

## DETAILED MODEL PLAN (LIHEAP)

### Mandatory Grant Application SF-424

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

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

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

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

**7. APPLICANT INFORMATION**

<b>* a. Legal Name:</b> Idaho Department of Health and Welfare			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 82-6000995		<b>* c. Organizational DUNS:</b> 82-520-14-86	
<b>* d. Address:</b>			
<b>* Street 1:</b>	Division of Welfare	<b>Street 2:</b>	450 West State Street, 2nd Floor
<b>* City:</b>	Boise	<b>County:</b>	Ada
<b>* State:</b>	ID	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	83720 - 0036

**e. Organizational Unit:**

<b>Department Name:</b> Idaho Department of Health and Welfare	<b>Division Name:</b> Division of Welfare
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b>	<b>* First Name:</b> Kristin	<b>Middle Name:</b>	<b>* Last Name:</b> Matthews
<b>Suffix:</b>	<b>Title:</b> Program Manager	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (208)334-5553	<b>Fax Number:</b> (208)334-5817	<b>* Email:</b> MattheK1@dhw.idaho.gov	

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

A: State Government

**b. Additional Description:**

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

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

**11. Descriptive Title of Applicant's Project**

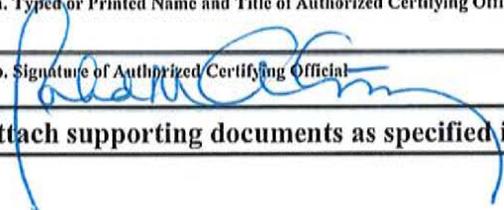
**12. Areas Affected by Funding:**

State

**13. CONGRESSIONAL DISTRICTS OF:**

<b>* a. Applicant</b> 2	<b>b. Program/Project:</b> Statewide
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Attach an additional list of Program/Project Congressional Districts if needed.

<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
a. Start Date: 10/01/2016	b. End Date: 09/30/2017	* a. Federal (\$): \$0	b. Match (\$): \$0
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt?			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
**I Agree <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18a. Typed or Printed Name and Title of Authorized Certifying Official		18c. Telephone (area code, number and extension)	
18b. Signature of Authorized Certifying Official 		18d. Email Address	
		18e. Date Report Submitted (Month, Day, Year)	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

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

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

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

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

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

### Section 1 Program Components

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

I.1 Check which components you will operate under the LIHEAP program.

(Note: You must provide information for each component designated here as requested elsewhere in this plan.)

Dates of Operation

		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2016	06/30/2017
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2016	09/30/2017
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2016	09/30/2017

Provide further explanation for the dates of operation, if necessary

The end date for heating assistance is estimated. This category is dependent on the amount of funding received.

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

I.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )
Heating assistance	61.92%
Cooling assistance	0.00%
Crisis assistance	3.06%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	6.84%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	3.00%
Used to develop and implement leveraging activities	0.18%
<b>TOTAL</b>	<b>100.00%</b>

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

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

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

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

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

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

	Heating	Cooling	Crisis	Weatherization
TANF	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
SSI	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
SNAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Other(Specify) 1	Program Name	Heating	Cooling	Crisis	Weatherization
		<input type="radio"/> Yes <input type="radio"/> No			

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

If Yes, explain:

1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?  
 In determining benefits for the heating component, there is no differentiation between non-categorically and categorically eligible participants. The benefit level is established by using a heating matrix which shows an average heating cost by region in the State. The benefit amount received by an eligible household is based on the household income, fuel type and energy burden. Households with the lowest income receive the highest benefit for their fuel type by region. Households with members who are disabled, over 60 or have children under the age of six (6) are considered vulnerable populations and are given a target benefit. We estimate approximately three-quarters of categorically eligible families who received a LIHEAP benefit the prior year have one or more vulnerable members in the household. These families will be allowed to use the state's abbreviated application process to apply for benefits at the beginning of the LIHEAP regular season. In addition, all other households who received a benefit last year with members who meet the vulnerable population definition will be contacted by state and encouraged to apply for benefits at the beginning of the regular LIHEAP season.

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

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

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

Determination of Eligibility - Countable Income

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

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

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

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

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

<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

## Section 2 - HEATING ASSISTANCE

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

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#### Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

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

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

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

**Renters?**  Yes  No

**Renters Living in subsidized housing ?**  Yes  No

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

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young children?**  Yes  No

**Households with high energy burdens ?**  Yes  No

**Other?**  Yes  No

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

Vulnerable households are defined as those with members who are disabled, have members over the age of 60 or under the age of six (6). We estimate approximately three-quarters of categorically eligible families who received a LIHEAP benefit the prior year have one or more vulnerable members in the household. These families will be allowed to use the state's abbreviated application process to apply for benefits at the beginning of the LIHEAP regular season. In addition, all other households who received a benefit last year with members who meet the vulnerable population definition will be contacted by the state and encouraged to apply for benefits at the beginning of the regular LIHEAP season. All vulnerable households eligible for a LIHEAP benefit receive increased funding through a target benefit as determined by the state. The target amount for the program year is \$25.

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

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

We estimate approximately three-quarters of categorically eligible families who received a LIHEAP benefit the prior year have one or more vulnerable members in the household. These families will be allowed to use the state's abbreviated application process to apply for benefits at the beginning of the LIHEAP regular season. In addition, all other households who received a benefit last year with members who meet the vulnerable population definition will be contacted by the state and encouraged to apply for benefits at the beginning of the regular LIHEAP season. All vulnerable households eligible for a LIHEAP benefit receive increased funding through a target benefit as determined by the state. The target amount for the program year is \$25.

