

# ARKANSAS REGISTER

## Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

**Mark Martin**

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[www.sos.arkansas.gov](http://www.sos.arkansas.gov)



For Office

Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Arkansas Department of Human Services

Department Division of County Operations/ Office of Community Services

Contact Shirley Mason E-mail shirley.manson@dhs.arkansas.gov Phone 501-682-8726

Statutory Authority for Promulgating Rules Public Law 97-35 as amended by P.L. 98-558, 99-425; 101-501, 102-589, 103-252

**Rule Title:** Low Income Home Energy Assistance Program (LIHEAP) State Plan FFY 2017

**Intended Effective Date**  
(Check One)

Date

Emergency (ACA 25-15-204)

Legal Notice Published ..... 07/01/2016

10 Days After Filing (ACA 25-15-204)

Final Date for Public Comment ..... 7/30/2016

Other 10/01/2016  
(Must be more than 10 days after filing date.)

Reviewed by Legislative Council ..... \_\_\_\_\_

Adopted by State Agency ..... 10/1/2016

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Shirley Mason

shirley.manson@dhs.arkansas.gov

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Mary Franklin  
Signature

501-682-9654

mary.franklin@dhs.arkansas.gov

Phone Number

E-mail Address

Director-DCO

Title

5/19/16

Date

**DEPARTMENT:** Human Services

**DIVISION/OFFICE:** County Operations/Office of Community Services

**AMENDING ADMINISTRATION REGULATIONS**

**TITLE:** FFY 2017 Low-Income Home Energy Assistance Program State Plan (HEAP)

**PROPOSED EFFECTIVE DATE:** 10/01/16

**STATUTORY AUTHORITY:** P.L. 97-35 as amended by P.L. 98-558, 99-425, 101-501, 102-589, 103-252

**NECESSITY AND FUNCTION:** This plan serves as Arkansas' application to receive federal funds for the implementation of the FFY 2017 HEAP program.

**PAGES FILED:**

  
\_\_\_\_\_  
Mary Franklin  
DIRECTOR  
DIVISION OF COUNTY OPERATIONS

**PROMULGATION DATE:** *July 1-30, 2016*

**CONTACT PERSON:** Shirley Mason  
MANAGER - LIHEAP PROGRAM  
OFFICE OF COMMUNITY SERVICES  
DIVISION OF COUNTY OPERATIONS  
501-682-8726

# DETAILED MODEL PLAN (LIHEAP)

## Mandatory Grant Application SF-424

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

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

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

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

#### 7. APPLICANT INFORMATION

<b>* a. Legal Name:</b> Arkansas Department of Human Services			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 71-6007389		<b>* c. Organizational DUNS:</b> 024720901	
<b>* d. Address:</b>			
<b>* Street 1:</b>	OFFICE OF COMMUNITY SERVICES	<b>Street 2:</b>	P.O. BOX 1437 S330
<b>* City:</b>	LITTLE ROCK	<b>County:</b>	ARKANSAS
<b>* State:</b>	AR	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	72203 - 1437

#### e. Organizational Unit:

<b>Department Name:</b> Department of Human Services	<b>Division Name:</b> Office of Community Services
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#### f. Name and contact information of person to be contacted on matters involving this application:

<b>Prefix:</b>	<b>* First Name:</b> Shirley	<b>Middle Name:</b>	<b>* Last Name:</b> Mason
<b>Suffix:</b>	<b>Title:</b> LIHEAP Manager	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (501) 682-8950	<b>Fax Number:</b>	<b>* Email:</b> shirley.mason@dhs.arkansas.gov	

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

A: State Government

#### b. Additional Description:

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

<b>10. CFDA Numbers and Titles</b>	Catalog of Federal Domestic Assistance Number: 93568	CFDA Title: Low-Income Home Energy Assistance
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**11. Descriptive Title of Applicant's Project**  
Low Income Home Energy Assistance Program

**12. Areas Affected by Funding:**

#### 13. CONGRESSIONAL DISTRICTS OF:

<b>* a. Applicant</b> 2	<b>b. Program/Project:</b>
----------------------------	----------------------------

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

**14. FUNDING PERIOD:**

a. Start Date:  
10/01/2016

b. End Date:  
09/30/2017

**15. ESTIMATED FUNDING:**

\* a. Federal (\$):  
\$0

b. Match (\$):  
\$0

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

a. This submission was made available to the State under the Executive Order 12372  
Process for Review on :

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

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

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

YES

NO

Explanation:

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

**\*\*I Agree**

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

18a. Typed or Printed Name and Title of Authorized Certifying Official

18c. Telephone (area code, number and extension)

18b. Signature of Authorized Certifying Official

18d. Email Address

18e. Date Report Submitted (Month, Day, Year)

Attach supporting documents as specified in agency instructions.

## Section 1 - Program Components

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

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

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

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

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

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

## Section 1 Program Components

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

**1.1 Check which components you will operate under the LIHEAP program.**  
(Note: You must provide information for each component designated here as requested elsewhere in this plan.)

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

Provide further explanation for the dates of operation, if necessary

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

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

	Percentage ( % )
Heating assistance	40.00%
Cooling assistance	15.00%
Crisis assistance	15.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	0.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%
Used to develop and implement leveraging activities	0.00%
<b>TOTAL</b>	<b>100.00%</b>

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

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

<input type="checkbox"/> Heating assistance	<input checked="" type="checkbox"/> Cooling assistance
<input type="checkbox"/> Weatherization assistance	<input checked="" type="checkbox"/> Other (specify): Arkansas will implement a cooling program if adequate funds are available from the winter program and/or if additional program funds are received due to extreme hot temperatures. If one is implemented the same program guidelines which are used in other components would apply.

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

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

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

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

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

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

If Yes, explain:  
Households that have an elderly or a disabled person and receive SNAP benefits are mailed a Potential Eligible Application prior to the start of the LIHEAP Program. If none of the information has changed, then the household would be eligible to receive a payment toward their energy bill.

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?  
The benefit matrix is based on household income for all household members eighteen years and over. All households must meet the eligibility requirements.

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

- Once Per Year
- Once every five years
- Other - Describe:

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

Determination of Eligibility - Countable Income

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

- Gross Income
- Net Income

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

- Wages
- Self - Employment Income
- Contract Income
- Payments from mortgage or Sales Contracts
- 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"/>	General Assistance benefits		
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits		
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input checked="" type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.		
<input checked="" type="checkbox"/>	Jury duty compensation		
<input checked="" type="checkbox"/>	Rental income		
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input 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 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

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

## Section 2 - HEATING ASSISTANCE

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

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

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

#### Section 2 - Heating Assistance

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

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

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

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

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

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

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

**Renters?**  Yes  No

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

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

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young children?**  Yes  No

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

**Other?**  Yes  No

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

Higher maximum assets for elderly households. If the household declares that its utilities are included in the rent, documentation must be provided by submitting a copy of a Lease Agreement that specify utilities are included in their rent. Applications are mailed to eligible SNAP households where elderly or persons with a disability reside. The applicant MUST apply in the county in which they reside.

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

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

Applications are mailed to eligible SNAP households where an elderly or person with a disability resides approximately four weeks prior to the LIHEAP Program Start date. Applicants are advised that applications are processed and paid on a first come basis.

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

Income

Family (household) size

Home energy cost or need:

Fuel type

Climate/region

Individual bill

Dwelling type

Energy burden (% of income spent on home energy)

Energy need

Other - Describe:

There are additional policies for households that utilize propane or wood for heating purposes.

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

2.6 Describe estimated benefit levels for FY 2016:

Minimum Benefit	\$53	Maximum Benefit	\$309
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2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?  Yes  No

If yes, describe.

Please see the Payment Matrix attached.

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

**Section 3 - COOLING ASSISTANCE**

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

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

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

**Section 3 - Cooling Assistance**

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

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

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

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

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

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

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

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

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

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

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

Higher maximum assets for elderly households. If the household declares that its utilities are included in the rent, documentation must be provided by submitting a copy of a Lease Agreement that specify utilities are included in their rent. Applications are mailed to eligible SNAP households where elderly or persons with a disability reside. The applicant **MUST** apply in the county in which they reside. One or more household members with a medical condition with makes them vulnerable.

