

# Low Income Home Energy Assistance Program (LIHEAP)

## LIHEAP Model Plan Template

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



# Mandatory Grant Application SF-424

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

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

### 7. APPLICANT INFORMATION

**\*a. Legal Name:** Jesse Parr

**\*b. Address:**

*Street 1:	350 Main St, Suite 306	Street 2:	PO Box 110640
*City:	Juneau	County:	
*State:	Alaska	Province:	
*County:		*Zip/Postal Code:	99801

**c. Organizational Unit:**

Department Name:	Department of Health	Division Name:	Division of Public Assistance
------------------	----------------------	----------------	-------------------------------

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

*First Name:	Jesse	*Last Name:	Parr
Title:	Public Assistance Programs Officer	Organizational Affiliation:	Heating Assistance
*Telephone Number:	907-419-4290	Fax Number:	907-465-5254
*Email: <a href="mailto:jesse.parr@alaska.gov">jesse.parr@alaska.gov</a>			

### \*8. TYPE OF APPLICANT:

State Government

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

No

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

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

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

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

Low-Income Home Energy Assistance Program

### 11. AREAS AFFECTED BY FUNDING:

Statewide	
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>	
1	
<b>13. FUNDING PERIOD:</b>	
a. Start Date: 10/01/2024	b. End Date: 09/30/2024
<b>*14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>	
a. This submission was made available to the State under 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.	
<b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain:	
<b>16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>	
<input checked="" type="checkbox"/> I AGREE	
<b>**The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</b>	
17a. Typed or Printed Name and Title of Authorized Certifying Official	17c. Telephone (area code, number, and extension)
Jesse, C. Parr, Public Assistance Programs Officer	907-419-4290
17b. Signature of Authorized Certifying Official (on)	17d. Email Address:
	Jesse.parr@alaska.gov
17e. Date Report Submitted (Month, Day, Year)	
Attach supporting documents as specified in agency instructions	

## Section 1 - Program Components

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

#### Section 1 – Program Components

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

#### Section 1 Program Components

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

###### **1.1 Check which components you will operate under the LIHEAP program.**

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

###### **Dates of Operation**

		<b>Start Date:</b>	<b>End Date:</b>
<input checked="" type="checkbox"/>	Heating assistance	10/01/2024	04/30/2024
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2024	09/30/2024
<input type="checkbox"/>	Summer Crisis assistance		
<input type="checkbox"/>	Winter Crisis assistance		
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/01/2024	09/30/2024

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

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

###### **1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%**

###### **Percentage (%):**

###### **Prior year totals (auto-populate)**

Heating assistance	63%	63%
Cooling assistance	0%	0%
Summer crisis assistance	0%	0%
Winter crisis assistance	0%	0%
Year-round crisis assistance	7%	7%
Weatherization assistance	15%	15%
Carryover to the following federal fiscal year	5%	5%
Administrative and planning costs	10%	10%
Services to reduce home energy needs including needs assessment (Assurance 16)	0%	0%
Used to develop and implement leverages activities	0%	0%
<b>TOTAL:</b>	<b>100%</b>	<b>100%</b>

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

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

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

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

			Crisis applications after April 30 and before the start of the next season
--	--	--	--

#### **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 at least one household member receives at least 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="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
SSI	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
SNAP	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Means-tested Veterans programs	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**1.4 a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e., do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.**

When all household members are receiving federally funded assistance, such as TANF, SNAP, APA, or SSI the caseworker will use the income from the household's open public assistance case in the state's Eligibility Information System (EIS) as their gross monthly income for the income portion of the heating assistance benefit calculation.

Household members are considered categorically eligible if they have received federally funded assistance from the month prior to the submission of the heating assistance application (HAP1) through the month in which LIHEAP eligibility is determined.

If only a portion of the household members are receiving federally funded assistance the caseworker may use the income in EIS to verify said member's income but will still need to obtain proof of income for all other household members not on the public assistance case.

Categorical eligibility streamlines the LIHEAP application process by removing the requirement to verify current income. It does not guarantee the household will be eligible to receive a benefit.

#### **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?**

Categorical eligibility is only used for the income verification portion of our benefit calculation. All households must complete an application, provide copies of their heating and electric bills, and meet the other eligibility criteria. We use the same benefit determination calculation for all households.

#### **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:**     

##### **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?**

<b>Determination of Eligibility - Countable Income</b>	
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?</b>	
<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income
<input type="checkbox"/>	Other – Describe:
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>	
<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits
<input checked="" type="checkbox"/> Including Medicare deduction <input type="checkbox"/> Excluding Medicare deduction	
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)
<input checked="" type="checkbox"/>	Retirement/pension benefits
<input type="checkbox"/>	<b>General Assistance benefits</b>
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input checked="" type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input checked="" type="checkbox"/>	One-time lump sum payments, such as rebates or credits, winnings from lotteries, refund deposits, etc.
<input 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 checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

In the case of foster children; if the household includes the foster child on the application, the funds received for the care of that child are countable. If a household does not want to include the income, they must not include the child on their application.

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

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

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

<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person or at our drop box location, or faxed in for processing.
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing
<input type="checkbox"/>	One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing
<input type="checkbox"/>	Online application that is also mobile friendly
<input checked="" type="checkbox"/>	Other, please describe: DPA is developing an online application that can be completed and submitted electronically via <a href="https://my.alaska.gov/">https://my.alaska.gov/</a> . The go-live date is anticipated to be October 1, 2024.
<input type="checkbox"/>	Please include a link(s) to a statewide application, if available:

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

If no, explain which components can and cannot be applied for online:

The online LIHEAP application is in development as described above. Weatherization services are administered through the Alaska Housing Finance Corporation's grantees. Application processes vary.

**1.11 Do you have a process for conducting and completing applications by phone?**

Yes, clients may complete an application by phone by contacting our virtual contact center (VCC) at 1-800-478-7778. The VCC contact information is listed on our Division of Public Assistance website and on our LIHEAP application.

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

No.

If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.

**1.13 How can applicants submit documentation for verification? Select all that apply:**

<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, describe: Fax and drop-box

## Section 2 - HEATING ASSISTANCE

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

#### MODEL PLAN

#### Section 2 – Heating Assistance

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150%

##### **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

If yes, describe:

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

**Renters?**  Yes  No

If yes, describe:

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

If yes, describe:

- A renter who has their primary heating fuel expense included in their subsidized rental payment is not eligible to receive assistance through LIHEAP.
- A renter who pays for their primary heating fuel expense in addition to their subsidized rental payment is eligible to receive assistance through LIHEAP, if they meet all other eligibility criteria.
  - If a renter's subsidized rental payment includes a utility allowance their benefit is reduced by 50%.
- A renter participating in a subsidized housing program must provide a copy of their current subsidized housing rental calculation worksheet. This document is used to determine if the client's primary heating fuel is included in the rental payment and if the renter receives a utility allowance.

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

If yes, describe:

A renter must provide their rent receipt and rental/lease agreement as an indication they incur a heating expense via their rental payment. The rental agreement is also used to help the caseworker determine if the applicant is participating in a subsidized rental housing program, and to determine the rental's primary heating fuel. This information can also be provided verbally by the landlord.

Clients who incur a heating expense via their rental payment may elect for a portion of their benefit to be paid to their home electricity vendor and the remainder of the benefit will be issued as a direct payment to the client.

