

STATE OF SOUTH CAROLINA

Low-Income Home Energy Assistance Program (LIHEAP)

2017 STATE PLAN (CFDA 93.568)



DEPARTMENT OF ADMINISTRATION

OFFICE OF ECONOMIC OPPORTUNITY (OEO)

James Miller, Director
Bertie McKie, Executive Administrator
Kelly Buckson, Senior Manager

August 2016

TABLE OF CONTENTS

OEO LIHEAP Staff

Introduction, Program Information and Requirements

i-iv

Detailed Model Plan..... 1

APPENDICES

Appendix A PY 2017 LIHEAP Community Action Agencies (Subgrantees)

Appendix B FY 2016 LIHEAP Household Report from State (OEO) to US HHS

Appendix C Public Hearing Notice

Appendix D 2016 Poverty Income Guidelines

Appendix E OEO Household Report (HR) Form for Subgrantees

Appendix F LIHEAP Monitoring Worksheets and Instrument

Appendix G 2017 LIHEAP Community Action Plan and Logic Models (ECIP & DA)

Appendix H Vendor Agreement

Appendix I 2016 LIHEAP Statistical Sheet

Appendix J LIHEAP Program Status Report (PSR)

Appendix K LIHEAP Program Integrity Assessment Supplement

Appendix L LIHEAP State Plan Distribution List

OEO LIHEAP STAFF:

Questions regarding this State Plan should be directed to:

Executive Administrator:

Bertie A. McKie
(803) 734-0673 bertie.mckie@admin.sc.gov

Senior Manager for LIHEAP:

Kelly Buckson
(803) 734-0579 kelly.sumpter@admin.sc.gov

LIHEAP Program Coordinators:

Sandra Grant (803) 734-0686 sandra.grant@admin.sc.gov
DyKetia Gregg (803) 734-3456 dyketia.gregg@admin.sc.gov

LIHEAP Program Assistant:

Michael Johnson
(803) 734-1962 michael.johnson@admin.sc.gov

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

Fax: (803) 734-0356

www.oeo.sc.gov

INTRODUCTION

The LIHEAP (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 LIHEAP (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 LIHEAP.

PROGRAM INFORMATION

In South Carolina, LIHEAP is administered through the Office of Economic Opportunity (OEO) and a network of thirteen (13) 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 as published in the Federal Register by the U.S. Department of Health and Human Services. Funds are allocated based upon low-income households in each county using current U.S. Census data.

The goals of LIHEAP for the 2017 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.

PROGRAM REQUIREMENTS

The following requirements will be incorporated into the LIHEAP 2017 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 per service \$500

2. Emergency Crisis Intervention Program (ECIP)

- * Maximum electric/fuel benefit per service \$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.

SYNOPSIS FOR PROJECTED 2017 FUNDING (based on actual 2016 allocation)

Description	2017 Projected Allocation
OEO LIHEAP Administration 3.50%	\$ 1,204,312
OEO LWAP Administration .50%	\$ 172,045
Subgrantee LIHEAP Administration 5%	\$ 1,720,446
Subgrantee LIHEAP Program Operations	\$26,322,820
Subgrantee LWAP Administration 1%	\$ 344,089
LIHEAP Weatherization 13.5%	\$ 4,645,203
Total Projected Award	\$34,408,915

Administrative Costs - Costs necessary for the proper administration of LIHEAP. For more information, visit 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/oep.

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); and
- 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/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 up to 15% of LIHEAP funds for Weatherization to supplement the PY 2017 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 nine Community Action Agencies in all 46 counties. Typical weatherization services include but are not limited to: air sealing, attic and wall insulation, replacing incandescent light bulbs with compact fluorescent light bulbs, installing storm windows, refrigerator replacement, and insulating ducts.

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 LIHEAP. For more information about the South Carolina LIHEAP, visit: 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 15th 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 15th day following each quarter (see Appendix), Pre-Closeout on December 1st (OEOs year-end report is due to US HHS by December 15th), and an annual report (cumulative) will be due on January 15th. All reports must be submitted in a timely manner; timeliness will be reported on risk assessments.