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

Applications are mailed to eligible SNAP households where elderly and a person with a disability reside.

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

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

- Income
- Family (household) size
- Home energy cost or need:
  - Fuel type
  - Climate/region
  - Individual bill
  - Dwelling type
  - Energy burden (% of income spent on home energy)
- Energy need

Other - Describe:

**Medical Necessity:** One or more household members with a medical condition which makes them vulnerable to health hazards from high temperatures. This requirement must be met only for the receipt of an air conditioner when they are distributed as a result of the release of LIHEAP emergency contingency funds to assist households who may be vulnerable to extreme heat.

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

3.6 Describe estimated benefit levels for FY 2016:

Minimum Benefit	\$53	Maximum Benefit	\$309
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3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?  Yes  No

If yes, describe.

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

**Section 4 - CRISIS ASSISTANCE**

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

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

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

**Section 4: CRISIS ASSISTANCE**

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

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

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

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

The household must have an energy related emergency situation, instances of extreme hot or cold temperatures or other energy related disasters such as floods, storms, etc. and/or "state of emergency" as designated by the Governor.

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

A household that would suffer a decline in the health conditions of a household member or produce a non-life sustainable environment due to the loss of energy.

**Crisis Requirement, 2604(c)**

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

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

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

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

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

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

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

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

**In Order to receive crisis assistance:**

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

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

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

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

**Must heating/cooling be medically necessary?**  Yes  No

**Must the household have non-working heating or cooling equipment?**  Yes  No

**Other?**  Yes  No

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

**Renters?**  Yes  No

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

Renters with utilities included in the rent?

Yes  No

Explanations of policies for each "yes" checked above:

If a household member declares that its utilities are included in the rent, documentation must be provided by submitting a copy of a Lease Agreement that states utilities are included in their rent.

Determination of Benefits

4.8 How do you handle crisis situations?

- Separate component
- Fast Track
- Other - Describe:

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

- Amount to resolve the crisis.
- Other - Describe:

Crisis Requirements, 2604(c)

4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?

Yes  No Explain.

Applications for energy assistance are taken at the sixteen local Community Action Agencies located in the seventy-five counties around the state of Arkansas.

4.11 Do you provide individuals who are physically disabled the means to:

Submit applications for crisis benefits without leaving their homes?

Yes  No If No, explain.

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

Yes  No If No, explain.

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

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

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

Winter Crisis \$500.00 maximum benefit

Summer Crisis \$500.00 maximum benefit

Year-round Crisis \$0.00 maximum benefit

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

Yes  No If yes, Describe

Summer Program distribution of fans to eligible households with medical needs for a cooling appliance during designate application periods.

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

Yes  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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input checked="" 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?**  
 Yes  No

If you responded "Yes" to question 4.16, you must respond to question 4.17.  
**4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.**

Energy Suppliers, such as gas and electric energy suppliers are regulated by the state Public Service Commission to implement a moratorium in extreme low temperatures or extreme high temperatures. As a result, when the moratorium is lifted, there are a large number of low income households that are faced with usually high energy bills and/or shut offs. Qualifying households are able to apply for LIHEAP Crisis Assistance until all LIHEAP Crisis Assistance funds have been exhausted.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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Expiration Date: 06/30/2017

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency. Arkansas Energy Office

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

#### WEATHERIZATION - Types of Rules

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

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days

Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).

Other - Describe:

Recognizing that LIHEAP does not provide separate funds for Training and Technical Asst. (T&TA) as does DOE, Ark WAP will use Admin funds at the grantee (AEO) and subgrantee levels to provide training and technical asst for the development and maintenance of knowledge, skills and abilities necessary to oversee and provide effective and efficient WAP services. Use of LIHEAP admin funds for T&TA will follow DOE rules.

Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)

Income Threshold

Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards.

Other - Describe:

The evaluation for repair and replacement of heating systems will be allowable outside of DOE rules in order to provide safe and effective household heating to comply with LIHEAPs focus on health and safety.

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

Renters  Yes  No

Renters living in subsidized housing?  Yes  No

5.8 Do you give priority in eligibility to:

Elderly?  Yes  No

Disabled?  Yes  No

Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.  
 Preference is given to those qualifying households that contain an elderly, person with a disability and children.

**Benefit Levels**

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

5.10 If yes, what is the maximum? 54,736

**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 type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Insulation, air infiltration, cooling (only if it is deemed medically necessary).

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

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

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

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

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

Posters are placed in the Community Action Agencies around the state to inform the general public of specific information regarding the Arkansas LIHEAP program.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**8.5 LIHEAP Component Administration.**

	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	Community Action Agencies	Community Action Agencies	Community Action Agencies	Community Action Agencies
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	Community Action Agencies	Community Action Agencies	Community Action Agencies	
<b>8.5c who processes benefit payments to bulk fuel vendors?</b>	Community Action Agencies	Community Action Agencies	Community Action Agencies	
<b>8.5d Who performs installation of weatherization measures?</b>				Community Action Agencies

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

**8.6 What is your process for selecting local administering agencies?**

LIHEAP Weatherization is administered by the Arkansas Department of Energy. ADE subgrant with the Arkansas Community Action Agencies and Non-profit Organizations to complete the work orders for the eligible households.

8.7 How many local administering agencies do you use? 8

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

- Yes  
 No

8.9 If so, why?

Agency was in noncompliance with grantee requirements for LIHEAP -

Agency is under criminal investigation

Added agency

Agency closed

Other - describe

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

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

All payments to energy suppliers are made from the sub-grantees (Community Action Agencies). Payments are made to the applicants if the households energy supplier has been disqualified or has chosen not to participate in the program and when utility cost are included in the rent or the household uses wood as its heating source .

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

The clients are sent a (DCO 2001) Notice by mail which details the status of their application. This information includes LIHEAP payment amount, name of energy supplier and date the payment will be submitted to the energy supplier.

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?

Supplier Agreements are signed by all LIHEAP participating energy suppliers between the supplier and the local administering agency as required prior to making a direct payment. The contract outline policies and regulations that will effect the energy suppliers and the LIHEAP client rights are outlined in the agreement as well.

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?

Random monitoring visits are made to the energy suppliers by the grantee to assure that LIHEAP funds are applied accurately to LIHEAPs households energy accounts and to ensure that LIHEAP participants are not treated adversely.

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

Yes  No

If so, describe the measures unregulated vendors may take.

Payments are made only to vendors that has entered into a Supplier Agreement with the Community Action Agencies. Payments are made to the applicants if the household energy supplier has been disqualified or has chosen not to participate in the LIHEAP Program.

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

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

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

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

The Department of Human Services is required to follow the Department of Finance and Administration policies and procedures. The department of Human Services also adhere to federal regulations and state fiscal policies. Sub-Grantee request for disbursements are reviewed weekly and compared to our in house reports regarding the balance of cash in relation to reported and planned expenditures.

**Audit Process**

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

Yes  No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

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

**Grantee employees:**

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

**Local Administering Agencies / District Offices:**

- On - site evaluation
- Annual program review
- Monitoring through central database
- Desk reviews

Client File Testing/Sampling

Other program review mechanisms are in place. Describe:

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

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

**Site Visits:**

Site Visits:

All agencies are monitored annually for each LIHEAP program implemented. With the implementation of both a Winter LIHEAP program and a Summer Cooling program. The CAAs would have 2 to 3 monitoring reviews annually. The monitoring reviews are specific and typically last from 3 days to 3 weeks depending on the CAAs county service area or population served.

**Desk Reviews:**

Desk Reviews:

A review is implemented with clients files and the information is also used to review payment information directly made from the Community Action Agencies to the energy suppliers based on the information extracted from the clients records.

10.8. How often is each local agency monitored ?

All Sub-grantee LIHEAP program activities are monitored for each LIHEAP program annually or as needed by DCO staff to ensure compliance with DCO policies and procedures, administrative efficiency and effectiveness of the LIHEAP program.

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

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

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 3

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 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 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)

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

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

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

A legal notice is published in the state wide newspaper advising of the availability of the state plan, informing the public of location and dates of public hearings to be held in separate areas of the state and providing an address for written comment.