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

**Older adults?**  Yes  No

If yes, describe:

Applicants who are considered part of Alaska's vulnerable population (age 60 and older, legally disabled, or under age 6) receive an additional point (\$175) added to their household's benefit calculation.\*

Households with at least one older adult are flagged for priority processing.\*\*

\*The vulnerable population point is limited to one per household.

\*\*Applications are moved to the front of the processing queue.

<b>Individuals with a disability?</b>		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe: Applicants who are considered part of Alaska's vulnerable population (age 60 and older, legally disabled, or under age 6) receive an additional point (\$175) added to their household's benefit calculation.* Households with at least one legally disabled person are flagged for priority processing.**					
*The vulnerable population point is limited to one per household. **Applications are moved to the front of the processing queue.					
<b>Young children?</b>		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, describe: Applicants who are considered part of Alaska's vulnerable population (age 60 and older, legally disabled, or under age 6) receive an additional point (\$175) added to their household's benefit calculation.*					
*The vulnerable population point is limited to one per household.					
<b>Households with high energy burdens?</b>		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, describe:					
<b>Other?</b>		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, describe:					
<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>					
<b>2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b>					
Applicants who are considered part of Alaska's vulnerable population (age 60 and older, legally disabled, or under age 6) receive an additional point (\$175) added to their household's benefit calculation.* Households with at least one older adult or legally disabled person are flagged for priority processing.**					
*The vulnerable population point is limited to one per household. **Applications are moved to the front of the processing queue.					
<b>2.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>					
<input checked="" type="checkbox"/>	Income				
<input checked="" type="checkbox"/>	Family (household) size				
<input checked="" type="checkbox"/>	Home energy cost or need:				
<input checked="" type="checkbox"/>	Fuel type				
<input checked="" type="checkbox"/>	Climate/region				
<input type="checkbox"/>	Individual bill				
<input checked="" type="checkbox"/>	Dwelling type				
<input type="checkbox"/>	Energy burden (% of income spent on home energy)				
<input type="checkbox"/>	Energy need				
<input type="checkbox"/>	Other - Describe:				
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>					
<b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.</b>					
Minimum Benefit	\$350*	Maximum Benefit	\$6125*		
<b>2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?</b>					
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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.**

**2.6 - \*The minimum benefit calculation is 2 points x \$175 per point. The maximum benefit calculation is 35 points x \$175 per point.**

**The minimum and maximum benefit amounts do not include the following household types: renters who receive a utility allowance as part of their subsidized housing agreement and household sharers.**

**The minimum benefit for an applicant who receives a utility allowance as part of their subsidized housing agreement is \$175. This is because a 50% reduction is applied to the applicant's total benefit calculation.**

**The minimum benefit for an applicant in a household sharer situation is dependent on how many households share a dwelling. The total grant is reduced to the household's proportion of the total number of households in the dwelling. If the applicant household shares the dwelling with one other household their total benefit would be reduced to 50%. If the applicant household shares the dwelling with two other households their total benefit would be reduced to 33.33%.**

### Section 3 - COOLING ASSISTANCE

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

##### MODEL PLAN

##### Section 3 – Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

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

Do you require an Assets test?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------------	--------------------------	-----	--------------------------	----

If yes, describe:

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

Renters?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
----------	--------------------------	-----	--------------------------	----

If yes, describe:

Renters living in subsidized housing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---------------------------------------	--------------------------	-----	--------------------------	----

If yes, describe:

Renters with utilities included in the rent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

If yes, describe:

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

Older adults?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---------------	--------------------------	-----	--------------------------	----

If yes, describe:

Individuals with a disability?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------------	--------------------------	-----	--------------------------	----

If yes, describe:

Young children?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
-----------------	--------------------------	-----	--------------------------	----

If yes, describe:

Households with high energy burdens?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------------------	--------------------------	-----	--------------------------	----

If yes, describe:

Other?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------	--------------------------	-----	--------------------------	----

If yes, describe:

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

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

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

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

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

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

**3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.**

Minimum Benefit		Maximum Benefit	
-----------------	--	-----------------	--

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	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.

Alaska does not participate in the cooling assistance component of LIHEAP.

## Section 4 - CRISIS ASSISTANCE

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

#### MODEL PLAN

#### Section 4 – Crisis Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150%

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

The household must have received a final notice for fuel or electric service disconnection and be within 48 hours of service disconnection. Deliverable/pick-up fuel clients must be out of fuel or within 48 hours of running out of fuel.

Households with an electric service disconnection notice within 48 hours of service disconnection are considered to be in crisis regardless of their primary home heating fuel type, since electricity is required to operate home heating systems, water heating systems, well pumps, water filtrations systems, and food preparation and preservation systems (stove, oven, refrigerator, freezer, etc.).

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

A life-threatening crisis exists when any household is without electric or natural gas service, or out of a deliverable fuel, has no alternate heat source available to them, and the outside temperature is below 32 degrees Fahrenheit.

A life-threatening crisis also exists when a household member's health would likely be endangered if assistance is not provided to continue heating or energy services. This includes households containing a member using medical support equipment (e.g. kidney dialysis machines, oxygen concentrators, intermittent positive pressure breathing machines, infant respiratory failure alarm, cardiac monitors.)

**Client statement is considered to be acceptable verification of use of medical support equipment.**

##### **Crisis Requirement, 2604(c)**

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
<b>4.6 Do you have additional eligibility requirements for crisis assistance?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4.7 Check the appropriate boxes below to indicate type(s) of assistance provided</b>			
Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
Older adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In Order to receive crisis assistance:</b>			
Must the household have received a shut-off notice or have a	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

near empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must heating or cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have additional or differing eligibility policies for:</b>			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explanations of policies for each "yes" checked above:			

Households with at least one older adult or legally disabled person are flagged for priority processing.\*

In order to receive priority processing\*\* due to crisis, the household must verify they meet the crisis criteria by providing a final fuel or electric service disconnection notice (within 48 hours of shutoff), claim to have 48 hours worth of fuel or an empty fuel tank, or provide an eviction notice for non-payment of rent, if the household's primary heating fuel expense is included in their rental payment.

Renters who have their primary heating fuel expense included in their subsidized rental payment are not eligible to receive assistance through LIHEAP.

Renters who pay for their primary heating fuel expense in addition to their subsidized rental payment are eligible to receive assistance through LIHEAP, if they meet all other eligibility criteria.

- If a renter's subsidized rental payment includes a utility allowance their benefit is reduced by 50%.

\*\*Applications are moved to the front of the processing queue.

#### Determination of Benefits

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

<input type="checkbox"/>	Separate component.
<input checked="" type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather, benefits are issued to crisis customers within crisis response time frames.
<input type="checkbox"/>	Other - Describe:

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

<input type="checkbox"/>	Amount to resolve the crisis.	\$
<input checked="" type="checkbox"/>	Other - Describe: The dollar amount required by the vendor to prevent fuel or electric service disconnection or to reinstate fuel or electric service, up to the total grant amount the household is determined eligible to receive.  In the event of a major disaster, the amount of the benefit is dependent on the applicant's needs vs. available funds and will be addressed on a case-by-case basis.	

#### 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="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

Explain.

Completed applications are accepted via email, virtual contact center, fax, mail, and in-person or drop-box at any of our public assistance offices throughout the state.

DPA is developing an online application that can be completed and submitted electronically via <https://my.alaska.gov/>. The go-live date is anticipated to be October 1, 2024.

**4.11 Do you provide individuals with a disability the means to:**

**Submit applications for crisis benefits without leaving their homes?**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

If no, explain.