PY 2017 ELIGIBLE ENTITIES – SOUTH CAROLINA COMMUNITY ACTION AGENCIES DIRECTORY**Aiken/Barnwell Counties Community Action Agency, Inc.**

291 Beaufort Street, N.E., Post Office Box 2066
Aiken, SC 29802-2066

PHONE: (803) 648-6836 FAX: (803) 649-1588

Satellite Offices:

650 Knox Abbott Dr., Cayce, SC 29033 (803) 794-6778
Litchfield Apt. Complex, Barnwell, SC 29812 (803) 259-3145
Ms. Sharon Dallas, CSBG and LIHEAP (Lexington/Barnwell)
650 Knox Abbott Dr., Cayce, SC 29033 (803) 794-6778

Mr. George A. Anderson, Executive Director

Ms. Marianne Petersen, **CSBG & LIHEAP**

Mr. Rhonda Spa, **FISCAL**

BOARD CHAIRPERSON:

Mr. James Gallman, Sr. (803) 642-2212
607 Oriole St., Aiken, SC 29803

Counties Served: Aiken, Barnwell, Lexington

Beaufort/Jasper Economic Opportunity Commission, Inc.

1905 Duke Street, Suite 250, Post Office Drawer 9
Beaufort, SC 29901-0009

PHONE: (843) 255-7220 FAX: (843) 255-7231

Satellite Office:

1506 Grays Highway, Unit D, Ridgeland, SC 29936
(843) 726-5586

Mr. Leroy H. Gilliard, Executive Director

Ms. Sarah Marshall, **CSBG & LIHEAP (255-7229)**

Ms. Elizabeth Williams, **FISCAL (255-7220)**

BOARD CHAIRPERSON:

Ms. Agnes Garvin (843) 525-6838
44 Christine Drive, Beaufort, SC 29907

Counties Served: Beaufort and Jasper

Carolina Community Actions, Inc.

138 S. Oakland Avenue, Post Office Box 933
Rock Hill, SC 29731-6933

PHONE: (803) 329-5195 FAX: (803) 329-5198

Satellite Offices:

546 S. Cherry Rd., Suite S, Rock Hill, SC 29730 (803) 366-5537
101 Wylie St., Lancaster, SC 29720 (803) 285-2034
109 McAliley St., Chester, SC 29706 (803) 385-5205
402 S. Congress St., Winnsboro, SC 29180 (803) 635-3606
201 E. Main St., Suite A, Union, SC 29379 (864) 427-0336

Mr. Walter H. Kellogg, Executive Director

Ms. Mary Reid, **CSBG & LIHEAP**

Ms. Karen Kee, **FISCAL**

BOARD CHAIRPERSON:

Mr. David Boone (803) 328-2754
P.O. Box 11586, Rock Hill, SC 29731

Counties Served: Chester, Fairfield, Lancaster,
Union, York

Chesterfield/Marlboro Econ. Opp. Council, Inc.

318-322 Front Street, P. O. Box 877
Cheraw, SC 29520

PHONE: (843) 320-9760 FAX: (843) 320-9771

Satellite Offices:

405-B S. Gum St., Pageland, SC 29728 (843) 672-6723
205 E. Market St., Bennettsville, SC 29512 (843) 479-2818

Mr. Samuel Bass, Executive Director

Ms. Patricia Threatt, **CSBG & LIHEAP**

Ms. Deborah Clyburn, **FISCAL**

BOARD CHAIRPERSON:

Mr. Earl Xavier (843) 409-1238
233 Hawthorne Lane, Cheraw, SC 29520

Counties Served: Chesterfield, Marlboro

Darlington County Community Action Agency

904 S. Fourth St., Hartsville, SC 29550

PHONE: (843) 332-1135 FAX: (843) 332-3971

Satellite Offices:

223 Hall St., Society Hill, SC 29593 (843) 378-4571
223 Law Plantation Rd., Darlington, SC 29540 (843) 393-4049
528 Cartersville Hwy., Lamar, SC 29069 (843) 326-5430

Ms. Jackie Slayton, Interim Executive Director

Ms. Rosa McLeod, **CSBG & LIHEAP**

Ms. Beulah Mumford, **FISCAL**

BOARD CHAIRPERSON:

Dr. Thelma P. Dawson, DMD (843) 393-1291
522 S. Main St., Darlington, SC 29532

County Served: Darlington

GLEAMNS Human Resources Commission, Inc.