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

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		

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

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

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

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

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

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

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

12.2 How many of those fair hearings resulted in the initial decision being reversed? N/A

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

There were no fair hearing conducted for Arkansas LIHEAP Program during the 2016 Program Year.

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

Applicants are informed of their rights to appeal any decision made regarding their application and/or assistance. The right to appeal the denial of the household's application is also indicated on the notice to inform the household of the action on the application.

12.5 When and how are applicants informed of these rights?

The applicants rights are listed on all LIHEAP applications (LIHEAP 9495, Abbreviated and PE 2096) and are clarified during the interview process with the applicants.

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

Applicants may request a hearing regarding claims not acted upon in a timely manner unless the delay is due to the lack of cooperation on the part of the applicant in providing necessary information so that eligibility can be established.

12.7 When and how are applicants informed of these rights?

The applicants' rights regarding the disposition of the applications are listed on the LIHEAP application and are clarified during the interview process with applicants.

Category 6 and 7 of the Applicants Rights state:

6. The applicant will be sent written notification of the disposition of the application within 30 days of the Regular Assistance and within 18/48 hours for Crisis Intervention.

7. The applicant if eligible, will receive payment, goods or services within 35 days for Regular and 20 days for Crisis Intervention.

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

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

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

Assurance 16 activities are services provided which encourage and enable households to reduce their home energy needs and thereby, their need for energy assistance through achieving a higher degree of self-sufficiency. These activities may include, but are not limited to; Needs Assessments, Counseling, Assistance with Energy Suppliers, referrals to other coordinated services, presenting educational programs on fuel usage, meter reading, household budgeting, etc.

Case Management Activities (CMA) will be targeted toward applicants of the Crisis Intervention Program and when deemed appropriate and necessary, the Regular Assistance Program.

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

No more than 5% of the LIHEAP funds are allocated and transferred to sub grantee agencies who implement these activities. Monitoring and review of the budgeting and allocation process helps to ensure that the total amount of funds expended does not exceed 5% of the LIHEAP funds.

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

The Assurance 16 Case Management Programs are educational based with an emphasis on the household budgeting skills and energy conservation to promote self sufficiency and to lessen the household energy burden. Most of the Assurance 16 participants have reported a decrease in energy usage and increase in the ability to budget household expenditures therefore promoting a healthier environment for a total of 728 households.

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

No more than 5% of the LIHEAP funds are allocated and transferred to subgrantee agencies to implement A16 activities. There was a total of \$1,114,275.00 allocated to the 16 CAAs for the Assurance 16 component. A total of \$617,858.00 was paid in direct services on behalf of A16 households to utility suppliers and in some cases the repair or replacement of Energy Star appliances.

**13.5 How many households applied for these services?** 922

**13.6 How many households received these services?** 797

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

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

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

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

Yes  No

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

The following funds should be included in Arkansas Funds for Leverage: cash contributions from various churches, faith-based organizations and fuel funds to assist low income households with energy bills, funds that are used in conjunction with LIHEAP when those benefits are insufficient to meet the household's need and/or when LIHEAP benefits have been depleted.

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Entergy Arkansas Power to Care	Employee and public donations and also Entergy Arkansas fundraisers	Program starts when LIHEAP benefits have been depleted. This program targets persons 60 and older and persons with disabilities.

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

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Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other - Describe:

Formal training is offered to Utility Suppliers annually.

15.2 Does your training program address fraud reporting and prevention?

Yes

No

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

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

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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.**

- 1) The LIHEAP application has been revised to capture primary and secondary energy suppliers alone with account numbers.
- 2) Waiver language was added into the Supplier Agreement for the release of information on account holders or LIHEAP households.
- 3) Continuing to work with Energy Suppliers regarding the collection of information, format and any software issues or concerns.

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)

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

17.1 Fraud Reporting Mechanisms

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

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

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

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

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	
	Required	Requested	Required	Requested	Required	Requested
Social Security Card is photocopied and retained	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Social Security Number (Without actual Card)	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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 Other supporting documentation is used to verify the applicant; utility bills to verify residents, SSI/SSA, check stubs, child support, bank statements, workforce, DHS, VA Award letter, etc.

b. Describe any exceptions to the above policies.

### 17.3 Identification Verification

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

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

Other - Describe:

1. Supporting documentation and State I.D. will be used to verify applicants.
2. Utility Bills will be used to verify residence.
3. Documentation for eligibility or household income; SSI/SSA, Check Stubs, Child Support Enforcement, Bank Statement, Work Force, DHS, VA Award Letter, etc.

### 17.4. Citizenship/Legal Residency Verification

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

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

### 17.5. Income Verification

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

- Require documentation of income for all adult household members
  - Pay stubs
  - Social Security award letters
  - Bank statements
  - Tax statements
  - Zero-income statements
  - Unemployment Insurance letters
  - Other - Describe:

Computer data matches:

- Income information matched against state computer system (e.g., SNAP, TANF)
- Proof of unemployment benefits verified with state Department of Labor

Social Security income verified with SSA

Utilize state directory of new hires

Other - Describe:

**17.6. Protection of Privacy and Confidentiality**

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

Policy in place prohibiting release of information without written consent

Grantee LIHEAP database includes privacy/confidentiality safeguards

Employee training on confidentiality for:

Grantee employees

Local agencies/district offices

Employees must sign confidentiality agreement

Grantee employees

Local agencies/district offices

Physical files are stored in a secure location

Other - Describe:

**17.7. Verifying the Authenticity**

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

All vendors must register with the State/Tribe.

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

Vendors are verified through energy bills provided by the household

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

Other - Describe and note any exceptions to policies above:

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

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

Applicants required to submit proof of physical residency

Applicants must submit current utility bill

Data exchange with utilities that verifies:

Account ownership

Consumption

Balances

Payment history

Account is properly credited with benefit

Other - Describe:

Centralized computer system/database tracks payments to all utilities

Centralized computer system automatically generates benefit level

Separation of duties between intake and payment approval

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

Payments to utilities and invoices from utilities are reviewed for accuracy

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

Direct payment to households are made in limited cases only

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

Vendor agreements specify requirements selected above, and provide enforcement mechanism

Other - Describe:

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

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

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

**17.10. Investigations and Prosecutions**

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

- Refer to state Inspector General
- Refer to local prosecutor or state Attorney General
- Refer to US DHHS Inspector General (including referral to OIG hotline)
- Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
- Grantee attempts collection of improper payments. If so, describe the recoupment process

We request repayment of funds and if the funds are not repaid the Vendor becomes disqualified to participate in the LIHEAP Program.

- Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
- Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
- Vendors found to have committed fraud may no longer participate in LIHEAP
- Other - Describe:

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

proposal.

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

Instructions for Certification

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

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

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

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

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

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

#### Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

Department of Human Services

\* Address Line 1

700 Main Street

Address Line 2

Address Line 3

Little Rock/Pulaski County

\* City

AR

\* State

72203

\* Zip Code

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

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

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

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

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

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

Section 20: Certification Regarding Lobbying

**Section 20: Certification Regarding Lobbying**

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

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

Assurances

Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

## Plan Attachments

### PLAN ATTACHMENTS

The following documents must be attached to this application

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

**FFY 2016-2017**  
**PLAN ATTACHMENTS**



**STATE OF ARKANSAS**  
ASA HUTCHINSON  
GOVERNOR

June 17, 2016

Ms. Lauren Christopher, Director  
Division of Energy Assistance  
Office of Community Services  
U.S. Department of Health and Human Services  
370 L'Enfant Promenade, S.W.  
Washington, DC 20447

Dear Ms. Christopher:

As Governor of the State of Arkansas, I am delegating authority to the Assistant Director of the DHS Division of County Operations/Office of Community Services to sign the Department of Human Services Low-Income Home Energy Assistance Program (LIHEAP) Assurances for the FY 2017 LIHEAP State Plan.

If you have any questions or concerns, please contact Ms. Lorie Williams, DCO Assistant Director, Arkansas Department of Human Services, at (501) 682-8714. We appreciate your partnership and continued support.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Asa Hutchinson".