**Travel to the sites at which applications for crisis assistance are accepted?**

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

If no, explain.

Completed applications are accepted via email, virtual contact center, fax, mail, and in-person or drop-box at any of our public assistance offices throughout the state.

**If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?**

**Benefit Levels, 2605(c)(1)(B)**

**4.12 Indicate the maximum benefit for each type of crisis assistance offered.**

Winter Crisis	Maximum Benefit	\$
Summer Crisis	Maximum Benefit	\$
Year-Round Crisis	Maximum Benefit	\$6,125.00

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

If yes, describe.

**4.14 Do you provide for equipment repair or replacement using crisis funds?**

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

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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.**

**4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

If yes, describe:

During a governor-declared disaster or state of emergency, a portion of the LIHEAP grant funds may be used for home heating equipment repairs and replacements; and to replace energy supply shortages experienced by affected households. Per LIHEAP regulations at 45 C.F.R. 96.50(e). Allowable uses of

LIHEAP funds to deal with crisis situations, particularly with respect to assistance for home energy related needs resulting from a hurricane or other natural disaster, include: Costs to temporarily shelter or house individuals in hotels, apartments, or other living situations in which homes have been destroyed or damaged, i.e., placing people in settings to preserve health and safety and to move them away from the crisis situation. Costs for transportation (such as cars, shuttles, buses) to move individuals away from the crisis area to shelters when health and safety is endangered by loss of access to heating. Utility reconnection costs, if needed, may also be covered. All related activities must be pre-approved and will be targeted to areas covered by a disaster declaration.

A “disaster” may include natural disaster events, public health emergencies, and supply shortage emergencies declared by state or federal government.

Expenses, up to a total of \$1,500 per household, will be covered to resolve the crisis.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

#### Section 5 – Weatherization Assistance

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HSS Poverty Guidelines	200%

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

Yes  No

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

Alaska Housing Finance Corporation (AHFC)

##### 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.)

<input type="checkbox"/>	Entirely under LIHEAP (not DOE) rules
<input type="checkbox"/>	Entirely under DOE WAP (not LIHEAP) rules
<input type="checkbox"/>	Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
<input type="checkbox"/>	Income Threshold
<input type="checkbox"/>	Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- and 4-unit buildings) are eligible units or will become eligible within 180 days.
<input type="checkbox"/>	Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities)
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)
<input type="checkbox"/>	Income threshold
<input checked="" type="checkbox"/>	Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit
<input checked="" type="checkbox"/>	Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards.
<input checked="" type="checkbox"/>	Other - Describe:  LIHEAP funds can be used to re-weatherize a home or replace a heating system even if the home was already addressed with weatherization funds from any source at an earlier date.  Exceptions to the Weatherization Operations Manual must be approved in writing by the AHFC Program Manager.

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

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

Yes  No

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

Do you require an assets test?  Yes  No

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

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

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

Older adults?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Individuals with a disability?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Young children?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Households with high energy burdens?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Other?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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

The first week of each month, the LIHEAP coordinator generates and distributes a list of all applicants who received LIHEAP to the weatherization contractors. This helps the weatherization contractors identify which households contain a vulnerable resident. If a household contains an older adult, disabled individual, or a child under the age of 6, their weatherization application is given priority over other households.

At the end of each quarter, weatherization contractors submit a report to the program coordinator. These reports are used to complete the weatherization sections of the Household Report. It also allows the State to monitor which types of households are being assisted with LIHEAP funds.

If the applicant lives in subsidized housing, weatherization is usually addressed by their housing authority who is also acting as their landlord. All rental recipients of weatherization must have their landlord's permission; the landlord's permission is received and verified by our subrecipient the Alaska Housing Finance Corporation (AHFC). AHFC is the largest subsidized housing provider within Alaska.

#### Benefit Levels

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

If yes, what is the maximum: \$

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

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

<input checked="" type="checkbox"/>	Weatherization needs assessments/audits	<input checked="" type="checkbox"/>	Energy-related roof repair
<input checked="" type="checkbox"/>	Caulking and insulation	<input type="checkbox"/>	Major appliance Repairs
<input checked="" type="checkbox"/>	Storm windows	<input type="checkbox"/>	Major appliance replacement
<input checked="" type="checkbox"/>	Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/>	Windows/sliding glass doors
<input checked="" type="checkbox"/>	Furnace replacement	<input checked="" type="checkbox"/>	Doors
<input type="checkbox"/>	Cooling system modifications/repairs	<input checked="" type="checkbox"/>	Water Heater
<input checked="" type="checkbox"/>	Water conservation measures	<input type="checkbox"/>	Cooling system replacement
<input checked="" type="checkbox"/>	Compact fluorescent light bulbs	<input type="checkbox"/>	Community Solar projects
<input type="checkbox"/>	Rooftop solar	<input checked="" type="checkbox"/>	Other - Describe: Health and safety items included in the AHFC Weatherization Operations Manual (WOM); minor roof repair \$3,000 limit.

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

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

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

#### MODEL PLAN

#### Section 6 – Outreach

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

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

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

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

- Information is put on the Heating Assistance website.
- We take advantage of other opportunities to make presentations as they arise.
- For FY 2024 we are looking into radio advertising to increase our reach and application numbers.
- We are looking into placing ads with some social media platforms such as Facebook, Linked In, etc.
- We plan to work with the Food Bank of Alaska to create awareness of the program with their staff and clients. This effort will include providing applications for them and other food banks to include in their Thanksgiving food boxes.
- Investigating placing ads with smaller, rural publications.
- Identify Tribal newsletters that would be willing to put an article in their publications about the program and then send them an article. Work with Tribal organizations to co-sponsor outreach to their members.

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

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

#### MODEL PLAN

#### Section 7 – Coordination

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

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

Joint application for multiple programs

**Indicate programs included:**

Intake referrals to or from other programs

**Indicate programs included:**

One-stop intake centers

Other - Describe:

**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.**

When a client submits an application or participates in an interview for Public Assistance programs administered by the division the client is made aware of other programs including LIHEAP and Weatherization, that they appear eligible to participate in.

The first week of each month, the LIHEAP coordinator generates and distributes a list of all applicants who received LIHEAP to the weatherization contractors. This helps the weatherization contractors identify which households contain a vulnerable resident. If a household contains an older adult, disabled individual, or a child under the age of 6, their weatherization application is given priority over other households.

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

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

#### Section 8 – Agency Designation

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

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

- Administration Agency
- Commerce Agency
- Community Services Agency
- Energy/Environment Agency
- Housing Agency
- State Department of Welfare Agency (administers TANF, SNAP, and/or Medicaid)
- Economic Development Agency
- 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?

- Fee agents are used in outlying, rural communities throughout Alaska.
- Tribal administrators in rural communities receive LIHEAP awareness training.
- LIHEAP posters are distributed annually.
- The Program has its own website [www.heatinghelp.alaska.gov](http://www.heatinghelp.alaska.gov) which is updated at the start of each LIHEAP year.

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

Not applicable

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

- Fee agents are used in outlying, rural communities throughout Alaska where there is no DPA office.
- Vendors receive training/refresher training. Crisis intervention referrals from vendors are expedited.

8.5 LIHEAP Component Administration	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	State Welfare Agency		State Welfare Agency	Weatherization Contractor
8.5b Who processes benefit payments to gas and electric vendors?	State Welfare Agency		State Welfare Agency	
8.5c Who processes benefit payments to bulk fuel vendors?	State Welfare Agency		State Welfare Agency	
8.5d Who performs installation of weatherization measures?				Weatherization Contractor

Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.