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

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

<input type="checkbox"/> Dwelling type			
<input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)			
<input type="checkbox"/> Energy need			
<input checked="" type="checkbox"/> Other - Describe:			
Households with heat included in rent receive the minimum benefit. Households with subsidized housing receive a benefit equivalent to that of a low-burden household.			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for FY 2016:			
Minimum Benefit	\$50	Maximum Benefit	\$898
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
Agencies accept donations as listed in the leveraging section of this plan. In the event of an area-wide emergency or disaster situation declared by the Governor, private resources supplement program services with donations such as firewood, blankets, winter clothing and assorted materials from Home Depot. Home Depot donations are donated for weatherization activities.			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

**Section 3 - COOLING ASSISTANCE**

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

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

**Section 3 - Cooling Assistance**

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

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

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

Renters?  Yes  No

Renters Living in subsidized housing ?  Yes  No

Renters with utilities included in the rent ?  Yes  No

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

Elderly?  Yes  No

Disabled?  Yes  No

Young children?  Yes  No

Households with high energy burdens ?  Yes  No

Other?  Yes  No

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

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

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

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

Income

Family (household) size

Home energy cost or need:

Fuel type

Climate/region

Individual bill

Dwelling type

Energy burden (% of income spent on home energy)

Energy need

Other - Describe:

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

3.6 Describe estimated benefit levels for FY 2016:

Minimum Benefit	\$0	Maximum Benefit	\$0
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3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?  Yes  No

If yes, describe.

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

## Section 4 - CRISIS ASSISTANCE

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

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

## Section 4: CRISIS ASSISTANCE

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

1. Idaho defines a crisis as a situation where an eligible household:

- is at risk of disconnection of utility service;
- has had their utility service disconnected; or
- has less than 48 hours of bulk fuel.

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

Idaho defines a life-threatening crisis as a situation where an eligible household contains at least one household member:

1. With an illness or medical condition that poses an immediate risk due to the loss of the energy source.
2. Has a medical condition requiring the use of an energy source to operate a medical device or store medication.

Idaho also considers it a life-threatening situation when the household has less than 18 hours of bulk fuel during the heating season.

#### Crisis Requirement, 2604(c)

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

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

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

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

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

Do you require an Assets test ?  Yes  No

Do you give priority in eligibility to :

Elderly?  Yes  No

Disabled?  Yes  No

Young Children?  Yes  No

Households with high energy burdens?  Yes  No

Other?  Yes  No

#### In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank?  Yes  No

Must the household have been shut off or have an empty tank?  Yes  No

Must the household have exhausted their regular heating benefit?  Yes  No

Must renters with heating costs included in their rent have received an eviction notice ?  Yes  No

Must heating/cooling be medically necessary?  Yes  No

Must the household have non-working heating or cooling equipment?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input type="radio"/> No
Do you have additional / differing eligibility policies for:	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Explanations of policies for each "yes" checked above:	
<p>The intake process for crisis application uses the same intake process as regular benefits. This allows the agency to determine whether a household applying for crisis has members who are elderly, disabled or young children. Vulnerable households are prioritized when crisis funding is limited. Crisis applications are processed within 48 hours. In the event a household can show a life-threatening crisis situation, the application is processed within 18 hours. Households are required to provide documentation of a life-threatening condition. All households applying for crisis benefits must show they are at imminent risk of losing energy services or have already lost services. In some cases, the agency is able to verify this information directly from the energy provider.</p>	
Determination of Benefits	
4.8 How do you handle crisis situations?	
<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:
4.9 If you have a separate component, how do you determine crisis assistance benefits?	
<input checked="" type="checkbox"/>	Amount to resolve the crisis.
<input type="checkbox"/>	Other - Describe:
Crisis Requirements, 2604(c)	
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?	
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.	
Each agency provides application intake either in their offices, by telephone, or in off-site locations.	
4.11 Do you provide individuals who are physically disabled the means to:	
Submit applications for crisis benefits without leaving their homes?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
Travel to the sites at which applications for crisis assistance are accepted?	
<input type="radio"/> Yes <input checked="" type="radio"/> No If No, explain.	
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?	
Idaho provides intake services through home visits or by telephone for the physically infirm (i.e. elderly or disabled).	
Benefit Levels, 2605(c)(1)(B)	
4.12 Indicate the maximum benefit for each type of crisis assistance offered.	
Winter Crisis	\$0.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$750.00 maximum benefit
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If yes, Describe	
Agencies accept donations as listed in the leveraging section of this plan. In the event of an area-wide emergency or disaster situation declared by the Governor, private resources supplement program services with donations such as firewood, blankets, clothing and portable space heaters.	
4.14 Do you provide for equipment repair or replacement using crisis funds?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
If you answered "Yes" to question 4.14, you must complete question 4.15.	
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.	

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

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

Yes  No

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

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

Households that include elderly, disabled or children under 6 that are customers of a regulated utility qualify. The plan allows you to pay less than the full amount of your bill during the winter months (November 1 through March 31). Regulated utilities also are not allowed to discontinue services to customers with a past due amount during the moratorium.

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

**Section 5 - WEATHERIZATION ASSISTANCE**

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

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OMB Clearance No.: 0970-0075  
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**Section 5: WEATHERIZATION ASSISTANCE**

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

**5.1 Designate the income eligibility threshold used for the Weatherization component**

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

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

**5.3 If yes, name the agency.**

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

**WEATHERIZATION - Types of Rules**

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

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

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

**5.6 Do you require an assets test?**  Yes  No

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

- Renters**  Yes  No
- Renters living in subsidized housing?**  Yes  No

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

- Elderly?**  Yes  No
- Disabled?**  Yes  No
- Young Children?**  Yes  No
- House holds with high energy burdens?**  Yes  No
- Other?**  Yes  No

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.

Idaho considers the presence of elderly, disabled or young children in the household as well as households with high energy burdens as priority demographics for weatherization prioritization.

**Benefit Levels**

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?  Yes  No

5.10 If yes, what is the maximum? \$0

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

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input type="checkbox"/> Other - Describe:

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

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

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

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

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

Provide intake services through home visits or by telephone for the physically infirm (i.e. elderly or disabled).