Asa Hutchinson

# FFY 2016-2017 BENEFIT MATRIX WINTER HEATING PROGRAM

Countable Income	(1 & 2)	(3 & 4)	(5 & Above)
0-69	218	259	309
70-129	209	248	299
130-189	198	239	289
190-249	188	229	278
250-309	179	218	269
310-369	168	209	259
370-429	161	200	248
430-489	156	193	239
490-549	153	188	229
550-609	149	183	218
610-669	144	177	209
670-729	139	173	198
730-789	134	168	188
790-849	129	163	179
850-909	124	158	170
910-969	119	153	164
970-1029	114	148	159
1030-1089	109	143	153
1090-1149	104	138	148
1150-1209	99	133	142
1210-1269	94	128	137
1270-1329	90	123	131
1330-1389	86	118	126
1390-1449	82	113	121
1450-1509	79	108	116
1510-1569	76	103	111
1570-1629	73	98	106
1630-1689	70	93	101
1690-1749	67	88	96
1750-1869	64	83	91
1870-1989	60	78	86
1990-2009	56	73	81
2010-2129		68	76
2130-2249		63	71
2250-2369		58	66
2370-9907		53	61

NOTE: Any household with five or more members will receive the payment amount in the far right column marked five and above on MCI.

# FFY 2016-2017 BENEFIT MATRIX SUMMER COOLING PROGRAM

Countable Income	(1 & 2)	(3 & 4)	(5 & Above)
0-69	218	259	309
70-129	209	248	299
130-189	198	239	289
190-249	188	229	278
250-309	179	218	269
310-369	168	209	259
370-429	161	200	248
430-489	156	193	239
490-549	153	188	229
550-609	149	183	218
610-669	144	177	209
670-729	139	173	198
730-789	134	168	188
790-849	129	163	179
850-909	124	158	170
910-969	119	153	164
970-1029	114	148	159
1030-1089	109	143	153
1090-1149	104	138	148
1150-1209	99	133	142
1210-1269	94	128	137
1270-1329	90	123	131
1330-1389	86	118	126
1390-1449	82	113	121
1450-1509	79	108	116
1510-1569	76	103	111
1570-1629	73	98	106
1630-1689	70	93	101
1690-1749	67	88	96
1750-1869	64	83	91
1870-1989	60	78	86
1990-2009	56	73	81
2010-2129		68	76
2130-2249		63	71
2250-2369		58	66
2370-9907		53	61

NOTE: Any household with five or more members will receive the payment amount in the far right column marked five and above on MCI.

**CONTACT PERSON: Shirley Mason**

**NOTICE OF RULEMAKING  
AND PUBLIC HEARING**

The Department of Human Services, Division of County Operations, intends to adopt a State Plan for distribution of Low-Income Home Energy Assistance Program (LIHEAP) Block Grant funds and administration of the Home Energy Assistance Program, for Federal Fiscal Year 2017, covering the period from October 1, 2016 to September 30, 2017. Arkansas administers the LIHEAP Block Grant under Public Law 97-35, as amended. Funding is expected to be approximately \$27,000,000.00.

The draft State Plan for LIHEAP is available for review at the Home Energy Assistance Program office on the 3rd floor of Donaghey Plaza South, Seventh and Main Streets, in Little Rock, during business hours, 8:00 a.m. to 4:30 p.m., or copies may be obtained by contacting the Office of Community Services at (501) 682-8715. You may also access it on the DHS website <http://humanservices.arkansas.gov/Pages/LegalNotices.aspx>. All comments must be submitted in writing to the address indicated above no later than July 30, 2016.

Those who wish to comment on the proposed plan may attend the public hearing closest to you or you may comment in writing to the state agency listed below. All comments must be submitted no later than 30 days from the date of this newspaper notice to:

**Division of County Operations  
ATTN: Office of Community Services/HEAP Unit  
Post Office Box 1437, S330  
Little Rock, Arkansas 72203**



Mary Franklin  
Director, Division of County Operations

Date: 5/19/16

# ARKANSAS REGISTER

## Transmittal Sheet Use only for FINAL and EMERGENCY RULES



Secretary of State  
**Mark Martin**  
500 Woodlane, Suite 026  
Little Rock, Arkansas 72201-1094  
(501) 682-5070  
[www.sos.arkansas.gov](http://www.sos.arkansas.gov)



For Office  
Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Arkansas Department of Human Services

Department Division of County Operations/ Office of Community Services

Contact Shirley Mason E-mail shirley.manson@dhs.arkansas.gov Phone 501-682-8726

Statutory Authority for Promulgating Rules Public Law 97-35 as amended by P.L. 98-558, 99-425; 101-501, 102-589, 103-252

Rule Title: Low Income Home Energy Assistance Program (LIHEAP) State Plan FFY 2017

**Intended Effective Date**  
(Check One)

- Emergency (ACA 25-15-204)
- 10 Days After Filing (ACA 25-15-204)
- Other 10/01/2016  
(Must be more than 10 days after filing date.)

Legal Notice Published.....

Final Date for Public Comment .....

Reviewed by Legislative Council.....

Adopted by State Agency.....

Date

07/01/2016

7/30/2016

\_\_\_\_\_

10/1/2016

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Shirley Mason shirley.manson@dhs.arkansas.gov

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Mary Franklin  
Signature

501-682-9654

mary.franklin@dhs.arkansas.gov

Phone Number

E-mail Address

Director-DCO

Title

5/19/16

Date

**DEPARTMENT:** Human Services

**DIVISION/OFFICE:** County Operations/Office of Community Services

**AMENDING ADMINISTRATION REGULATIONS**

**TITLE:** FFY 2017 Low-Income Home Energy Assistance Program State Plan (HEAP)

**PROPOSED EFFECTIVE DATE:** 10/01/16

**STATUTORY AUTHORITY:** P.L. 97-35 as amended by P.L. 98-558, 99-425, 101-501, 102-589, 103-252

**NECESSITY AND FUNCTION:** This plan serves as Arkansas' application to receive federal funds for the implementation of the FFY 2017 HEAP program.

**PAGES FILED:**

  
\_\_\_\_\_  
Mary Franklin  
DIRECTOR  
DIVISION OF COUNTY OPERATIONS

**PROMULGATION DATE:**

*July 1-30, 2016*

**CONTACT PERSON:**

Shirley Mason  
MANAGER - LIHEAP PROGRAM  
OFFICE OF COMMUNITY SERVICES  
DIVISION OF COUNTY OPERATIONS  
501-682-8726

**SCHEDULE OF PUBLIC HEARING:**

**MONDAY, JULY 11, 2016 - SPRINGDALE, AR @ 11:30 A.M.**  
Economic Opportunity Agency of Washington Co., Inc.  
614 East Emma Avenue, Suite M401  
Springdale, Arkansas 72764  
Telephone: (479) 872-7479

**TUESDAY, JULY 12, 2016 - BATESVILLE, AR @ 11:30 A.M.**  
Northcentral Arkansas Development Council, Inc.  
Post Office Box 3349  
550 9<sup>th</sup> Street  
Batesville, Arkansas 72503  
Telephone: (870) 793-5765

**WEDNESDAY, JULY 13, 2016 - PRESCOTT, AR @ 11:30 A.M.**  
Hamilton Blakely Senior Center  
419 East Main  
Prescott AR 71857  
Telephone: (870) 887-5151

**THURSDAY, JULY 14, 2016 - WARREN, AR @ 11:30 A.M.**  
Southeast Arkansas Community Action Corporation  
Post Office Box 312  
1208 North Myrtle Street  
Warren, Arkansas 71671  
Telephone: (870) 226-2668

**NOTICE OF RULEMAKING AND PUBLIC HEARING**

The Department of Human Services, Division of County Operations, intends to adopt a State Plan for distribution of Low-Income Home Energy Assistance Program (LIHEAP) Block Grant funds and administration of the Home Energy Assistance Program, for Federal Fiscal Year 2017, covering the period from October 1, 2016 to September 30, 2017. Arkansas administers the LIHEAP Block Grant under Public Law 97-35, as amended. Funding is expected to be approximately \$27,000,000.00.

The draft State Plan for LIHEAP is available for review at the Home Energy Assistance Program office on the 3rd floor of Donaghey Plaza South, Seventh and Main Streets, in Little Rock, during business hours, 8:00 a.m. to 4:30 p.m., or copies may be obtained by contacting the Office of Community Services at (501) 682-8715. You may also access it on the DHS website <http://human-services.arkansas.gov/Pages/LegNotices.aspx>.