Alaska Housing Finance Corporation (AHFC)

4300 Boniface Parkway  
Anchorage, AK 99504  
907-330-8192

**Counties:** Anchorage, Aleutians East, Aleutians West, Bethel, Bristol Bay, Chugach, Copper River, Denali, Dillingham, Fairbanks North Star, Haines, Hoonah-Angoon, Juneau, Kenai, Ketchikan, Kodiak, Kusilvak, Lake and Peninsula, Matanuska-Susitna, Nome, North, North Slope, Northwest Arctic, Petersburg, Prince of Wales-Hyder, Sitka, Skagway, Southeast Fairbanks, Wrangell, Yakutat, Yukon-Koyukuk

**Congressional District:** Alaska at-large

**UEI Number:** YWNTS9U5XTF6

Alaska Community Development Corporation (ACDC)  
1517 Industrial Way #8  
Palmer, AK 99645  
907-746-5680

**Counties:** Southcentral, Southeast, Bristol Bay

**Congressional District:** Alaska at-large

**UEI Number:** LFJSAUAAWJM3

Rural Alaska Community Action Program (RurAL Cap)  
731 E 8<sup>th</sup> Ave  
Anchorage, AK 99520  
907-903-2085

**Counties:** Anchorage, Juneau, Northwest, Western

**Congressional District:** Alaska at-large

**UEI Number:** QLQHJR72258

Interior Weatherization Inc.  
413 15<sup>th</sup> Ave  
Fairbanks, AK 99701  
907-452-5323

**Counties:** Fairbanks North Star Borough

**Congressional District:** Alaska at-large

**UEI Number:** EIRJEWAJXWT5

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?

- All heating and crisis applications are processed by State of Alaska Department of Public Assistance staff.
- Weatherization - Alaska Housing Finance Corporation (AHFC) uses three subcontractors to provide services. Each has a contract with AHFC and is monitored by AHFC. All agencies follow the same Weatherization Operations Manual. AHFC is a semi-quasi state agency. AHFC is monitored by the LIHEAP coordinator and a state auditor.

#### 8.7 How many local administering agencies do you use?

One

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

#### 8.9 If so, why?

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

<input type="checkbox"/>	Added agency		
<input type="checkbox"/>	Agency closed		
<input type="checkbox"/>	Other – describe		
<b>8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>8.10a If yes, please explain:</b>			
<b>8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc.</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>8.10c if yes, please explain:</b>			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

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

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

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

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

#### MODEL PLAN

#### Section 9 – Energy Suppliers

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

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

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

If yes, Describe.

Direct payments are made to the following applicants: renters whose heating expense is included in their rental payment, applicants who primarily heat with self-harvested or purchased wood/pellets, applicants whose vendors will not accept payment because the vendor account is not listed under the primary LIHEAP applicant or their spouse, and applicants whose LIHEAP benefit is insufficient to prevent or reinstate heating fuel or electric service.

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

A Notice of Award letter is mailed to the client. The letter outlines how benefits were calculated, the amount of the total award, and how the award was distributed between the client's heating fuel and electric vendors.

###### 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?

The vendor agrees to this assurance when they sign 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?

The vendor agrees to this assurance when they sign the vendor agreement. Reports received from clients of unfair treatment are investigated.

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

If so, describe the measures unregulated vendors may take.

Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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

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

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

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

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

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

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

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

- Case workers do not process payments; they work the case and an employee in the finance department processes the actual payments.
- The Program Coordinator works with the chief admin office and Revenue to monitor spending and to ensure we are on track and in compliance.
- Legislative Audit audits the program to ensure we are doing things accurately and correctly.
- We work with our chief administrative officer who also reviews spending to be sure we are on track and in compliance.
- Expenses are submitted on a regular basis and invoiced with detailed expense reports prepared by accounting staff within the Alaska Housing Finance Corporation (who are with Alaska's Dept. of Revenue) in alignment with State of Alaska's Procurement statute at AS 36.30 and the Dept. of Administration's Division on Finance policy at AAM (Alaska Administrative Manual) sections 81 and 82. <https://doa.alaska.gov/dof/manuals/aam/> Alaska's AAM is in alignment with 45 CFR 75 and 2 CFR 200 and is designed to comply with a Single State Audit under our Legislature's Division of Leg Audit.

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

Obligation:	The promise to pay for goods or services, usually supported by a Field Purchase Order, contract, encumbrance, approved application, or Notice of Action.
Expenditures:	The actual payment made for goods and services.
Expenditure timeframe:	State Fiscal Year – July 1 through June 30th
Administrative costs:	Administrative employee salary and benefits, procurement, travel to national conferences & trainings, computer maintenance & IT support, leases & storage for archives, dues, public relations, and office supplies.

##### Audit Process

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

Yes  No

##### 10.2a If yes, describe your auditor selection process.

Alaska's AAM is in alignment with 45 CFR 75 and 2 CFR 200 and is designed to comply with a Single State Audit under the State Legislature's Alaska Division of Legislative Audit.

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

<input type="checkbox"/>	No Findings			
Finding	Type	Brief Summary	Resolved?	Action Taken
2023-044	Eligibility	<p>Internal control weaknesses were identified over logical access to the system used to process energy assistance applications.</p> <p>Deficiencies in internal controls increase the risk of unauthorized system use which may lead to inaccurate eligibility determinations or unallowable costs</p>	In Progress – resolution anticipated by FFY25	<p>The Division of Public Assistance (DPA) will incorporate LIHEAP cases to be reviewed into the monthly sampling plan. DPA continues to address systems</p>

				related internal control deficiencies. The division will work with the vendor to develop a reconciliation while state staff training will be strengthened.
2023-045	Eligibility	<p>Twenty-two of 60 LIHEAP applicant case files tested (37 percent) had eligibility errors. Some of the cases had more than one of the following errors:</p> <ul style="list-style-type: none"> <li>Eight cases (13 percent) had the benefit amount incorrectly calculated based on incorrect data input by an eligibility technician (ET) in the Energy Community Online System (ECOS.)</li> <li>Five cases (eight percent) lacked documentation supporting the income used by an ET to determine eligibility.</li> <li>Six cases (10 percent) lacked documentation showing the applicant's income was verified by an ET.</li> <li>Four cases (seven percent) lacked proof of the applicant's heating costs.</li> <li>Five applications (eight percent) could not be located by DPA staff.</li> <li>Four cases (seven percent) had incorrect income used by an ET when determining eligibility. The four errors did not impact the eligibility determination.</li> </ul> <p>Inadequate internal controls increase the risk that ineligible recipients received heating assistance payments and that eligible recipients received incorrect payments. Auditors found eight recipients had benefits incorrectly calculated, resulting in overpayments and underpayments. The errors resulted in questioned costs totaling \$8,685. Questioned costs for the population are projected to be \$1,324,997 based on the dollar of noncompliance observed in the sample projected over the tested population.</p>	In Progress – resolution anticipated by FFY25	<p>The Division of Public Assistance (DPA) will incorporate LIHEAP cases to be reviewed into the monthly sampling plan scheduled for implementation in FY2025. LIHEAP employee training is a standalone, online course. DPA's training program is currently under review and upon completion of the review LIHEAP training will be strengthened to ensure statewide staff have adequate training in the program. DPA's Project Management Office is implementing the Jira's ticketing system to allow the Division to track, identify and correct system defects within the LIHEAP program.</p>
2023-046	Matching, Level of Effort, Earmarking	<p>DPA did not maintain adequate controls to monitor and ensure compliance with the following earmarking requirements: no more than 10 percent of a state's LIHEAP funds for federal award may be used for planning and administrative costs and no more than 15 percent of the greater of the funds allotted or funds available may be used for low-cost residential weatherization or other energy-related home repairs.</p> <p>The lack of procedures to ensure compliance with LIHEAP earmarking requirements could</p>	In Progress – resolution anticipated by FFY25	<p>The Division of Public Assistance (DPA) expanded administrative personnel to enhance fund monitoring. Review of LIHEAP earmarking processes is underway for improvement. A</p>