Advise community partners and utility vendors of LIHEAP start date.

Publish program information on website.

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

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

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

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

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

Categorically eligible households who have received a LIHEAP benefit the prior year apply through an abbreviated application process based on information used to determine eligibility for SNAP benefits in the current year.

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

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

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

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

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

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

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

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

Idaho provides intake services through home visits or by telephone for vulnerable populations. Applications are mailed to participants as requested and off-site applications are taken at senior centers and low-income housing locations in rural areas. Categorically eligible households who have received a LIHEAP benefit the prior year apply through an abbreviated application process based on information used to determine eligibility for SNAP benefits in the current year.

**8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?**

N/A

**8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?**

Idaho provides intake services through home visits or by telephone for vulnerable populations. Applications are mailed to participants as requested and off-site applications are taken at senior centers and low-income housing locations in rural areas. In addition, categorically eligible households (those receiving SNAP, TANF or SSI) can complete their application via telephone. Applications also are accepted via email.

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

If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.

8.6 What is your process for selecting local administering agencies?

In Idaho, Community Action Agencies are exempt from the bidding process for contracts. In the Department of Purchasing bid exemption, Community Action Agencies are defined as follows:

- Community Action Agencies -- Community action agencies and other neighborhood-based organizations providing direct services as detailed in the CSBG Act, Public Law 105-285 (42 US Code 9901); community action associates who provide CSBG administrative oversight responsibilities.

8.7 How many local administering agencies do you use? 6 (six)

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

- Yes  
 No

8.9 If so, why?

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

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

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

Idaho does make payments directly to the participant when the following conditions are met: household benefit is for heat in rent payment, home energy supplier is a two-party vendor, or household utilizes small (25 gallons or less) propane tanks for primary heating fuel. The two-party vendor payments are dual endorsement warrants which are mailed directly to the household.

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

Upon completion of their application the household receives an eligibility notice stating whether or not the household is eligible for assistance.

If the household is determined to be eligible the notice includes the benefit amount, energy supplier and account number as applicable. When requested, a copy of the eligibility notice is provided to the home energy supplier who is then expected to provide the required protections to the eligible household.

If the household is determined ineligible, the eligibility notice states the reason for denial of services and their appeal rights.

9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

Idaho requires a signed agreement with each participating energy supplier to be on file prior to the start of the program season or when a new vendor begins providing services to LIHEAP households. The signed Vendor Agreement ensures that program eligible households are treated fairly and not discriminated against in the cost of goods or services provided and that the full amount of assistance is applied to the household account. The Department works with a contractor to manage vendor agreements and monitor to verify energy suppliers are in compliance with the terms as outlined in the vendor agreement.

9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

All energy suppliers participating in the LIHEAP program must have a signed vendor agreement prior to receiving LIHEAP funds for eligible households. The signed Vendor Agreement contains language that ensures program eligible households are treated fairly and not discriminated against in the cost of goods or services provided and that the full amount of assistance is applied to the household account.

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

Yes  No

If so, describe the measures unregulated vendors may take.

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

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

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

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

LIHEAP funds are tracked using Direct Service Provider invoices which are submitted at least weekly and at a maximum, monthly. The funds requested by Direct Service Providers are reviewed by the primary contractor and the Department prior to payment. Fiscal activities are monitored throughout the year. Additionally, monitoring is performed annually. Monitoring includes as in-depth financial review of the program year. The Direct Service Providers are also required through contracts to have an annual audit conducted in accordance with the Single Audit Act.

Program Activities are monitored during the season using reports generated by the Department computer system (i.e., number of applications per county and per Direct Service Provider; number of days to process applications).

The Department monitors all fiscal and program performance activities of the primary contractor on an annual basis (unless more frequent monitoring is indicated due to poor monitoring results) and is subject to an annual independent financial audit.

**Audit Process**

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

Yes  No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

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

**Grantee employees:**

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

**Local Administering Agencies / District Offices:**

- On - site evaluation

<input checked="" type="checkbox"/> Annual program review
<input type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing / Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
<p>Eastern Idaho Community Action Partnership - April 19, 2016</p> <p>SouthEastern Idaho Community Action Agency - April 20, 2016</p> <p>Community Action Partnership - April 21, 2016</p> <p>El-Ada Community Action - April 18, 2016</p> <p>South Central Community Action Partnership - April 19, 2016</p> <p>Western Idaho Community Action Partnership - April 21, 2016</p> <p>LIHEAP is reviewed on a monthly basis through QA reviews of participant files during the regular season. Regular QA activities are completed throughout the program year and included in reports submitted to the Department. Annual monitoring reviews are completed and include participant file reviews, desk review of policy, processes and procedures, fiscal/administrative and program/contractual compliance.</p>
<b>10.7. Describe how you select local agencies for monitoring reviews.</b>
<p><b>Site Visits:</b></p> <p>All agencies are monitored on an annual basis.</p>
<p><b>Desk Reviews:</b></p> <p>LIHEAP monitoring is completed via desk review of documentation and teleconference interview.</p>
<b>10.8. How often is each local agency monitored ?</b>
Annually.
<b>10.9. What is the combined error rate for eligibility determinations? OPTIONAL</b>
The combined error rate for eligibility determinations based on 314 file reviews is 0%.
<b>10.10. What is the combined error rate for benefit determinations? OPTIONAL</b>
The combined error rate for benefit determinations based on 314 file reviews is 0%.
<b>10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0 (zero)</b>
<b>10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0 (zero)</b>
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

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

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

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

The intended use and distribution of LIHEAP funds has not changed since our last State Plan. No additional program focus has been added and no prior program focus has been deleted.

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

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

	Date	Event Description
1	07/26/2016	FY 17 LIHEAP Public Hearing held at 450 W State Street, 2nd Floor, Boise, ID

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

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

Idaho did not receive any verbal comments at the public hearing or during the public comment period.

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

None, there were no comments.