All comments must be submitted in writing to the address indicated above no later than July 30, 2016.

Those who wish to comment on the proposed plan may attend the public hearing closest to you or you may comment in writing to the state agency listed below. All comments must be submitted no later than 30 days from the date of this newspaper notice to:

Division of County Operations  
ATTN: Office of Community Services/HEAP Unit  
Post Office Box 1437, S330  
Little Rock, Arkansas 72203  
Mary Franklin  
Interim Director  
Division of County Operations  
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  - WEDNESDAY, JULY 13, 2016 -

**Meetings/Hearings 1230**

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  - THURSDAY, JULY 14, 2016 - WARREN, AR @ 11:30 A.M. Southeast Arkansas Community Action Corporation Post Office Box 312 1206 North Myrtle Street Warren, Arkansas 71671 Telephone: (870) 226-2668 3751961F

**NOTICE OF RULEMAKING AND PUBLIC HEARING**

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**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Arkansas Department of Human Services  
**DIVISION** Division of County Operations  
**PERSON COMPLETING THIS STATEMENT** Shirley Mason  
**TELEPHONE NO.** 501-682-8726 **FAX NO.** 501-682-6736  
**EMAIL:** shirley.mason@dhs.arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** Low Income Home Energy Assistance Program (LIHEAP)  
State Plan for FFY 2017

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes \_\_\_\_\_ No X

2. Does this proposed, amended, or repealed rule affect small businesses?  
Yes \_\_\_\_\_ No X

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

N/A

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

**Current Fiscal Year**

**Next Fiscal Year**

General Revenue \_\_\_\_\_ 0.00

General Revenue \_\_\_\_\_ 0.00

Federal Funds 27,000,000.00

Federal Funds 27,000,000.00

Cash Funds \_\_\_\_\_ 0.00

Cash Funds \_\_\_\_\_ 0.00

Special Revenue \_\_\_\_\_ 0.00

Special Revenue \_\_\_\_\_ 0.00

Other (Identify) \_\_\_\_\_ 0.00

Other (Identify) \_\_\_\_\_ 0.00

Total \_\_\_\_\_ 27,000,000.00

Total \_\_\_\_\_ 27,000,000.00

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

**Next Fiscal Year**

\$ \_\_\_\_\_ 0.00

\$ \_\_\_\_\_ 0.00

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

**Current Fiscal Year**

**Next Fiscal Year**

\$ 600,000.00

\$ 600,000.00

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes  No

If YES, the agency is required by Ark. Code Ann. §25-15-204 (e) (4) to file written findings at the time of filing the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, where:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objective.

**Arkansas Department of Human Services**  
**Division of County Operations/Office of Community Services**  
**Public Comment Report – Arkansas Low Income Energy Assistance State Plan (LIHEAP)**

**Public Hearings**

The Low Income Home Energy Assistance Program (LIHEAP) staff and the Assistant Director of the Arkansas Department of Human Services/Division of County Operations/Office of Community Services conducted four public hearings. The public hearings informed the public of the upcoming submission of the LIHEAP State Plan and key facts regarding the administration and operations of the FY 2016-2017 LIHEA Program. Comments and concerns were expressed regarding the activities currently considered as Administrative Costs.

Legal notices were published in the Arkansas Democrat – Gazette for three (3) consecutive days, July 1-3, 2016. The 2016-2017 Low Income Home Energy Assistance Program State Plan was made available for public inspection and comments for 30 days (July 1-30, 2016).

Those who wished to comment could respond orally at the Public Hearing or submit written comments to the DHS/DCO Office of Community Services.

**July 11, 2016 – Springdale, Arkansas**

The Public Hearing was conducted by Shirley Mason, LIHEAP Program Manager and Lorie Williams, Assistant Director.

Three people attended the Public Hearing. Each person was provided an agenda and a copy of the State Plan Summary. Upon completion of the oral presentation by the representatives from the DHS/OCS, those attending were invited to ask questions and to make comments.

During the Public Hearing, there were no comments regarding the LIHEAP State Plan. However, there were concerns regarding the administration of the LIHEAP Program funds.

Questions were asked by Blain Lawrence, LIHEAP Coordinator OOI, Audra Butler, COO, ARVAC, and Casey Beavers, LIHEAP Coordinator EOAWC.

**Question #1:** Audra Butler

Can A-16 funds be transferred into the Crisis Program if agencies opt-out of the A-16 program?

Response: Yes.

**Question #2:** Blain Lawrence

Can LIHEAP Program Funds be used to pay direct program expense such as salaries for case managers, program supplies, etc.?

**Response by State Agency** Lorie Williams and Shirley Mason

It was explained to the attendees that the allocation for the administration of the LIHEAP program is a maximum of 10% per Federal regulations and that percentage cannot be increased.

The State Agency, however, will review the activities currently being considered as Administrative cost and determine if changes can be made.

**July 12, 2016 – Batesville, Arkansas**

The Public Hearing was conducted by Shirley Mason, LIHEAP Program Manager and Lorie Williams, Assistant Director.

Six people attended the Public Hearing. Two out of the six were private CPAs. The remaining four were from the Community Action Agencies. Each person was provided an agenda and a copy of the State Plan Summary. Upon completion of the oral presentation by the representatives from the DHS/OCS, those attending were invited to ask questions and to make comments.

During the Public Hearing, there were no comments regarding the LIHEAP State Plan. However, there were concerns regarding the administration of the LIHEAP Program funds.

Questions were asked by Kathy Ruminer, LIHEAP Coordinator, NADC, Staci Albert, NADC, Charlie Morris, Director, NADC, Ron Cantrell, Marie Thorn, NADC, and John Welch,

**Question #1:** Staci Albert  
Can you take \$300 + \$500 to pay the Crisis bill?

**Response by State Agency** Shirley Mason  
Benefits from Regular Assistance and Crisis Intervention may be coordinated.

**Question #2** Kathy Ruminer  
What determines life-threatening for Crisis?

**Response by State Agency** Shirley Mason  
A life threatening event would be one that could prove fatal for a household in the event there was a loss of energy. This type of determination is often accompanied by a written statement from a certified medical professional.

**Question #3** Ron Cantrell  
Is the LIHEAP Allocation a 2-tier test based on the previous funding and the number of low-income person?

**Response by State Agency** Shirley Mason  
The LIHEAP allocation is based on the US Census Data and Poverty Rates for each county. We are currently reviewing that information to update from the latest US Census Data.

**Question 4** John Welch  
Is funding stagnated for ten years?

**Response by State Agency** Shirley Mason

The LIHEAP funding allocation Distribution formula has not been changed in several years. We are currently reviewing that information to update from the latest US Census Data.

**Question #5** Charlie Morris

Is the entire funding for weatherization funded through one entity? (Department of Energy)  
Is there any way that NADC can get LIHEAP weatherization funds even though we do not service weatherization?

**Response by State Agency** Shirley Mason

The Arkansas Department of Energy is the Sub-grantee for LIHEAP Weatherization funds. For information on becoming a sub-contractor for LIHEAP WAP, you may contact the Weatherization Section at the Arkansas Department of Energy.

**Question #6:** Charlie Morris

Can LIHEAP Program Funds be used to pay direct program expense such as salaries for case managers, program supplies, etc.?

**Response by State Agency** Lorie Williams and Shirley Mason

It was explained to the attendees the allocation for the administration of the LIHEAP program is a maximum of 10% per Federal regulations and cannot be increased.

The State Agency, however, will review the activities currently being considered as Administrative cost and determine if changes can be made.

**July 13, 2016 – Prescott, Arkansas**

The Public Hearing was conducted by Shirley Mason, LIHEAP Program Manager and Lorie Williams, Assistant Director.

Two people attended the Public Hearing. Each person was provided an agenda and a copy of the State Plan Summary. Upon completion of the oral presentation by the representatives from the DHS/OCS, those attending were invited to ask questions and to make comments.

During the Public Hearing, there were no comments regarding the LIHEAP State Plan. However, there were concerns regarding the administration of the LIHEAP Program funds.