		<p>result in unallowable expenditures. Auditors noted the 10 percent threshold for planning and administration for the FFY22 awards has already been exceed by \$578,101 as of June 30, 2023. Funds exceeding the 10 percent threshold will need to be returned to the federal government at the end of the grant period. Further, the lack of procedures could lead to ineffective management of grant awards and increase the risk of noncompliance.</p>		<p>comprehensive staff training plan will ensure understanding and adherence to compliance measures.</p>
2023-047	Period of Performance	<p>DPA obligated more than 10 percent of the FFY22 grant award during the second fiscal year of the award.</p> <p>The lack of procedures increases the risk of noncompliance with LIHEAP period of performance requirements, which could result in the federal awarding agency imposing conditions or taking corrective actions, including additional requirements or withholding/terminating funds.</p>	In Progress – resolution anticipated by FFY25	<p>The Division of Public Assistance (DPA) expanded administrative personnel to enhance oversight and compliance. A comprehensive staff training plan will ensure understanding and adherence to compliance measures.</p>
2023-048	Reporting	<p>Key line items for the FFY22 LIHEAP Performance Data Form, FFY22 Annual Report on Households Assisted by LIHEAP, and Quarterly Performance and Management Reports were not accurate or not supported by accounting or other records. In addition, the FFY22 LIHEAP Carryover and Reallotment Form was not submitted within required timeframes.</p> <p>Errors were due to a lack of procedures for preparing the reports, as well as the absence of review by an individual other than the preparer of the reports.</p>	In Progress – resolution anticipated by FFY25	<p>The Division of Public Assistance (DPA) expanded administrative personnel to enhance fund monitoring and to improve the reconciliation process. Review of LIHEAP reconciliation procedures is underway for improvement. A comprehensive staff training plan will ensure understanding and adherence to compliance measures.</p>

#### 10.4. Audits of Local Administering Agencies

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

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

#### Compliance Monitoring

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

Grant recipient employees:

<input checked="" type="checkbox"/>	Internal program review
<input type="checkbox"/>	Departmental oversight
<input checked="" type="checkbox"/>	Secondary review of invoices and payments
<input checked="" type="checkbox"/>	<p>Other program review mechanisms are in place. Describe:</p> <ul style="list-style-type: none"> <li>• Processed applications are reviewed at random by a statewide case reviewer team.</li> <li>• Alaska participates in a single state audit under the Legislature's Division of Legislative Audit.           <ul style="list-style-type: none"> <li>○ Audit findings are available via <a href="https://legaudit.akleg.gov/audits/single-audits/">https://legaudit.akleg.gov/audits/single-audits/</a></li> </ul> </li> </ul>
<b>Local Administering Agencies or District Offices:</b>	
<input type="checkbox"/>	On-site evaluation
<input type="checkbox"/>	Annual program review
<input type="checkbox"/>	Monitoring through central database
<input 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>	
Not applicable – Local agencies are not used to process LIHEAP applications.	
<b>10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.</b>	
Site Visits:	Not applicable – Local agencies are not used to process LIHEAP applications.
Desk Reviews:	A Public Assistance Analyst conducts random audits for accuracy throughout the program year. Additionally there are plans to include LIHEAP cases in the DPA Quality Assurance review processes are currently focused on SNAP and Medicaid cases.
<b>10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.</b>	
<input type="checkbox"/>	Annually
<input type="checkbox"/>	Biannually
<input type="checkbox"/>	Triannually
<input checked="" type="checkbox"/>	Other – Not applicable – Local agencies are not used to process LIHEAP applications.
<b>10.9. How many local agencies are currently on corrective action plans? 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)**

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN****Section 11 – Timely and Meaningful Public Participation****Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)**

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

<input type="checkbox"/>	Tribal Council meeting(s)
<input checked="" type="checkbox"/>	Public Hearing(s)
<input checked="" type="checkbox"/>	Draft Plan posted to website and available for comment.
<input checked="" type="checkbox"/>	Hard copy of plan is available for public view and comment.
<input checked="" type="checkbox"/>	Comments from applicants are recorded.
<input type="checkbox"/>	Request for comments on draft Plan is advertised.
<input type="checkbox"/>	Stakeholder consultation meeting(s)
<input type="checkbox"/>	Comments are solicited during outreach activities.
<input checked="" type="checkbox"/>	Other - Describe: <ul style="list-style-type: none"><li>• The hearing and plan comment requests were posted on Alaska's Online Public Notice system.</li><li>• Notice of the public hearing and comment period will be mailed to vendors, tribal organizations, community agencies, and state agencies informing them of the opportunity to comment on the plan and share the information with their clients/customers.</li><li>• The public hearing will be held in person in Juneau and open telephonically to all other areas of the state. A recording of the hearing will be available upon request.</li></ul>

**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	TBD	Public hearing held in person in Juneau, AK and open telephonically to the rest of the state.
2		

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

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

TBD

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

TBD

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

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

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

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

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

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

#### MODEL PLAN

#### Section 12 – Fair Hearings

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

###### 12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year?

In FFY23 there were a total of 128 fair hearing requests that included LIHEAP.

0 Outstanding

25 Agency Concedes

85 Non-Referrals (72 Issue Resolved, 4 No Hearable Issue, 8 Untimely Fair Hearing Request, 1 Other)

05 Client withdrew request

08 Proceeded to Hearing (3 Hearing Held – Agency Prevails, 1 Hearing Held – Client Prevails, 3 Client withdrew on record, 1 Dismissed by Hearing Authority)

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

One

###### 12.3 Describe any policy or procedural changes made in the last federal Fiscal Year as a result of fair hearings?

No.

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

Information about requesting a review or fair hearing is included in the clients' notice of action. If a client decides to pursue a fair hearing they must notify the Heating Assistance Program in writing within 30 days. Once the request is received, the supervisor reviews the case for accuracy and then a pre-hearing conference follows. If the matter is not resolved at the pre-hearing conference, a copy of the entire file and all case notes are forwarded to the Hearing Officer in Anchorage for them to proceed with the fair hearing.

If a client informs the Heating Assistance Program their application hasn't been processed in a timely manner, and it is over 45 days old, the application is forwarded to our Workflow Management Team. The Workflow Management Team will review the application and the Division's Unacted Report to confirm if the client is in crisis, elderly, legally disabled, or has children under 6, and then determine when the application can be assigned to an Eligibility Technician for processing.

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

Applicants are informed in the application booklet under the "Rights and Responsibilities Section." It is also printed on each client's notice of action they receive in the mail informing them of the decision on their application.

Clients are informed of their rights when they apply telephonically. They must agree to understanding their rights. This is all recorded.

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

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

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

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

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

#### Section 13 – Reduction of Home Energy Needs

##### 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?**

Alaska does not intend on utilizing Assurance 16 funds in FFY25.