237 Hospital Street, Post Office Box 1326

Dr. Joseph D. Patton, III, Executive Director

Ms. Marcella Kennedy, **CSBG & LIHEAP**

Greenwood, SC 29648
PHONE: (864) 223-8434 FAX: (864) 223-9456

Ms. Ada Garcia, **FISCAL**

Satellite Offices:

833 Main St., Newberry, SC 29108 (803) 276-2110
407 W. Butler St., Saluda, SC 29138 (864) 445-2035
221-A West Laurens Road, Laurens, SC 29360 (864) 984-5123
300 Church St., Edgefield, SC 29824 (864) 637-4029
706 Carolina Circle, Abbeville, SC 29620 (864) 459-2100
109 W. Augusta St., McCormick, SC 29835 (864) 852-2662

BOARD CHAIRPERSON:

Ms. Betty Boles (864) 229-1754
1316 Bunche St., Greenwood, SC 29649

Counties Served: Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda

Lowcountry Community Action Agency, Inc.

319 Washington Street, Post Office Box 1726
Walterboro, SC 29488
PHONE: (843) 549-5576 FAX: (843) 549-2190

Ms. Arlene Dobison, Executive Director

Ms. Emily Mitchell, **CSBG & LIHEAP**
Ms. Melissa Drayton, **FISCAL**

BOARD CHAIRPERSON:

Mr. Phillip Taylor (843) 599-1711
301 Simmons St., Walterboro, SC 29488

Counties Served: Colleton, Hampton

Satellite Office:

102 Ginn Altman Avenue Hampton, SC 29924 (803) 914-0601

Orangeburg/Calhoun/Allendale/Bamberg (OCAB) CAA

1822 Joe Jeffords Highway, Post Office Drawer 710
Orangeburg, SC 29116-0710
PHONE: (803) 536-1027 FAX: (803) 536-4657

Mr. Calvin Wright, Executive Director

Ms. Janice Jamison, **CSBG & LIHEAP**
Ms. Dietrich Shuler, **FISCAL**

BOARD CHAIRPERSON:

Ms. Brenda Williams (803) 533-2450
3000 St. Matthews Rd., Orangeburg, SC 29115

Counties Served: Allendale, Bamberg, Calhoun, Orangeburg

Satellite Offices:

2381 Old Bellville Rd., St. Matthews, SC 29135 (803) 874-3384
765 Bay St., Allendale, SC 29810 (803) 584-3845
131 Poplar St, Room 131, Bowman, SC 29018 (803) 829-2701
6194 Neeses Hwy., Neeses, SC 29107 (803) 247-2691
122 E. Coker St., Denmark, SC 29042 (803) 795-4373
1250 Unity Road, Holly Hill, SC 29059 (803) 496-5370

Palmetto Community Action Partnership

(formerly Charleston County Human Services)
1069 King Street, Post Office Drawer 20968
Charleston, SC 29413
PHONE: (843) 724-6760 FAX: (843) 724-6787

Mr. Arnold Collins, Executive Director

Ms. Reba Hough-Martin, **CSBG & LIHEAP**
Ms. Yolonda Johnson, **FISCAL**

BOARD CHAIRPERSON:

Mr. Robert White (843) 576-8293
2390 West Aviation Ave., N. Charleston, SC 29405

Counties Served: Charleston, Berkeley, Dorchester

Satellite Offices:

100 S. Highway 52 Moncks Corner, SC 29461 (843) 761-6935/6936
2885 W. 5th North St., Summerville, SC 29483 (843) 875-1168/832-7053
201 Johnston St., St. George, SC 29477 (843) 563-9524 x305

Pee Dee Community Action Partnership

2685 South Irby Street, Post Office Drawer 12670
Florence, SC 29505
PHONE: (843) 678-3400 FAX: (843) 678-3404

Mr. Walter Fleming, Executive Director

Mr. Freddie Jolley, **CSBG**
Ms. Queen McCall, **LIHEAP**
Ms. Alberta Durant, **FISCAL**