Questions were asked by Todd Anderson, LIHEAP Program Director, CADDC, and Jim McPhaul, Executive Director, SWADC.

**Question #1:** Todd Anderson

Can LIHEAP Program Funds be used to pay direct program expense such as salaries for case managers, program supplies, etc.?

Response: The State Agency, however, will review the activities currently being considered as Administrative cost and determine if changes can be made.

**Question #2:** Jim McPhaul

Any Idea regarding the time frame that we receive notification regarding admin program cost?

Response: OCS will have to make an assessment and present it to the Division Director for review.

### **July 14, 2016 – Warren, Arkansas**

The Public Hearing was conducted by Shirley Mason, LIHEAP Program Manager and Lorie Williams, Assistant Director.

Five people attended the Public Hearing. Each person was provided an agenda and a copy of the State Plan Summary. Upon completion of the oral presentation by the representatives from the DHS/OCS, those attending were invited to ask questions and to make comments.

During the Public Hearing, there were no comments regarding the LIHEAP State Plan. However, there were concerns regarding the administration of the LIHEAP Program funds.

Questions were asked by Alethea Dallas, Interim Director, SEACAC.

**Questions #1 and #2:** Alethea Dallas, Interim Executive Director, SEACAC

Define Administration and Program Cost?

Response: Because the LIHEAP Program is a block grant, there are certain activities that can be allowed either under Administrative or as Program. We understand that the Community Action Agencies would like for the State to review the current activities and determine if some can now be considered as Program Costs. The State Agency will review the activities currently being considered as Administrative cost and determine if changes can be made.

Is there any flexibility with Administration Cost vs Program Cost?

Response: The State Agency will review the activities currently being considered as Administrative cost and determine if changes can be made.

### **Written Comments**

The agency received seven written comments. All but one was related to the activities allowed in Administrative and Program Costs. The other was concerning the allocation for each agency and how that is determined. (See Attachment I).

A written response to those comments was issued by the DHS/Office of Community Services (See Attachment II).

**NPO BUILDERS, LLC  
185 MILL RUN TRL  
BATESVILLE, AR 72501  
(870) 307-5264**

July 13, 2016

Division of County Operations  
HEAP Unit  
P.O. Box 1437, Slot S-330  
Little Rock, AR 72203

RE: HEAP Public Hearing Comments

To Whom It May Concern:

I appreciate Ms. Williams and Ms. Mason for visiting Batesville and presenting the HEAP program information and listening to various comments and suggestions from local residents. In accordance with the request for comments, I'd like to offer the following.

I'm a CPA as well as a Certified Financial Planner, and a Certified Fraud Examiner. My experience since 1980 has been almost exclusively intertwined with both nonprofits that receive governmental grant funding, and governmental organizations or sub-units. This experience includes audit, consulting, or volunteer work with at least 5 of the State's Community Action organizations. I've also served as a CFO/Treasurer for one of Arkansas' larger retailers and a couple of governmentally-funded nonprofits.

My experiences at these, and other nonprofits, has shown that there are apparently some serious challenges for the CAPs fiscally to remain solvent, viable, and robust. Some have seen their financial positions deteriorate dramatically over the past decade, almost to the point of closing their doors. More certainly some have had to curtail various programs and services, cut staff, and as a result shrink their ability to consider further growth and service opportunities.

I only mention this because with relative ease, the DCO, specifically HEAP policy, can make a profound and positive impact moving forward for these community service providing agencies.

Comment #1

At this time HEAP direct line client service staff and their related costs are considered to be "administrative" and are subject to a very limited funding allocation within each CAP's HEAP budget. While not subject to the OMB Omniscircular's 10% de minimus overhead rate, that rate might be considered to establish what Federal officials considered a bare but reasonable level for administrative costs. Some grants allow the 10% (or more) overhead to flow down to the subrecipient level but such is not the case with HEAP subrecipients. Since the total administrative costs for ALL levels of program services is 10%, the subrecipients, after the State takes its needed administrative portion, are left with an extraordinarily low level of funding to cover both its (1) indirect administrative costs and (2) the costs for direct service staff, which includes Case Management and Outreach.

To illustrate, for one of the Agencies I serve, the average "Indirect" or pure administrative allocation allowed was only 2.49% for FY 2014, and 1.16% for FY 2015! The rest of their small administrative share was made up of direct line service staff and related costs. Since "Indirect" costs have to be allocated proportionately, you can see the situation is quite challenging.

According to IM 2000-12, as well as a LiHeap Clearinghouse Issue Brief dated June, 2014, it is not necessary for the State to consider outreach and case management activities as administrative. The Issue Brief indicates that Illinois, Indiana, and Washington consider outreach, case management, budget counseling, energy education, vendor negotiations to be program, not administrative costs. IM 2000-12 reminds the States that they have a great deal of flexibility, within TANF general guidelines, to structure programs as they feel work best for themselves.

In order for the CAPs to improve their viability and strength, I recommend the State redefine its administrative component to specifically exclude case management and outreach activities performed for the HEAP program. I am not asking for an increase of the 10% admin cost ceiling from either the State or Federal government. I am asking only that a small portion of the utility assistance funds be redirected to another allowable program cost component - Case Management and/or Outreach (or similar).

Attached are both documents for your review.

I hope you will give very serious and thoughtful consideration to this change. Although small for the HEAP program as a whole, such a change would be extremely meaningful to each individual Community Action Agency. It would not be a windfall by any means, but a meaningful tweak to their fiscal health and structure.

#### Comment #2

Regarding the way that HEAP funds are distributed to the State's subrecipient Community Action Agencies, I hope that the awards are based on current population statistics for low-income persons, rather than statistics that are up to a decade old. There are resources available for reliable estimates annually from the most recent US census, UALR, etc., and perhaps those could be used to ascertain the poverty rates used to determine the allocations of HEAP funds to each CAP. As populations shift, it is possible that continued high funding could be made for areas where poverty is in decline relative to other areas where poverty is growing. Naturally, areas where poverty is growing, is where HEAP funds should be increased. Leaving high funding in areas where poverty rates are decreasing relative to others is, at least anecdotally, harmful to the areas where people in poverty numbers are growing and they should not be penalized with lower than average funding availability.

Again, I hope you might take a close look at the allocation issue as well in order to be sure that it meets the needs of the communities on a current basis.

Sincerely,



Ron Cantrell, CPA, CFP®, CFE  
President

Attachments

**NPO BUILDERS, LLC  
185 MILL RUN TRL  
BATESVILLE, AR 72501  
(870) 307-5264**

July 19, 2016

Division of County Operations  
HEAP Unit  
P.O. Box 1437, Slot S-330  
Little Rock, AR 72203

RE: HEAP Public Hearing Comments

To Whom It May Concern:

I would like to follow up to my earlier letter responding to your request for public comments regarding the HEAP program as follows:

**Transparency**

Regarding how the LiHeap funds are distributed state-wide to each community action organization, I believe it is important to have transparency in the distribution model.

Since the methodology, math, source data, etc. are all available under the Freedom of Information Act, it would seem to be extremely helpful if the State would simply provide the allocation details when the award amounts are distributed each year to the CAP agencies.

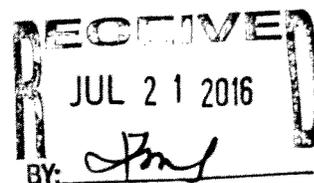
The population statistics for persons in poverty can be made available by county and show the specific way these statistics are used to determine what share of the State's total funding is made available to each Agency, as well as the State's share of the 10% administrative portion coming out of the CAP Agency totals.

I am led to believe there has been frustration in various efforts to discover this information in the recent past.

Sincerely,



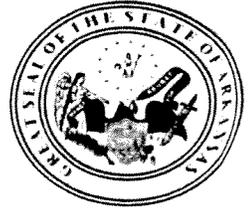
Ron Cantrell  
President





Division of County Operations  
Office of Community Services

P.O. Box 1437, Slot S330 · Little Rock, AR 72203-1437  
501-682-8715 · Fax: 501-682-6736 · TDD: 501-682-8820



August 5, 2016

Ron Cantrell  
NPO Builders, LLC  
185 Mill Run TRL  
Batesville, Arkansas 72501

Dear Mr. Cantrell:

Thank you for your comments regarding the LIHEAP State Plan. In response to your question regarding the activities currently being allowed in Administration and Program, the agency will review the activities and determine if any changes can be made. Upon completion of the review the assessment will be provided to the Division Director for review. In addition, the State will discuss with the Community Action Agencies the process of how the allotments are determined.