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

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

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

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

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

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

None

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

The household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and also on the formal 'Notice of Denial'. If the participant feels they were wrongly denied services, the Direct Service Provider holds a conference with the participant to attempt to resolve their appeal. If unresolved, the Direct Service Provider assists the household with completing and mailing the appeal form to the Department of Health and Welfare's Fair Hearing Unit. Upon receipt of the participant's appeal request, the Department of Health and Welfare proceeds with the standard fair hearing procedure as outlined in the section below. To accommodate the applicant, hearings are conducted at the Regional Health and Welfare office closest to their residence through a telephone conference.

Standard Fair Hearing Procedure: Administrative fair hearings are available to any household applying for or receiving a LIHEAP benefit in accordance with Idaho Administrative Code. Any program applicant or recipient may request a hearing. Included with all determination notices is a form that instructs customers how to request a hearing if they disagree with the action taken by the Department or if they feel they have been discriminated against. Fair Hearing Requests must be received within 30 days of the determination and can be submitted using the Department's Hearing Request Form (IHW-0406) or by submitting in writing their name, address and phone number, and the remedy requested. Once a fair hearing request is received, the Department acknowledges the fair hearing request and has 30 days to schedule a hearing. The Department contacts each individual before scheduling the hearing to discuss the basis of the hearing and to address any misunderstandings or miscommunication that may have occurred. If the individual does not request to withdraw their hearing request then the hearing will take place as scheduled. The hearing is conducted by a hearing officer. Once the hearing has taken place the hearing officer has 30 days to file a preliminary order, which is distributed to both the Department and the individual. The individual will receive a written copy of the hearing decision by mail. If the individual does not agree with the hearing officer's decision, he or she has an opportunity to appeal the decision. These appeals are managed by the office of the Director of Health and Welfare and the Deputy Attorney General.

- DIVISION OF WELFARE: TIME FOR FILING APPEAL. A decision issued by the Department in a Division of Welfare program will be final and effective unless an individual or representative appeals within thirty (30) days from the date the decision was mailed, except that a recipient or applicant for Food Stamps has ninety (90) days to appeal. An individual or representative may also appeal when the Department delays in making an eligibility decision or making payment beyond the limits specified in the particular program within thirty (30) days after the action would have been taken if the Department had acted in a timely manner. (5-8-09)

12.5 When and how are applicants informed of these rights?

Fair hearing notices are posted in local agency offices and satellite offices in the intake area, intake work stations and/or lobby area. Agencies who serve limited English proficiency applicants provide this information in Spanish. The household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and on the 'Notice of Denial'. The eligibility notice and the 'Notice of Denial' are provided in Spanish to households who indicate their primary language is Spanish.

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

All fair hearing processes are handled within the process described under section 12.4.

12.7 When and how are applicants informed of these rights?

The household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and on the 'Notice of Denial'.

If any of the above questions require further explanation or clarification that could not be made in the fields provided,

attach a document with said explanation here.

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

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

Services provided to encourage and enable households to reduce their home energy consumption include the following:

- Include information on payment plans during energy education, targeted to vulnerable populations and fixed income participants;
  - In-home energy education to support installation of utility-provided kit materials;
  - Purchase of low cost/no cost energy conservation items for non-regulated electric utility customers;
  - Leverage supplemental payments for participants who were unable to obtain their LIHEAP benefits;
  - Assessment of home energy use;
  - Referral to Weatherization program;
  - Provide centralized energy education classes to outreach sites, target households of a specific utility to increase impact;
  - Provide a supplemental payment to home energy vendor to incentivize participation in formal energy education; and
  - Advocacy on behalf of households with home energy vendor to prevent disconnection.
- In FY17, Idaho is exploring providing direct benefits to incentivize participation in formal energy education. We anticipate starting a pilot for this with one of the CAP agencies in FFY17.

We do not use Assurance 16 funds to provide incentives or direct benefits to households at this time.

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

Each budget component is assigned a Program Cost Accounting (PCA) code. Expenditures applicable to these activities are coded to a specific PCA. The fiscal accounting of the Direct Service Providers is monitored to ensure costs are coded to the appropriate PCA for the type of activity being billed.

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

Idaho did not track this metric for FY16. Idaho will be developing a new evaluation model to track impact of Assurance 16 activities beginning with the FY17 plan. Since FY17 will be the first year to formally track outcomes for education activities, the state will be developing strategies to establish a baseline and approaches for gathering data to measure changes in behavior once the intervention (education) has occurred. Data elements used to track outcomes may include pre- and post-test assessment tools, performance measurement data collected for the Performance Measurement Report or other identified information that will allow us to access behavior and energy consumption changes.

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

N/A

13.5 How many households applied for these services? N/A

13.6 How many households received these services? N/A

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

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

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

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

Yes  No

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

Direct Service Providers pursue enhanced heat and weatherization funding through leveraging activities according to the guidelines set in the LIHEAP regulations at 45 CFR 96.87, in DOE Grant Guidance and 10 CFR 440. Direct Service Providers will ensure all funds obtained from leveraging are used to increase LIHEAP impact on utility bill assistance and expand energy efficiency services and/or increase the number of dwelling units completed for weatherization eligible participants. Direct Service Providers are responsible for retaining this information. Direct Service Providers are required by contract to submit an Annual Leveraging Report yearly no later than October 14th.