BOARD CHAIRPERSON:

Rev. Robert Cooper (843) 464-8541
P. O. Box 558, Mullins, SC 29574

Counties Served: Dillon, Florence, Marion

Satellite Offices:

126 N. MacArthur Street, Dillon, SC 29536 (843) 774-9038
210 Witcover Street, Marion, SC 29571 (843) 423-6711
181 Brown Street, Lake City, SC 29536 (843) 394-7440

Sunbelt Human Advancement Resources, Inc. (SHARE)

254 South Pleasantburg Drive, Greenville, SC 296017
Post Office Box 10204, Greenville, SC 29603
PHONE: (864) 269-0700 FAX: (864) 295-6151

Dr. Willis H. Crosby, Jr., Executive Director

Ms. Tandy Bannister, **CSBG & LIHEAP**
Ms. Pamela Sims, **FISCAL**

BOARD CHAIRPERSON:

Mr. James Pierce (864) 836-3792

Satellite Offices:

1704 E. Greenville St., Anderson, SC 29621 (864) 224-7028

1725 E. Main St., Easley, SC 29641 (864) 859-2989
708 E. Main St., Seneca, SC 29678 (864) 882-3495

144 Pace Bridge Road, Marietta, SC 29661

Counties Served: Greenville, Oconee, Pickens, Anderson

Spartanburg/Cherokee Counties - GLEAMNS

237 Hospital Street, Post Office Box 1326
Greenwood, SC 29648

PHONE: (864) 223-8434 FAX: (864) 223-9456

Dr. Joseph D. Patton, III, Executive Director

Ms. Marcella Kennedy, **CSBG & LIHEAP**

Ms. Ada Garcia, **FISCAL**

Satellite Offices:

397 Highland Avenue Spartanburg, SC 29306 (864) 407-8611

499 West Rutledge Avenue Gaffney, SC 29341 (864) 407-8608

BOARD CHAIRPERSON:

Ms. Betty Boles (864) 229-1754

1316 Bunche St., Greenwood, SC 29649

Counties Served: Spartanburg, Cherokee

Waccamaw Economic Opportunity Council, Inc.

1261 Hwy. 501 East, Suite B, Post Office Box 1467

Conway, SC 29528

PHONE: (843) 234-4100 FAX: (843)-234-4111

Mr. James Pasley, Executive Director

Ms. Emily Cooper, **CSBG & LIHEAP**

Ms. Janice Wideman, **FISCAL**

Satellite Offices:

1261 Hwy. 501 East, Suite D, Conway, SC 29528 (843) 234-4130

128 E. Mill St., Kingstree, SC 29556 (843) 355-9922

3811 Walnut St., Loris, SC 29569 (843) 756-6562

936 Broadway St., Myrtle Beach, SC 29577 (843) 626-7270

1837 N. Fraser St., Georgetown, SC 29440 (843) 546-6161

BOARD CHAIRPERSON:

Mr. Harold Phillips (843) 397-1494

8373 Old Moore Drive, Conway, SC 29527

Counties Served: Horry, Georgetown, Williamsburg

Wateree Community Actions, Inc.

1915 Harden Street

Columbia, South Carolina 29204

PHONE: (803) 807-9811 FAX: (803) 807-9810

Ms. Annette Tucker, Interim Executive Director

Ms. Margaret Gibson, **CSBG & LIHEAP**

Felicia Smith, **Interim FISCAL**

Satellite Offices:

115 North Harvin St., Sumter, SC 29150 (803) 773-6512

3 W. Boyce St., Manning, SC 29102 (803) 435-4337

117 Henry St., Eastover, SC 29044 (803) 592-7000

613 Hwy. 15 N., Bishopville, SC 29010 (803) 484-5401

710 W. DeKalb St., Camden, SC 29020 (803) 432-7640

3220 Two Notch Rd, Columbia, SC 29204 (803) 786-4250

BOARD CHAIRPERSON:

Mr. Donald Gist

4400 North Main Street, Columbia, SC 29203

Counties Served: Clarendon, Kershaw, Lee, Richland, Sumter

2016 HOUSEHOLD REPORT

from State (OEO) to US HHS

(will be inserted when submitted to HHS)

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 Friday, August 12, 2016 at 10:00 a.m. At that time, public comments will be received on the proposed 2017 State Plans for CSBG and the 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 and low-cost residential weatherization.