If you have any questions, please contact Shirley Mason, HEAP Manager at (501) 682-8726.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lorie Williams".

Lorie Williams  
Assistant Director

LW: sm

cc: Shirley Mason, LIHEAP Manager  
File

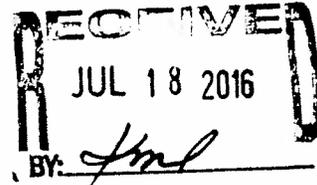


**Welch, Couch & Company, PA**  
Certified Public Accountants

John Ed Welch, CPA | William T. Couch, Jr., CPA | Jeff D. Welch, CPA, JD

**Members of American Institute of Certified Public Accountants**

July 13, 2016



Division of County Operations  
HEAP Unit  
P.O. Box 1437, Slot S-330  
Little Rock, AR 72203

RE: HEAP Public Hearing Comments

To Whom It May Concern:

I attended a recent public hearing about the HEAP program in our area and I'd like to offer the following in response.

As a CPA in the business of helping nonprofits be successful, and particularly with my experience working with Community Action Agencies all over the State of Arkansas, I am concerned about their general financial health and well-being. It seems that many of them are struggling, facing very tough times, and having to make decision about cutting programs and services in the areas they serve.

After attending the public hearing in Batesville, I am led to believe that there is something very important that the State leadership could actually accomplish with very little relative effort, and make a really tremendous impact on these organizations that serve the mission of Congress and the State.

At this time HEAP direct line client service staff and their related costs are considered to be "administrative". Since the total administrative costs for ALL levels of program services is 10% including the State's share, the sub-recipients i.e. the CAP Agencies are left with very little funding to cover both its indirect administrative costs and the costs for direct service staff, who's functionality includes both outreach and case management services. Those two services, according to IM 200-12 do not need to be counted towards the administrative component.

According to IM 2000-12, as well as a LiHeap Clearinghouse Issue Brief dated June, 2014, it is not necessary for the State to consider outreach and case management activities as administrative. The Issue Brief indicates that several other states consider outreach, case management, and other areas of service to be program costs. IM 2000-12 reminds the States that they have a great deal of flexibility in the design of their HEAP program.

Batesville: PO Box 2094 | Batesville, AR 72503 | P: 870.793.5231 | F: 870.793.7788  
Salem: PO Box 647 | Salem, AR 72576 | P: 870.895.3212 | F: 870.895.2998  
West Plains: 1618 Gibson Street | West Plains, MO 65775 | P: 417.256.6624 | F: 417.256.1171

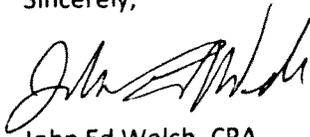
[www.welchcouch.com](http://www.welchcouch.com)

Division of County Operations  
HEAP Unit  
Page 2  
July 13, 2016

I sincerely hope the State will redefine "administration" to exclude case management and outreach activities performed for the HEAP program. The mechanics of such a change would be to move a small portion of the utility assistance funds (2.75%, for example) be redirected to another allowable program cost component which would be something like Case Management and/or Outreach whatever name the State prefers. This level of increase would bring the total for non-utility assistance expenses, excluding Assurance 16 to about 10%, which seems to me to be a great value for the State of Arkansas.

I hope you will give the suggestion very serious and thoughtful consideration. It could make the world of difference to the Agencies entrusted to perform the services OCS asks them to.

Sincerely,



John Ed Welch, CPA  
Welch, Couch & Company, PA



Division of County Operations  
Office of Community Services

P.O. Box 1437, Slot S330 · Little Rock, AR 72203-1437  
501-682-8715 · Fax: 501-682-6736 · TDD: 501-682-8820



August 5, 2016

John Ed Welch  
Welch, Couch & Company, PA  
P.O. Box 2094  
Batesville, Arkansas 72503

Dear Mr. Welch:

Thank you for your comments regarding the LIHEAP State Plan. In response to your question regarding the activities currently being allowed in Administration and Program, the agency will review the activities and determine if any changes can be made. Upon completion of the review the assessment will be provided to the Division Director for review.

If you have any questions, please contact Shirley Mason, HEAP Manager at (501) 682-8726.

Sincerely,

A handwritten signature in black ink, appearing to read "Lorie Williams".

Lorie Williams  
Assistant Director

LW:sm

cc: Shirley Mason, LIHEAP Manager  
File

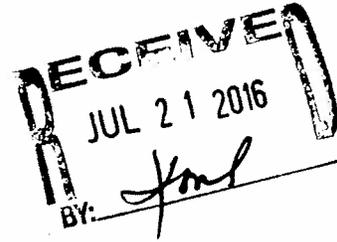


# Crowley's Ridge Development Council, Inc.

*A Community Action Partnership Serving Northeast Arkansas Since 1969*

P.O. Box 16720    2401 Fox Meadow Lane    Jonesboro, AR 72403  
870.802.7100    870.935.0291 (Fax)    www.crdene.org

July 14, 2016  
HEAP Unit  
P.O. Box 1437, Slot S-330  
Little Rock, Ar. 72203



RE: HEAP Public Hearing Comments

To Whom It May Concern:

I attended a recent public hearing about the HEAP program in our area and I'd like to offer the following response.

As a resident concerned about the health of the Community Action Agency in our area, I am concerned about their general financial health and well-being.

After attending the public hearing locally, I am led to believe that there is something very important that the state leadership could actually accomplish with very little relative effort, and make a really tremendous impact on these organizations that serve the mission of Congress and the State.

At this time HEAP direct line client service staff and their related costs are considered to be "administrative". Since the total administrative costs for ALL levels of program services is 10% including the State's share, the subrecipients i.e. the CAP Agencies are left with very little funding to cover both its indirect administrative costs and the costs for direct service staff, who's functionality includes both outreach and case management services. Those two services, according to IM 200-12 do not need to be counted towards the administrative component.

According to IM 2000-12, as well as a LiHeap Clearinghouse Issue Brief dated June, 2014, it is not necessary for the State to consider outreach and case management activities as administrative. The Issue Brief indicates that several other states consider outreach, case management, and other areas of service to be program costs. IM 2000-12 reminds the States that they have a great deal of flexibility in the design of their HEAP program.

I sincerely hope the State will reconsider its definition of "administration" to exclude case management and outreach activities performed for the HEAP program.

I hope you will give the suggestion very serious and thoughtful consideration. It could make the world of difference to the Agencies entrusted to perform the services OCS asks them to do.

Sincerely,

A handwritten signature in black ink that reads "Mollie Everett". The signature is written in a cursive style with a large, prominent "M" and "E".

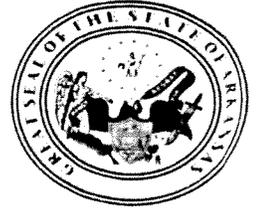
Mollie Everett

Director of Human Services



Division of County Operations  
Office of Community Services

P.O. Box 1437, Slot S330 · Little Rock, AR 72203-1437  
501-682-8715 · Fax: 501-682-6736 · TDD: 501-682-8820



August 5, 2016

Mollie Everett  
Crowley's Ridge Development Council, Inc.  
2401 Fox Meadow Lane  
Jonesboro, Arkansas 72403

Dear Ms. Everett:

Thank you for your comments regarding the LIHEAP State Plan. In response to your question regarding the activities currently being allowed in Administration and Program, the agency will review the activities and determine if any changes can be made. Upon completion of the review the assessment will be provided to the Division Director for review.

If you have any questions, please contact Shirley Mason, HEAP Manager at (501) 682-8726.

Sincerely,

A handwritten signature in black ink, appearing to read "Lorie Williams".