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

n/a

**13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year? Impact can be measured in many different ways: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management for example.**

n/a

**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 received these services?**

0

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

## Section 14 - Leveraging Incentive Program, 2607A

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

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

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

#### Section 14 – Leveraging Incentive Program

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

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

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

n/a

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

Resource	What is the type of resource benefit?	What is the source(s) of the resource?	How will the resource be integrated and coordinated with LIHEAP?
n/a	n/a	n/a	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 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: 02/28/2027**

### **LOW INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP) MODEL PLAN Section 15 – Training**

#### **Section 15: Training**

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

###### **a. Grant recipient Staff:**

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

###### **How often?**

Annually

Biannually

As needed

Other - Describe: When hired

Employees are provided with policy manual

Other - Describe:

All DPA employees are required to complete HIPAA and Social Security Awareness Training annually. Compliance is tracked to ensure participation. Program policy manuals, including the Heating Assistance Policy Manual, are updated three times a year. Questions from staff resulting in clarifications are addressed in these updates. The drafts are shared with the Staff Development and Training unit before the final versions of the updates are published and available on Alaska's DPA website.

###### **b. Local Agencies:**

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

###### **How often?**

Annually

Biannually

As needed

Other - Describe: n/a

Employees are provided with policy manual

Other – Describe: Not applicable – local agencies are not employed to administer LIHEAP.

###### **c. Vendors**

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

###### **How often?**

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

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

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

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

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

#### Section 16 – Performance Goals and Measures

##### 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.**

Performance measure related questions are listed on the application and updated annually as needed. Our eligibility system ECOS was updated in July 2024 to require all performance measure related fields be completed before eligibility can be determined. We anticipate this update will increase our data collection/reporting accuracy and will continue to allow us to generate a client list to collect annual energy usage data from our largest 5 natural gas vendors, largest 5 electric vendors, and the largest 10 oil and propane vendors.

**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: 02/28/2027**

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

#### **Section 17 – Program Integrity**

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

###### **17.1 Fraud Reporting Mechanisms**

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

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

###### Other - Describe:

How to identify and report fraud is addressed on DPA's public website and in our HAP Vendor Manual. The link to this manual is provided to all vendors at time of the vendor agreement approval/renewal and is also available on DPA's public website.

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

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

###### Other - Describe:

- Fraud brochure – available in all local public assistance lobbies and on the Alaska DPA website.
- Award notices issued to recipients informing them it is illegal to trade, sell or barter their fuel paid for with heating assistance funds.
- Fraud training is held annually with AHFC and our weatherization partners. This training reviews how to identify and report any applicant they feel may be committing fraud. The training also reminds AHFC accounting staff to identify and address any fraudulent activity committed by their subcontractors (if any).

###### **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 checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Social Security number (Without actual Card)	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Government-issued identification card (i.e., driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested

1	Verify against the State's Eligibility Information System (EIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------

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

Newborns – 6 months of age are exempt from the SSN requirement.

**17.3 Identification Verification**

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

<input type="checkbox"/>	Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
<input type="checkbox"/>	Verify SSNs with Social Security Administration
<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input checked="" type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Match with state Department of Labor system
<input type="checkbox"/>	Match with state and/or federal corrections system
<input type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only)
<input checked="" type="checkbox"/>	Other - Describe: Instant Eligibility Verification System (IEVS)

**17.4. Citizenship or Legal Residency Verification**

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

<input checked="" type="checkbox"/>	Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.
<input type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen.
<input type="checkbox"/>	Non-citizens must provide documentation of immigration status.
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport.
<input checked="" type="checkbox"/>	Non-citizens are verified through the SAVE system.
<input checked="" type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card.
<input checked="" type="checkbox"/>	Other - Describe: Instant Eligibility Verification System (IEVS)

**17.5. Income Verification**

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

<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input type="checkbox"/>	Bank statements
<input checked="" type="checkbox"/>	Tax statements
<input type="checkbox"/>	Zero income statements
<input checked="" type="checkbox"/>	Unemployment Insurance letters
<input checked="" type="checkbox"/>	Other - Describe: Computer data matches:
<input checked="" type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input type="checkbox"/>	Social Security income verified with SSA
<input type="checkbox"/>	Utilize state directory of new hires
<input checked="" type="checkbox"/>	Other - Describe: Instant Eligibility Verification System (IEVS)

**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.**

<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards.
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location.
<input checked="" type="checkbox"/>	Electronic files are protected in a secure location.
<input checked="" type="checkbox"/>	Other - Describe: Approved vendor office employees working with LIHEAP customers are required to sign a confidentiality agreement and have them available to present to the State of Alaska upon request.

#### 17.7. Verifying the Authenticity

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

<input checked="" type="checkbox"/>	All vendors must register with the state/tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form.
<input checked="" type="checkbox"/>	Vendors are verified through energy bills provided by the household.
<input type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors.
<input checked="" type="checkbox"/>	Other - Describe and note any exceptions to policies above: <ul style="list-style-type: none"> <li>• Vendors requesting to participate as an approved LIHEAP vendor are screened for complaints through the Better Business Bureau.</li> <li>• Vendors are required to establish and maintain an active vendor account in the Alaska Department of Administration, Division of Finance's financial/procurement system, IRIS.</li> <li>• Clients whose primary heating fuel is self-harvest, purchased firewood, or wood pellets are not required to use an approved vendor. Due to supply and variations in quality and quantity, firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. A direct payment is issued to the client if they claim self-harvest, purchased firewood, or wood pellets as their primary heating fuel.</li> </ul>

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

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

<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency.
<input checked="" type="checkbox"/>	Applicants must submit current utility bill.
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities.
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level.
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval.
<input checked="" type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments.
<input type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy.
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of

	<b>payments made to utilities.</b>
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only.
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above and provide enforcement mechanism.
<input 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 vendor 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 type="checkbox"/>	Two-party checks are issued naming client and vendor.
<input checked="" type="checkbox"/>	Direct payment to households is made in limited cases only.
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client.
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors.
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe: Benefits are paid directly to clients whose primary heating fuel is self-harvested wood, purchased firewood, or wood pellets.

#### 17.10. Investigations and Prosecutions

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

<input type="checkbox"/>	Refer to state Inspector General.
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General.
<input type="checkbox"/>	Refer to U.S. DHHS Inspector General (including referral to OIG hotline).
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.
<input checked="" type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process. <ul style="list-style-type: none"> <li>• If the client provided inaccurate information resulting in an improper or overpayment, the office sends a letter requesting a refund for the full amount of the overpayment. If full payment cannot be made, a request for the client to call to set up a schedule for recoupment/repayment is made.</li> <li>• If the client doesn't follow through, their next year's benefit is reduced by the amount owed the program.</li> </ul>
<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.**

DRAFT

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

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

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

OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

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

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

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

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

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in

denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

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

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

- (1) The prospective primary participant certifies to the best of its knowledge and belief,

that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

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

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

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Certification Regarding Drug-Free Workplace Requirements Alternate I. (Grant**

**recipients Other Than Individuals)**

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

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

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

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

All Statewide DPA Offices – See Attached List

Address Line 2

350 Main St, Ste 306 (Policy/Program Coordinator physical address)

Address Line 3

AK Office Building

*City	*State	*Zip Code
Juneau	Alaska	99801

**Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients**

**Who Are Individuals)**

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

**(b) 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

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

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

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

#### Section 20 – Certification Regarding Lobbying

##### Section 20: Certification Regarding Lobbying

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

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

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

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

##### Statement for Loan Guarantees and Loan Insurance

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

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

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

## Section 21: Assurances

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

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

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

#### MODEL PLAN

##### Assurances

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

- (A) conduct outreach activities and provide assistance to low-income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);
- (B) intervene in energy crisis situations;
- (C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and
- (D) plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;

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

- (A) households in which one or more individuals are receiving--
  - (i) assistance under the State program funded under part A of title IV of the Social Security Act;
  - (ii) supplemental security income payments under title XVI of the Social Security Act;
  - (iii) food stamps under the Food Stamp Act of 1977; or
  - (iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

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

- (i) an amount equal to 150 percent of the poverty level for such State; or
- (ii) an amount equal to 60 percent of the State median income;

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

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

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

- (5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;
- (6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -

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

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

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

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

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

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

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

- (8) provide assurances that,

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

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

- (9) provide that--

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

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

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

- (10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal 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.