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Cash Donations	Community Members	Cash donations are used to offset utility bill assistance to low income households.
2	Discount/Waiver	Local Businesses	Discount/Waivers provided to low income households to increase impact of utility bill assistance.
3	Volunteer Time	Community Members	Donation of time and talent to the Agency by community members to provide firewood to low-income households, referred by Agency to partner organization.
4	Utility Funding for Weatherization	Local Businesses	Funding allocated to Agencies by utilities to be used to provide weatherization services to low-income housing.
5	Donated Winter Clothing/Blankets	Community Members	Donations of warm clothing and blankets to Agency to be used to benefit low-income households and individuals.
6	Energy Education Funding	Regulated Electric Utilities	Avista, Idaho Power and Rocky Mountain Power provide funding to agencies who determine whether to provide individualized education, host energy education events, develop printed materials or provide energy conservation kits to distribute to utility customers to increase impact of utility bill assistance through energy conservation and education.
7	Donated Wood	Community Members	Contribution of cut firewood to supplement Agency efforts to provide LIHEAP services to eligible households and increase impact of utility bill assistance to these households.
8	Donated Services	Community Members	Handymen, community members, and chimney sweepers donated services to low-income households to increase impact of utility bill assistance to these households.
9	Paint Magic	Local Businesses	Painting services donated to local low-income community members to improve dwelling durability.
10	Housing Preservation Grant	Grant Funding	Allows weatherized homes to get non-energy improvements to improve dwelling durability.
11	Landlord Contribution to Weatherization	Community Members	Contribution of funds to Agency toward weatherization of rental units and/or provision of repair that resulted in weatherization services to low-income households.
12	Material Donations	Local Businesses	Contribution of materials to weatherization agencies to increase dwelling durability, comfort and provide measures which are not allowable with federal funds.

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

Section 15 - Training

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

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

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

Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other - Describe:

Funding permitting, biennial conference between vendors, Direct Service Providers and State Agency.

15.2 Does your training program address fraud reporting and prevention?

Yes

No

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
**MODEL PLAN**  
**SF - 424 - MANDATORY**

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

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

Idaho began collecting data on the four required LIHEAP performance measures in FFY 2015. The statewide data tracking system has new data fields to track all necessary information required for reporting.

Policy Manual Updates and Staff Training: Intake staff are trained on the new data elements and processes for collecting information, Idaho's LIHEAP Intake Manual includes the process changes necessary to collect and enter the new data elements appropriately into the LIHEAP intake database. Pre-season training sessions are held annually for LIHEAP workers.

Modified Vendor Agreements: Idaho's Vendor Agreements identify the new data elements and established data reporting requirements. All vendors with a signed agreement will be required to submit data to the Department on an annual basis. Idaho continues to work with vendors to address any challenges and/or concerns that arise regarding the new data elements and reporting requirements. Per the agreement, vendors are required to submit their data reports by October 31 annually. The data will be analyzed in preparation for reporting on the new LIHEAP performance measures.

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

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

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

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

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

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

17.1 Fraud Reporting Mechanisms

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

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

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

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

Idaho statewide 2-1-1 customer care-line.

17.2. Identification Documentation Requirements

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

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

All Adults in    All Adults in    All Household    All Household

	Other	Applicant Only Required	Applicant Only Requested	Household Required	Household Requested	Members Required	Members Requested
1	Documented Refugees and Lawful Permanent Resident (LPR) Visa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Applicants do not have to give a SSN if it is against their religious or political beliefs to provide one, or if an applicant is living temporarily in the United States for work or educational purposes. The reason that an applicant did not provide a SSN must be documented in the "Notes" section of the intake database.

**17.3 Identification Verification**

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

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff (for tribal grantees only)
- Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)
- Other - Describe:

In-person certification by staff.

**17.4. Citizenship/Legal Residency Verification**

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.

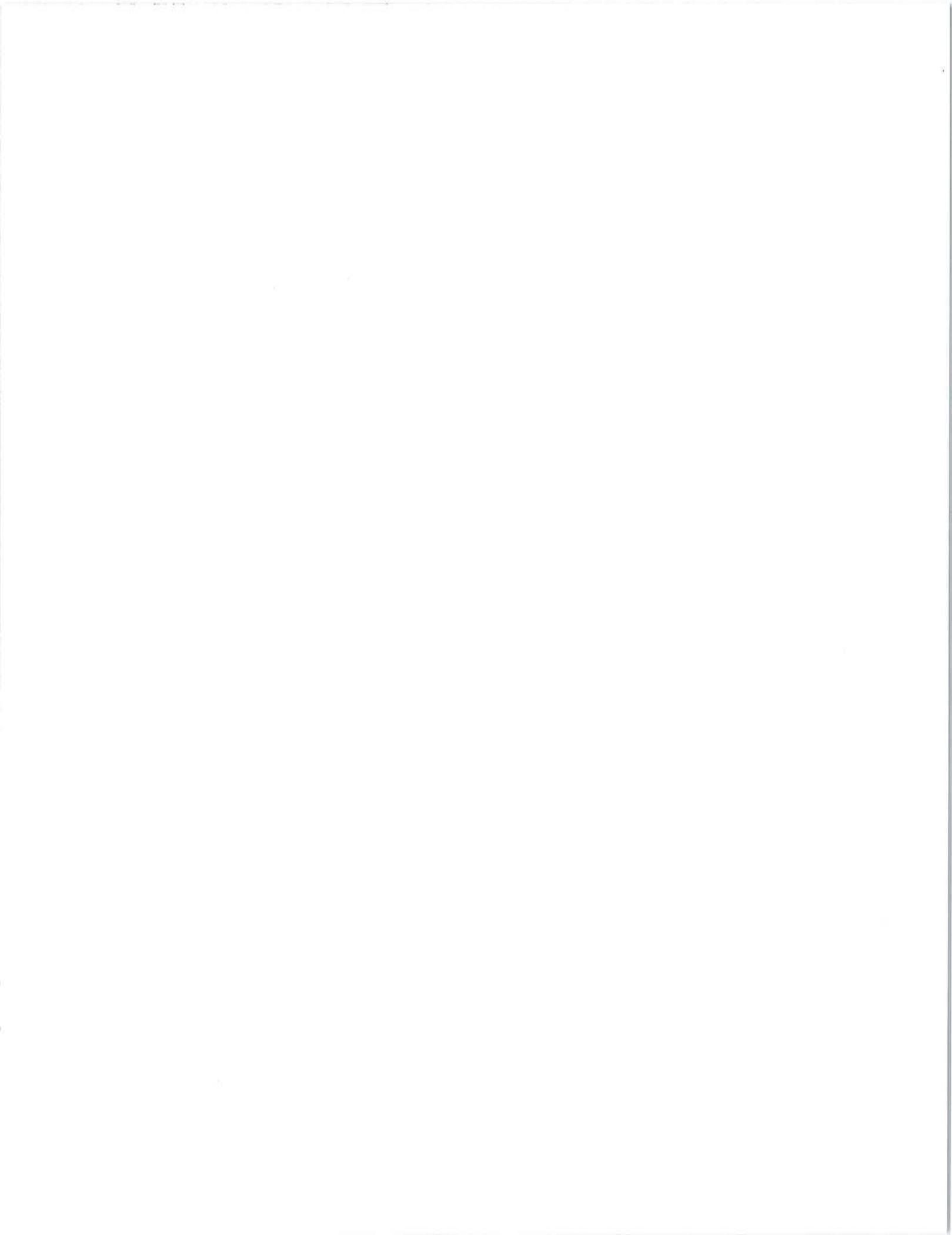
- Clients sign an attestation of citizenship or legal residency
- Client's submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card
- Other - Describe:

