe the Subgrantee's FY 2015 procedures continuing in FY 2016 for averting fraud and improper payments when dealing with bulk fuel dealers of heating oil, propane, wood and other unregulated energy utilities.</b>	<b>Please highlight any strategies policy in this area which will be newly implemented in FY 2016.</b>	<b>If you don't have a firm plan for averting fraud when dealing with unregulated energy vendors, please describe how the Subgrantee is ensuring program integrity.</b>	<b>Necessary outcomes from these systems and strategies</b>
			<i>Participating vendors are thoroughly researched and inspected before benefits are issued.</i>

<b>VERIFYING THE AUTHENTICITY OF ENERGY VENDORS</b>			
<b>Describe Subgrantee FY 2015 policies continuing in FY 2016 for verifying the authenticity of energy vendors being paid under LIHEAP, as part of the Subgrantee's procedure for averting fraud.</b>	<b>Please highlight any policies for verifying vendor authenticity which will be newly implemented in FY 2016.</b>	<b>If you don't have a system in place for verifying vendor authenticity, please describe how the Subgrantee can ensure that funds are being distributed through valid intermediaries?</b>	<b>Necessary outcomes from these systems and strategies</b>
			<i>An effective process that effectively confirms the existence of entities receiving federal funds.</i>

**TRAINING AND TECHNICAL ASSISTANCE**

<p>In regards to fraud prevention, please describe elements of your FY 2015 plan continuing in FY 2016 for training and providing technical assistance to (a) employees, (b) non-governmental staff involved in the eligibility process, (c) clients, and (d) energy vendors.</p>	<p>Please highlight specific elements of your training regimen and technical assistance resources from your plan which will represent newly implemented in FY 2016.</p>	<p>If you don't have a system in place for anti-fraud training or technical assistance for employees, clients or energy vendors, please describe your strategy for ensuring all employees understand what is expected of them and what tactics they are permitted to employ.</p>	<p>Necessary outcomes from these systems and strategies</p>
			<p><i>The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit.</i></p>

**AUDITS OF LOCAL ADMINISTERING AGENCIES**

<p>Please describe the annual audit requirements in place for local administering agencies in FY 2015 that will continue into FY 2016.</p>	<p>Please describe new policies or strategies to be implemented in FY 2016.</p>	<p>If you don't have specific audit requirements for local administering agencies, please explain how the Subgrantee will ensure that LIHEAP funds are properly audited under the Single Audit Act requirements.</p>	<p>Necessary outcomes from these systems and strategies</p>
			<p><i>Reduce improper payments, maintain local agency integrity, and benefits awarded to eligible households.</i></p>

**Additional Information**

Please attach further information that describes the Subgrantee's Program Integrity Policies, including supporting documentation from program manuals, including pages/sections from established LIHEAP policies and procedures.

## **DISTRIBUTION LIST**

U.S. Department of Health & Human Services

South Carolina Senate and House of Representatives

South Carolina Community Action Agencies

Board Chairpersons

Executive Directors

Fiscal Officers

LIHEAP Program Directors

Project Share Agencies

South Carolina State Library

South Carolina Association of CAP

State OEO Staff

*The 2016 LIHEAP STATE PLAN will be available on [www.oeo.sc.gov](http://www.oeo.sc.gov) when approved by US HHS.*