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

## Plan Attachments

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

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

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

The following documents must be attached to this application

- Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.
- Heating component benefit matrix, if applicable
- Cooling component benefit matrix, if applicable
- Minutes, notes, or transcripts of public hearing(s). **To follow after comment period has ended and public hearing has been held.**
- All Statewide DPA Office list

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for Tribes



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

**Department of Health**

DIVISION OF PUBLIC ASSISTANCE  
Heating Assistance Program  
P.O. Box 110642  
Juneau, Alaska 99811  
Main: 907.465.3010  
Fax: 907.465.3319

September 13, 2023

Dr. Megan Meadows, Director  
Division of Energy Assistance  
Office of Community Services  
Administration for Children and Families  
U.S. Department of Health and Human Services  
330 C Street, SW  
Washington, DC 20201

Dear Dr. Meadows:

As Commissioner of the Department of Health of the State of Alaska, I hereby designate Jesse Parr, Public Assistance Program Officer, as having the responsibility for administration of the federal Low-Income Home Energy Assistance Program (LIHEAP) Block Grant. This includes the authority to sign statutory funding agreements and certifications, to provide assurances of compliance to the Secretary of the United States Department of Health and Human Services, and to perform similar acts relevant to the administration of the LIHEAP Block Grant for Alaska.

This delegation shall be in effect for the duration of my term, unless modified by my office. This block grant provides funding for our Division of Public Assistance Heating Assistance Program. Jesse Parr can be reached at 907-419-4290 or via email at [jesse.parr@alaska.gov](mailto:jesse.parr@alaska.gov).

Sincerely,

A handwritten signature in black ink that reads "Heidi Hedberg".

Heidi R. Hedberg  
Commissioner, Department of Health

c: Jesse Parr, Public Assistance Program Officer, Division of Public Assistance  
The Honorable Dr. Lanikque Howard; Director; Administration for Children and Families; Office of Community Services

STATE CAPITOL  
P.O. Box 110001  
Juneau, AK 99811-0001  
907-465-3500



550 West Seventh Avenue, Suite 1700  
Anchorage, AK 99501  
907-269-7450

**Governor Mike Dunleavy  
STATE OF ALASKA**

August 31, 2023

Dr. Megan Meadows, Director  
Division of Energy Assistance  
Office of Community Services  
Administration for Children and Families  
U.S. Department of Health and Human Services  
330 C Street, SW  
Washington, DC 20201

Dear Dr. Meadows,

As Governor and Chief Executive of the State of Alaska, I hereby designate the Honorable Heidi R. Hedberg, Commissioner of the Alaska Department of Health, formerly known as the Department of Health and Social Services, as having the responsibility for administration of the federal Low-Income Home Energy Assistance Program (LIHEAP) Block Grant. This includes the authority to sign statutory funding agreements and certifications, to provide assurances of compliance to the Secretary of the United States Department of Health and Human Services, and to perform similar acts relevant to the administration of the LIHEAP Block Grant for Alaska.

This delegation shall be in effect for the duration of my term, unless modified by my office. This block grant provides funding for our Division of Public Assistance Heating Assistance Program. Commissioner Hedberg can be reached at 907-269-7800 or via email at [heidi.hedberg@alaska.gov](mailto:heidi.hedberg@alaska.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "mike dunleavy".

Mike Dunleavy  
Governor

cc: The Honorable Dr. Lanikque Howard; Director; Administration for Children and Families; Office of Community Services

## Attachments

# Alaska's FY2025 Heating Assistance Benefit Computation

### **Step 1 – Community Fuel Points**

Heating cost points are assigned to each community in the state, based upon the community's annual fuel cost and climatic conditions.

- If the household primarily uses natural gas for heat, use the community heating cost points for natural gas. If no natural gas points are listed for a specific community, use the points from the nearest community with natural gas on the listing.
- If the household primarily uses self-harvested wood or coal for heat, use the community heating cost points for oil multiplied by 0.5.
- If the household primarily uses purchased wood or coal for heat, use the community heating cost points for oil multiplied by 0.8.
- If the household primarily uses wood pellets for heat, use the community heating cost points for oil multiplied by 0.9.
- If the household primarily uses steam for heat, regardless of how the steam is produced, use the community heating cost points for oil.
- If the household primarily uses electric for heat, use the community heating points for oil.
- If the household primarily uses gasoline to heat their vehicle that has been used as their home for 60+ days, use the community heating points for oil.

### **Step 2 – Dwelling Type**

The Division will multiply the community heating cost points by the first factor listed below that describes the household's dwelling:

1. the factor of 1.4 if the household resides in a mobile home or boat with heated living space of 980 square feet or more;
2. the factor of 0.4 if the household resides in a recreational vehicle, tent, or pickup camper;
3. the factor of 0.15 if the household resides in a one-room dwelling such as a studio apartment, hotel, or boarding home;
4. the factor of 0.35 if the household resides in a mobile home or boat with heated living space less than 980 square feet;
5. the factor of 0.55 if the household resides in a one-bedroom dwelling, or a one-room house or cabin without bedrooms;
6. the factor of 1.3 if the household resides in a three-or-more-bedroom single family, duplex, or triplex home;
7. the factor of 0.7 if the household resides in a two-bedroom unit in an apartment building of four or more attached units or resides in a mobile home with less than 980 square feet of heated living space, regardless of the number of bedrooms;
8. the factor of 1 if the household resides in a two-bedroom single family home, duplex, or triplex home;
9. the factor of 0 if the household is applying for a SRHUD.

A loft counts as one bedroom.

If the household resides in a single residence with one or more households, the heating cost points are reduced to the household's proportionate share of the home heating expenses.

### **Step 3 – Household Size and Income**

The division reviews each household's gross income for the month prior to application. Household members are considered categorically eligible if they have received federally funded assistance from the month prior to the submission of the heating assistance application (HAP 1) through the month in which LIHEAP eligibility is determined. Verification for non-categorical eligible households may be provided through documentary evidence (wage stub, award letter, etc.), DPA and DOL records, or impartial third parties such as fee agents, village council representatives, or social service agencies.

The division will assign each household the following percentage of heating cost points based upon the household's gross monthly income and family size, expressed as a percentage of the Alaska poverty level.

- 100 percent of points if the household's gross monthly income is no more than 25 percent of Alaska's federal poverty level;
- 90 percent of points if the household's gross monthly income is more than 25 percent but no more than 50 percent of Alaska's FPL;
- 80 percent of points if the household's gross monthly income is more than 50 percent but no more than 75 percent of Alaska's FPL;
- 70 percent of points if the household's gross monthly income is more than 75 percent but no more than 100 percent of Alaska's FPL;
- 60 percent of points if the household's gross monthly income is more than 100 percent but no more than 125 percent of Alaska's FPL;
- 50 percent of points if the household's gross monthly income is more than 125 percent of Alaska's FPL but no more than 150 percent.