For categorically eligible households, state eligibility system provides verification through SSA and SAVE interfaces.

**17.5. Income Verification**

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

- Require documentation of income for all adult household members
  - Pay stubs
  - Social Security award letters
  - Bank statements
  - Tax statements
  - Zero-income statements
  - Unemployment Insurance letters
  - Other - Describe:
- Computer data matches:
  - Income information matched against state computer system (e.g., SNAP, TANF)
  - Proof of unemployment benefits verified with state Department of Labor



Social Security income verified with SSA

Utilize state directory of new hires

Other - Describe:

#### 17.6. Protection of Privacy and Confidentiality

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

Policy in place prohibiting release of information without written consent

Grantee LIHEAP database includes privacy/confidentiality safeguards

Employee training on confidentiality for:

Grantee employees

Local agencies/district offices

Employees must sign confidentiality agreement

Grantee employees

Local agencies/district offices

Physical files are stored in a secure location

Other - Describe:

Electronic files are stored within the LIHEAP database which includes privacy/confidentiality safeguards.

#### 17.7. Verifying the Authenticity

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

All vendors must register with the State/Tribe.

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

Vendors are verified through energy bills provided by the household

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

Other - Describe and note any exceptions to policies above:

Idaho verifies the authenticity of energy vendors being paid with LIHEAP funding using the Home Energy Vendor Agreement.

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

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

Applicants required to submit proof of physical residency

Applicants must submit current utility bill

Data exchange with utilities that verifies:

Account ownership

Consumption

Balances

Payment history

Account is properly credited with benefit

Other - Describe:

Centralized computer system/database tracks payments to all utilities

Centralized computer system automatically generates benefit level

Separation of duties between intake and payment approval

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

Payments to utilities and invoices from utilities are reviewed for accuracy

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

Direct payment to households are made in limited cases only

<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:

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

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

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

**17.10. Investigations and Prosecutions**

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

<input type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/>	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input type="checkbox"/>	Grantee attempts collection of improper payments. If so, describe the recoupment process
<input type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/>	Other - Describe:

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

**proposal.**

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

**Instructions for Certification**

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

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

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

#### Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

450 West State Street  
 \* Address Line 1

Address Line 2

Address Line 3

Boise  
 \* City

Idaho  
 \* State

83720  
 \* Zip Code

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

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

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

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

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

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

Section 20: Certification Regarding Lobbying

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

Assurances

Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

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

## Plan Attachments

### PLAN ATTACHMENTS

The following documents must be attached to this application

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



C. L. "BUTCH" OTTER  
GOVERNOR

August 22, 2007

Ms. Josephine Robinson, Director  
Federal Office of Community Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Ms. Robinson:

I hereby delegate authority to Idaho Department of Health and Welfare Director Richard M. Armstrong for submission and approval of state plans and to make application to the Federal Office of Community Services, Administration for Children and Families, Department of Health and Human Services, for the Community Service Programs. These programs include: the Low Income Energy Assistance Program, the Community Services Block Grant, the Residential Energy Assistance Challenge Program, and the Community Food & Nutrition Program.

This delegation of authority is effective immediately. It extends to any changes or additions to the state plans and grant applications, including assurances required by Congress or the Executive Branch.

As Always – Idaho, "Esto Perpetua"

A handwritten signature in black ink, appearing to read "C. L. Butch Otter".

C. L. "Butch" Otter  
Governor of Idaho

CLO/kh

**PY 17 BENEFIT DETERMINATION CHART**

Fuel Types	Oil or Propane		Natural Gas		Electric			Coal or Wood	N/A
	Any	Avista	Intermountain Gas	Idaho Power & Southern Utilities	AVISTA & Northern Utilities	Rocky Mountain Power	Any		

HEATING AREA I														
	\$	1,188	\$	339	\$	241	\$	616	\$	508	\$	576	\$	50
HIGH	\$	582	\$	166	\$	118	\$	302	\$	249	\$	282	\$	50
MEDIUM	\$	535	\$	152	\$	109	\$	277	\$	229	\$	259	\$	50
LOW	\$	475	\$	135	\$	97	\$	246	\$	203	\$	230	\$	50

Energy Burden Factors

HEATING AREA II														
	\$	1,485	\$	395	\$	282	\$	718	\$	593	\$	628	\$	672
HIGH	\$	728	\$	194	\$	138	\$	352	\$	291	\$	308	\$	329
MEDIUM	\$	668	\$	178	\$	127	\$	323	\$	267	\$	283	\$	302
LOW	\$	594	\$	158	\$	113	\$	287	\$	237	\$	251	\$	269