The proposed CSBG and LIHEAP 2017 State Plans are available and may be reviewed at the main office of each of the Community Action Agencies located throughout the State of South Carolina or at the Office of Economic Opportunity, 1205 Pendleton Street, Columbia, South Carolina.

Persons desiring to submit comments on the CSBG and/or the LIHEAP 2017 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 2017 CSBG and LIHEAP State Plans should be directed to Ms. Bertie A. McKie, Executive Administrator, or Mrs. Kelly Buckson, Senior Manager.

2016 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	\$1,485.00	\$17,820.00
2	\$2,002.50	\$24,030.00
3	\$2,520.00	\$30,240.00
4	\$3,037.50	\$36,450.00
5	\$3,555.00	\$42,660.00
6	\$4,072.50	\$48,870.00
7	\$4,591.25	\$55,095.00
8	\$5,111.25	\$61,335.00
For each additional person, add	\$520.00	\$6,240.00

***Special Note:** The 2016 Federal Poverty Guidelines listed above were published on January 25, 2016.

The 2017 Federal Poverty Guidelines will be issued when published and available in the Federal Register. Until then, continue to use the 2016 FPG listed above.

OMB Control No. 0970-0060

LIHEAP Household Report--Program Year 2017

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) 2017, the period of October 1, 2016 - September 30, 2017. 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. 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				
			2017 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
			2017 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 \$ _____

Min DA benefit \$225Child Age 5 or < \$ 50 _____Energy Burden \$ 75 _____Elderly, Age 60 \$ 50 _____Disabled \$ 50 _____Income <100% \$ 50 _____

Client's benefit = \$ _____ (Max \$500)

Unallowed benefit rec'd/not rec'd: \$ _____

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

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

Resolution:

Agency Response:

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 Community Action Plan (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 utilizing diverse media medium</i>		
Agency Planning and Operations		YES	NO
*	<i>Record retention:</i> Agency will retain records for program activities for current year and three (3) years 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 DBA FACSPRO 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 AwardPro section of the DBA FACSPRO system.		
*	Agency is utilizing the Action Plan 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 2017 Community Action Plan (Work Plan)
(Must be submitted with the Application Budget by Friday, August 26, 2016)

SUBGRANTEE IDENTIFICATION

Agency:

Date Submitted:

Project Name: LIHEAP (LIHEAP)

Project Period: January 1, 2017 through December 31, 2017

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 2017: _____

Project Outcome Statement:

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

[Empty box for Project Outcome Statement]

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 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 Community Action Plan (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 or 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 2016 LIHEAP ASSESSMENT
(Not optional – Must be completed)**

This portion of the Community Action Plan (Work Plan) is for the purpose of evaluating the agency’s 2016 successes and identifying areas that need improvement for PY 2017.

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:

2016 Program Restructuring: The following changes were incorporated during the year in order to accomplish the agency's 2016 Performance Targets:

Areas Needing Improvement: Describe aspects of the 2016 program that were least effective, why they were least effective and how they will be improved:

Best Practices: Describe the aspects of the 2016 program that were most successful in serving eligible applicants and how they were successful:

Additional Partnerships/Resources for FY 2017: This year, the following additional partnerships and resources will be sought in order to expand/enhance agency outreach and outcomes:

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 2017 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.

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

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

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

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.



ROMA LOGIC MODEL

Agency Name: _____

BUDGET/Direct Service: \$ _____

Program: _____

- Family
- Agency
- Community

<u>Identified Problem, Need, Situation</u>	<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> <u>Projected</u> # and % of clients who <u>will</u> achieve each outcome. or <u>Projected</u> # and % of units <u>expected</u> to be achieved.	<u>Actual Results</u> <u>Actual</u> # and % of clients who <u>achieve</u> each outcome. or <u>Actual</u> # 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 2017 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 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 LIHEAP (LIHEAP)
VENDOR AGREEMENT**

This Vendor Agreement shall govern certain activities of the LIHEAP, 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.
8. The parties recognize that each party is bound to act in accordance with their respective bylaws and policies at all times. Nothing in this Agreement is intended or shall be construed to supersede a party's obligations under their respective bylaws and policies or prevent a party from acting in accordance therewith.