If the household's gross monthly income exceeds the maximum allowable FPL, the household is not eligible.

### **Step 4 – Priority Groups**

Add one point to the income adjusted heating cost points if the household includes one or more members 60 years of age or older, legally disabled, or under six years of age.

### **Step 5 – Heating Points of 2.0 or More**

Households must have heating cost points of 2.0 or more to be eligible for HAP. If the household's total points compute to less than 2.0, the household is denied as "Limited Heating Points."

### **Step 6 – Round Points**

Round the final total heating cost points to the nearest whole number. The total heating cost points is limited to 35 points.

### **Step 7 – Multiply by the Benefit Rate to Determine Household Benefit**

ECOS will multiply the final heating points by the benefit rate to determine the amount of the household's heating assistance.

### **Step 8 – Subsidized Housing Adjustment – If Applicable**

Households residing in any type of subsidized housing who are responsible for paying all or a portion of their heating costs directly to a vendor and who also receive a utility allowance as part of their housing cost calculation shall have their total benefit reduced by 50 percent, regardless of their utility allowance amount.

---

**Note:**

*The amount of the HAP grant may be reduced by the amount of the unpaid balance that the household owes the division for previously awarded heating assistance to which the household was not entitled. The division will use this method of recoupment of overpayments only if the household has not responded to the division's request for repayment or the household defaults on its repayment agreement.*

---

The following examples illustrate how a household's heating assistance benefit is determined using a price per point. For the FY **2025** heating assistance season, this rate is \$175 per point.

**Example 1**

**Benefit Calculation:**

Step 1.	Community, Fuel	Anchorage, N Gas	5 points
Step 2.	Dwelling	3 bedroom house	5 points x 1.3 = 6.5 points
Step 3.	Household Size, Income	4, \$3,500	100.1-125% of poverty = 60% 6.5 points x 0.6 = 3.9 points
Step 4.	Household includes elderly, disabled or child under age 6	No	N/A
Step 5.	Heating points of 2.0 or more	Yes	3.9 points
Step 6.	Round points		Rounded = 4 points
Step 7.	Multiply by benefit rate		4 points x \$175 = \$700
Step 8.	Subsidized Housing Adjustment	Yes	\$700 x 0.5 = \$350

**Example 2**

**Benefit calculation:**

Step 1.	Community, Fuel	Fairbanks, Oil	10 points
Step 2.	Dwelling	2 bedroom, 4+unit bldg	10 points x 0.7 = 7 points
Step 3.	Household Size, Income	2, \$2,700	125.01-150% of poverty = 50% 7 points x 0.5 = 3.5 points
Step 4.	Household includes elderly, disabled or child under age 6	Yes	3.5 points + 1 = 4.5 points
Step 5.	Heating points of 2.0 or more	Yes	4.5 points
Step 6.	Round points		Rounded = 5 points
Step 7.	Multiply by benefit rate		5 points x \$175 = \$875
Step 8.	Subsidized Housing Adjustment	No	\$875 x 1.0 = \$875

**Example 3****Benefit calculation:**

Step 1.	Community, Fuel	Savoonga, Oil	27 points
Step 2.	Dwelling	2 bedroom house	No adjustment
Step 3.	Household Size, Income	5, \$2,900	75.01-100% of poverty = 70% 27 points x 0.7 = 18.9 points
Step 4.	Household includes elderly, disabled or child under age 6	Yes	18.9 points + 1 = 19.9 points
Step 5.	Heating points of 2.0 or more	Yes	19.9 points
Step 6.	Round points		Rounded = 20 points
Step 7.	Multiply by benefit rate		20 points x \$175 = \$3,500
Step 8.	Subsidized Housing Adjustment	No	\$3,500 x 1.0 = \$3,500

**Example 4****Benefit calculation:**

Step 1.	Community, Fuel	Anchorage, N Gas	5 points
Step 2.	Dwelling	Studio apartment	5 points x 0.15 = 0.75 points
Step 3.	Household Size, Income	1, \$1,900	125.01-150% of poverty = 50% .75 points x 0.5 = 0.375 points
Step 4.	Household includes elderly, disabled or child under age 6	No	N/A
Step 5.	Heating points of 2.0 or more	No	0.375 points = less than 1 point
Step 6.	Round points		N/A
Step 7.	Multiply by benefit rate		Ineligible
Step 8.	Subsidized Housing Adjustment	n/a	n/a

## Alaska Public Assistance Offices

<b>ANCHORAGE</b> University Center 3901 Old Seward Highway, Suite 131 Anchorage, AK 99503 Phone: 1-800-478-7778 Fax: (907) 269-6520 hss.dpa.offices@alaska.gov	<b>BETHEL</b> 460 Ridgecrest Drive, Suite 121 Mailing: P.O. Box 365 Bethel, AK 99559 Phone: 1-800-478-7778 Fax: (907) 543-2650 hss.dpa.offices@alaska.gov	<b>FAIRBANKS</b> 675 7th Ave, Station E Fairbanks, AK 99701 Phone: 1-800-478-7778 Fax: (907) 451-2923 hss.dpa.offices@alaska.gov
<b>HOMER</b> 3670 Lake Street, Suite 200 Homer, AK 99603 Phone: 1-800-478-7778 Fax: (907) 235-6176 hss.dpa.offices@alaska.gov	<b>JUNEAU</b> 10002 Glacier Highway, Suite 201 Mailing: P.O. Box 110642 Juneau, AK 99811-0642 Phone: 1-800-478-7778 Fax: (907) 465-4657 hss.dpa.offices@alaska.gov	<b>KENAI</b> 11312 Kenai Spur Highway, Suite 2 Kenai, AK 99611 Phone: 1-800-478-7778 Fax: (907) 283-6619 or 1-888-248-6619 hss.dpa.offices@alaska.gov
<b>KETCHIKAN</b> 2030 Sea Level Drive, Suite 301 Ketchikan, AK 99901 Phone: 1-800-478-7778 Fax: (907) 247-2135 hss.dpa.offices@alaska.gov	<b>KODIAK</b> 211 Mission Road, Suite 101 Kodiak, AK 99615 Phone: 1-800-478-7778 Fax: (907) 486-3116 or 1-888-281-3116 hss.dpa.offices@alaska.gov	<b>LONG TERM CARE</b> University Center 3901 Old Seward Highway, Suite 131 Phone: (907) 269-8950 or 1-800-478-4372 Fax: (907) 269-5608 or 1-855-869-5608 dpalongtermcare.office@alaska.gov
<b>NOME</b> 214 E. Front Street Mailing: P.O. Box 2110 Nome, AK 99762 Phone: 1-800-478-7778 Fax: (907) 443-2307 or 1-888-574-2307 hss.dpa.offices@alaska.gov	<b>SITKA</b> 304 Lake Street, Suite 101 Sitka, AK 99835 Phone: 1-800-478-7778 Fax: (907) 747-8224 hss.dpa.offices@alaska.gov	<b>WASILLA</b> 855 W. Commercial Drive Wasilla, AK 99654 Phone: 1-800-478-7778 Fax: (907) 373-1136 or 1-877-357-2538 hss.dpa.offices@alaska.gov