Energy Burden Factors

HEATING AREA III														
	\$	1,782	\$	322	\$	322	\$	821	\$	718	\$	768	\$	50
HIGH	\$	873	\$	-	\$	158	\$	402	\$	-	\$	352	\$	376
MEDIUM	\$	802	\$	-	\$	145	\$	369	\$	-	\$	323	\$	346
LOW	\$	713	\$	-	\$	129	\$	328	\$	-	\$	287	\$	307

Energy Burden Factors

Maximum and Minimum Benefits	
(for Benefits based on Average Heating Costs)	
without a \$25 Target Bonus	
with a \$25 Target Bonus	
Low	\$ 50 \$ 75
High	\$ 873 \$ 898

## LIHEAP Benefit Calculation Process

### Step 1: Determine the Household's Estimated [Annual] Heating Cost based on the benefit matrix.

To identify the household's estimated heating cost in the benefit matrix:

- Use the household's County to identify the household's Heating Area I/II/III [see County Table for the list of counties assigned to each Heating Area]
- Use the household's Primary Heating Fuel Type Code to identify which Fuel Type category to use [see FUEL TYPES field in LIHEAP],
- Use the household's Vendor Name [FUEL SUPPLIER in LIHEAP] to identify which vendor to use.

Use the Heating Area, Fuel Type, and Vendor to identify the Household's Estimated Heating Cost in the LIHEAP Matrix.

### Step 2: Determine the household's Energy Burden

The household's energy burden is the household's annual heat cost as a percent of the household's annual income.

To calculate the household's energy burden:

$$\frac{[\text{Household Estimated Heating Cost from Step 1}]}{([\text{Household's 3-month Gross Income}] * 4)} = \% \text{ Energy Burden}$$

Note: Round energy burden percentages to the nearest whole number (round down if equal to or less than .49, round up if .5 or greater)

### Step 3: Use the Energy Burden from Step 2 to determine the household's base benefit amount

If household Energy Burden is ___	Then the Household's Energy Burden is ___	And we multiply the Household's Estimated Heating Cost by the Energy Burden Factor of ___ to get the base benefit
0-5%	LOW	40%
6-10%	MEDIUM	45%
11% +	HIGH	49%

-For any household with Subsidized Housing, their energy burden is considered LOW and the LOW energy burden factor must be used to calculate the household's base benefit.

-For any household with Heat in Rent, the household's base benefit is always equal to the Minimum Payment (currently \$50).

### Step 4: Determine the household's total benefit amount

If the household includes a person who is over age 60, disabled, or under age 6, ("Target Group" 1/2/4), the household will receive an additional \$25 "Target" added to the base benefit amount from Step 3.

If the household does not include a person in one of those categories, the household's total benefit amount is the base benefit amount calculated in Step 3.

List of newspapers that ran the LIHEAP State Plan legal notice:

- Coeur D'Alene Press, 208- 664-8176 (Amber Tice) [legals@cdapress.com](mailto:legals@cdapress.com)
- Lewiston Tribune Publishing, 208- 743-9411 (Rachel Lambert) [legals@ltribune.com](mailto:legals@ltribune.com)
- Idaho Press Tribune, 208-467-9253 [legals@idahopress.com](mailto:legals@idahopress.com)
- Times News, 208-735-3324 [legals@magicvalley.com](mailto:legals@magicvalley.com)
- Idaho State Journal, 208-232-4161 (evening paper) [ldavie@journalnet.com](mailto:ldavie@journalnet.com)
- Idaho Statesman, 208-377-6306 Janis (no legal on Sun) [legals@idahostatesman.com](mailto:legals@idahostatesman.com)
- Post Register, 208-522-1800 (Stacy): [sdockery@postregister.com](mailto:sdockery@postregister.com)

Wed, Jul 13, 2016  
14:40:33

1 of 1

Coeur d'Alene Press  
P.O. Box 7000  
Coeur d'Alene, ID 83816  
Phone (208) 664-8176  
Fax (208) 664-0818

Ad Name: 5221211A  
Acct: CD8100698  
Caller:

Ad ID 5221211 Col:1  
Phone: (208)334-5784  
E-Mail:

Depth: 6.03 Colors:

Fax:  
Ad Name: 5221211A

Copyline: LEGAL 5926 LIHEAP 2017

ID DEPT OF HEALTH & W  
450 W. STATE ST  
2ND FLOOR

Ad Status: -  
Split Billed: N  
Reply Request:  
Category: -  
Date Entered: July 13, 2016  
Standby Type:

BOISE ID 83720

Rate: IDLEGL

Class: 3010  
Rep: CD HOUSE BLOC

Lines: 54  
Tear Sheets:

Paytype: BL  
Client:

Start: July 20, 2016

Stop: July 27, 2016

Issues: 2

Editions: CD01/

DATE	DAY	EDITION	NET PRICE
07/20/16	WED	COEUR D'ALENE PRESS	49.58
07/27/16	WED	COEUR D'ALENE PRESS	36.29

Vendor # Coeur d' Alene Press  
820288922 06

Contract # \_\_\_\_\_

NCA 31057 SubObj 5190

Amount \$85.87

Descrip 5221211A

LIHEAP

Price: 77.87  
Other Charges: 8.00  
Total: 85.87

Contact Name/# Pam 5284

Instructions:

Ad shown is not actual print size

This is proof of production. This is not a receipt

# AFFIDAVIT OF PUBLICATION

STATE OF IDAHO, }  
County of Kootenai, } ss.

Holly Fredericks being first duly sworn upon oath deposes and says:

1. I am now and at all times hereinafter mentioned was a citizen of the United States, resident of the State of Idaho, over the age of twenty-one years and not a party of the above entitled action.

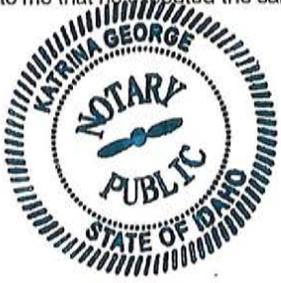
2. I am now and at all times hereinafter mentioned was the printer (principal clerk) of the "Coeur d'Alene Press," a newspaper printed and published daily except Sunday in Coeur d'Alene, Kootenai County, Idaho, and having a general circulation in said county.