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.

- The Vendor will cooperate with any Federal, State or local investigation, audit or program review.

E. LIABILITY

To the fullest extent permitted by law, each party agrees to indemnify and hold harmless each other, 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, any default or negligent or wrongful act or omission of each party, its agents, employees, or subcontractors in the performance or non-performance of the work, the enforcement of this agreement, or any other legal action.

Any losses caused by criminal activity, gross negligence and/or malicious intent is excluded from this indemnification section.

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 and INTEGRATION

This Agreement contains the entire agreement of the parties with respect to the subject matter of this Agreement, and supersedes all prior contracts, negotiations, agreements and understandings with respect thereto. This Agreement may only be amended by a written document duly executed by all parties.

H. TERMINATION

- Either the CAA or the Vendor may terminate this Agreement by giving the other party at least 30 days written notice.
- 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)

2017 LIHEAP PROGRAM STATUS REPORT

ENERGY ASSISTANCE COMPONENTS	Total Number of Assisted Households	*2016 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 FY2017 plans for preventing and detecting fraud, abuse, and improper payments. OEO is also requiring that Subgrantees highlight and describe all elements of this FY2017 plan which represent improvements or changes to the Subgrantees' FY2017 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.*

Subgrantee (and grant official):			Date/Program Year:
RECENT AUDIT FINDINGS			
Describe any audit findings of material weaknesses and reportable conditions, questioned costs and other findings cited in FY2016 or the prior three years, in annual audits, Subgrantee monitoring assessments, Inspector General reviews, or other Government Agency reviews of LIHEAP agency finances.	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 FY2017.	If there is no plan in place, please explain why not.	Necessary outcomes from these systems and strategies
			<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 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.

COMPLIANCE MONITORING

<p>Describe the Subgrantee's FY 2016 strategies that will continue in FY 2017 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 2017.</p>	<p>If you don't have a firm compliance monitoring system in place for FY 2017, 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>FRAUD REPORTING MECHANISMS</p>			
<p>For FY 2016 activities continuing in FY 2017, 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 2017, 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 2016 Subgrantee policies continuing in FY2017 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 2017.</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 2016 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 FY2017, 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 2016 and continuing in FY 2017. (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 2017.	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 2016 and continuing in FY 2017.	Please highlight any policies or strategies for using new hire directories which will be newly implemented in FY 2017.	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 2016 that will continue in FY 2017 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 2017.	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 2016 Subgrantee policies continuing in FY 2017 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 2017.	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>

PROCEDURES FOR UNREGULATED ENERGY VENDORS

<p>Describe the Subgrantee's FY 2016 procedures continuing in FY 2017 for averting fraud and improper payments when dealing with bulk fuel dealers of heating oil, propane, wood and other unregulated energy utilities.</p>	<p>Please highlight any strategies policy in this area which will be newly implemented in FY 2017.</p>	<p>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.</p>	<p>Necessary outcomes from these systems and strategies</p>
			<p><i>Participating vendors are thoroughly researched and inspected before benefits are issued.</i></p>

VERIFYING THE AUTHENTICITY OF ENERGY VENDORS

<p>Describe Subgrantee FY 2016 policies continuing in FY 2017 for verifying the authenticity of energy vendors being paid under LIHEAP, as part of the Subgrantee's procedure for averting fraud.</p>	<p>Please highlight any policies for verifying vendor authenticity which will be newly implemented in FY 2017.</p>	<p>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?</p>	<p>Necessary outcomes from these systems and strategies</p>
			<p><i>An effective process that effectively confirms the existence of entities receiving federal funds.</i></p>

TRAINING AND TECHNICAL ASSISTANCE

<p>In regards to fraud prevention, please describe elements of your FY 2016 plan continuing in FY 2017 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 2017.</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 2016 that will continue into FY 2017.</p>	<p>Please describe new policies or strategies to be implemented in FY 2017.</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 2017 LIHEAP STATE PLAN will be available on www.oeo.sc.gov when approved by US HHS.