3. The legal notice

of which the annexed is a printed copy, was published in the regular weds issue of said newspaper for 2 consecutive weeks commencing on the 20 day of July, 2016, and ending on the 27 day of July, 2016, and such publication was made as often during said period as said daily newspaper was regularly issued.

4. That said newspaper has been continuously and uninterruptedly published in said Kootenai County, during a period of more than seventy-eight consecutive weeks immediately prior to the first publication of said notice Holly Fredericks. On this 27 day of July in the year of 2016, before me, a Notary Public, personally appeared Holly Fredericks, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

Katrina George  
Notary Public for the State of Idaho,  
residing at Coeur d'Alene, Idaho.



MY COMMISSION EXPIRES 8/29/17

PURPOSE: This Public Hearing Notice solicits comment on the proposed use and distribution of LIHEAP funds during Federal Fiscal Year 2017, as detailed in Idaho's LIHEAP State Plan.

PUBLIC HEARING SCHEDULE: A public hearing on the LIHEAP State Plan will be held July 26, 2016 from 9:00 a.m. to 11:00 a.m. at The Division of Welfare, Pete Cenarussa Building, 2nd floor Conference Room A, 450 West State Street, Boise, ID 83720-0036.

The LIHEAP State Plan will be available for review from July 20 - July 29, 2016. The Plan will be available at the Idaho Department of Health and Welfare, Division of Welfare, 450 West State Street, 2nd floor, Boise, ID. You may also review the Plan on our website: <http://www.healthandwelfare.idaho.gov> using the links in the following order: Food/Cash/Assistance, Home Heating, and LIHEAP State Plan - FFY2017.

PUBLIC COMMENT: Anyone may submit written comments regarding Idaho's LIHEAP State Plan. The public comment period will begin on Wednesday, July 20, 2016. Written comments must be postmarked no later than July 29, 2016. Comments may be mailed or delivered to:

Idaho Department of Health & Welfare  
LIHEAP Program  
450 West State Street, 2nd floor  
Boise, ID 83720-0036

OR  
Comments may be emailed to [MattheKI@dhw.idaho.gov](mailto:MattheKI@dhw.idaho.gov)

LEGAL 5926  
JULY 20, 27, 2016

SIGN - IN ROSTER

PUBLIC HEARING GOVERNING:

ISSUE: Idaho LIHEAP Model State Plan for FFY 2017

DATE: July 26, 2016

DOCKET NO: N/A

TIME: 9:00 am - 11:00 am

LOCATION: The Pete Cenarussa Building

450 W State, 2<sup>nd</sup> floor

Conference room 2A

Boise, ID 83720

NAME (Please Print)	ADDRESS	ORGANIZATION REPRESENTED	DO YOU WISH TO TESTIFY?
Cherie Smith	Facilitator	H+W	
Kristi Matthews	450 W. State Street	H+W	
Dawn Boyce	450 W. State Street	DHS	
Christine Lamora	3350 W. Americana Ter.	CAPA1	

## PUBLIC HEARING TRANSCRIPT

Let the record show that I am Cherie' Smith, designated as the Facilitator by the Administrator for the Division of Welfare in the Department of Health and Welfare. It is 9:00 a.m. on *July 26, 2016*. We are in the *Pete Cenarussa Building located at 450 W State Street*, in Boise, Idaho, and this is the time and place set to receive oral comments, on the *Idaho Low Income Home Energy Assistance Program (LIHEAP) Model State Plan for Federal Fiscal Year 2017*.

The purpose of this proceeding is to gather the facts, views, or arguments from all interested persons relative to the proposed plan so that they may receive consideration by the Department of Health and Welfare. I will accept written statements or documents at the hearing today if relevant and signed by the persons presenting them. The materials will be included as exhibits in the hearing record.

As this hearing is an informal proceeding, there is no right to cross-examine a person offering a comment, nor is there a right to counsel or subpoena. No objections or procedures of a technically legal nature will be received. As the Facilitator, I am the sole regulator of the course of the presentations, including, but not limited to, a determination that the comments are outside the scope of the hearing, or that comments are unduly repetitious. I would like to emphasize that this hearing is being held to gather public comments on the proposed plan. This hearing time is reserved for you, the public, to provide oral comment on the plan.

All those interested persons attending this proceeding are asked to sign in on the roster by the entrance, indicating a desire, if any, to make an oral presentation. After a brief statement made by the Department of Health and Welfare summarizing the information upon which the proposed action is based, each person will be given an opportunity to speak at least once prior to any person being heard a second time.

At this time, the Department of Health and Welfare's statement will be read into the record, followed by the oral presentations.

The Department's statement is as follows:

*The State of Idaho Department of Health and Welfare (IDHW) is presenting the Idaho LIHEAP Model State Plan for Federal Fiscal Year 2017 to the public for consideration. This Plan includes updated benefit amounts for the regular heating season. The Department will submit this plan to HHS for their review by September 1, 2016, to ensure Idaho continues to receive federal LIHEAP dollars to provide energy assistance to low-income households in Federal Fiscal Year 2017.*

To begin, I will call upon persons, in order, who indicated on the roster a wish to be heard. Since these proceedings will be recorded, I ask that those who wish to make oral presentations come forward, preceding their comments with their name, spelling the surname.

At this time there is no one else present. I will pause the recording and stay present in the room, either until we have other attendees present in the room who do wish to testify, or until we reach the end of the hearing.

## **CLOSING STATEMENT**

This hearing, having been called, commenced at *9:00 a.m.*, and it is now *11:00 a.m.*, and is now closed. There was one additional attendee present for the hearing but no comments were made. The record, together with the exhibits, will be maintained on file at the Department.