Lorie Williams  
Assistant Director

LW:sm

cc: Shirley Mason, LIHEAP Manager  
File



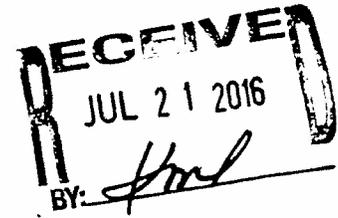
# Crowley's Ridge Development Council, Inc.

*A Community Action Partnership Serving Northeast Arkansas Since 1969*

P.O. Box 16720    2401 Fox Meadow Lane    Jonesboro, AR 72403  
870.802.7100    870.935.0291 (Fax)    www.crdcnea.org

July 18, 2016

Ms. Lorie Williams, Assistant Director  
Division of County Operations  
HEAP Unit  
PO Box 1437, Slot S-330  
Little Rock, AR 72203



RE: HEAP Public Hearing Comments

Dear Lorie:

I heard about the recent public hearing about the HEAP program in Batesville and I'd like to offer the following response.

As the Executive Director of a Community Action Agency in our area, I am concerned about the general financial health and well-being and sustainability of these agencies.

After hearing testimony at the public hearing, I am led to believe that there is something very important that the state leadership could accomplish with very little effort, and make a real impact on these organizations that serve the mission of Congress and the State.

At this time HEAP direct line client service staff and their related cost are considered to be "administrative". Since the total administrative cost for ALL levels of program services is 10% including the State's share, the subrecipients i.e. the CAP Agencies are left with very little funding to cover both its indirect administrative costs and the cost for direct service staff, who's functionality includes both outreach and case management services. Those two services, according to IM 200-12 do not need to be counted towards administrative component.

According to IM 200-12, as well as a LiHeap Clearinghouse Issue Brief dated June, 2014, it is not necessary for the State to consider outreach and case management activities as administrative. The Issue Brief indicates that several other states consider outreach, case management, and other areas of service to be program costs. IM 200-12 reminds the States that they have a great deal of flexibility in the design of their HEAP program.

I sincerely hope the State will reconsider its definition of "administration" to exclude case management and outreach activities performed for the HEAP program.

I hope you will give my suggestion very serious thoughtful consideration. It could make the world of difference to the Agencies entrusted to perform the services OCS ask them to do.

Sincerely,



Tim Wooldridge, Executive Director  
Crowley's Ridge Development Council, Inc.



Division of County Operations  
Office of Community Services

P.O. Box 1437, Slot S330 · Little Rock, AR 72203-1437  
501-682-8715 · Fax: 501-682-6736 · TDD: 501-682-8820



August 5, 2016

Tim Wooldridge  
Crowley's Ridge Development Council, Inc.  
2401 Fox Meadow Lane  
Jonesboro, Arkansas 72403

Dear Mr. Wooldridge:

Thank you for your comments regarding the LIHEAP State Plan. In response to your question regarding the activities currently being allowed in Administration and Program, the agency will review the activities and determine if any changes can be made. Upon completion of the review the assessment will be provided to the Division Director for review.

If you have any questions, please contact Shirley Mason, HEAP Manager at (501) 682-8726.

Sincerely,

A handwritten signature in cursive script that reads "Lorie Williams".

Lorie Williams  
Assistant Director

LW:sm

cc: Shirley Mason, LIHEAP Manager  
File



# Northcentral Arkansas Development Council, Inc.

P.O. Box 3349

Batesville, Arkansas 72503

Phone 793-5765

Fax 793-2167

nadcinc.org

July 18, 2016

Division of County Operations  
HEAP Unit  
P.O. Box 1437, Slot S-330  
Little Rock, AR 72203

RE: HEAP Public Hearing Comments

To Whom It May Concern:

I attended the recent public hearing about the HEAP program in Batesville and I'd like to offer the following in response.

As Executive Director of Northcentral Arkansas Development Council (NADC), managing a community action agency is very difficult with very limited revenue streams. I am concerned about our general financial health and well-being as I know many of my fellow executive directors with their agencies are as well. We all have our struggles, facing very tough times, and having to make decision about cutting programs and services in the areas we serve.

After attending the public hearing in Batesville, I am led to believe that there is something very important that the State leadership could actually accomplish with very little relative effort, and make a really tremendous impact on our organizations that serve the mission of Congress and the State.

At this time HEAP direct line client service staff and their related costs are considered to be "administrative". Since the total administrative costs for ALL levels of program services is 10% including the State's share, the subrecipients i.e. the CAP agencies are left with very little funding to cover both its indirect administrative costs and the costs for direct service staff, who's functionality includes both outreach and case management services. Those two services, according to IM 200-12 do not need to be counted towards the administrative component. To simplify the situation, one of my fellow directors said "it likes you have \$100, out of that \$100, \$90 goes to the client, and the other \$10 goes toward the outreach worker time and effort, paperwork, overhead, accounting, HR, etc. It is too tight of a margin."

According to IM 2000-12, as well as a LiHeap Clearinghouse Issue Brief dated June, 2014, it is not necessary for the State to consider outreach and case management activities as administrative. The Issue Brief indicates that several other states consider outreach, case management, and other

areas of service to be program costs. IM 2000-12 reminds the ***States that they have a great deal of flexibility in the design of their HEAP program.***

I sincerely hope the State will redefine "administration" to exclude case management and outreach activities performed for the HEAP program. The mechanics of such a change would be to move a small portion of the utility assistance funds (2.75%, for example) be redirected to another allowable program cost component which would be something like Case Management and/or Outreach whatever name the State prefers. This level of increase would bring the total for non-utility assistance expenses, excluding Assurance 16 to about 10%, which seems to me to be a great value for the State of Arkansas.

We did a calculation on how much more we could receive with the proposed change and it was in the mid \$20,000 range. It is not a lot of money but it gives us a little more breathing room to operate our services. I am certain that other agencies with similar and higher allocations would appreciate that extra income as well.

And while on allocations, I would like to make another request on sharing your distribution model with each agency for transparency purposes so each agency has a clearer picture how our funds are determined and funded.

I hope you will give our suggestions very serious and thoughtful consideration. It could make the world of difference to us in performing the services OCS asks of us.

Sincerely,

A handwritten signature in black ink, appearing to read "Charlie Morris". The signature is fluid and cursive, with a large, sweeping "M" at the end.

Charlie Morris  
Executive Director



Division of County Operations  
Office of Community Services

P.O. Box 1437, Slot S330 · Little Rock, AR 72203-1437  
501-682-8715 · Fax: 501-682-6736 · TDD: 501-682-8820



August 5, 2016

Charlie Morris  
Northcentral Arkansas Development Council, Inc.  
P.O. Box 3349  
Batesville, Arkansas 72503

Dear Mr. Morris:

Thank you for your comments regarding the LIHEAP State Plan. In response to your question regarding the activities currently being allowed in Administration and Program, the agency will review the activities and determine if any changes can be made. Upon completion of the review the assessment will be provided to the Division Director for review.

If you have any questions, please contact Shirley Mason, HEAP Manager at (501) 682-8726.

Sincerely,

A handwritten signature in cursive script that reads "Lorie Williams".

Lorie Williams  
Assistant Director

LW:sm

cc: Shirley Mason, LIHEAP Manager  
File



July 20, 2016

Division of County Operations  
HEAP Unit  
P.O. Box 1437, Slot S-330  
Little Rock, AR 72203

To Whom It May Concern:

I recently attended a public hearing about the HEAP program for this region of the State of Arkansas and I became concerned about the general financial health of the Community Action Agency in general. I encourage the State leadership to take steps necessary to positively impact the Community Action Agency that serve the mission of Congress in the State of Arkansas.

At this time HEAP direct line client service staff and their related costs are considered to be "administrative". Since the total administrative costs for ALL levels of program services is 10% including the State's share, the sub recipients i.e. the CAP Agencies are left with very little funding to cover both its indirect administrative costs and the costs for direct service staff, who's functionality includes both outreach and case management services. Those two services, according to IM 200-12 do not need to be counted towards the administrative component.

According to IM 2000-12, as well as a LiHeap Clearinghouse Issue Brief dated June, 2014, it is not necessary for the State to consider outreach and case management activities as administrative. The Issue Brief indicates that several other states consider outreach, case management, and other areas of service to be **program** costs. IM 2000-12 reminds the States that they have a great deal of flexibility in the design of their HEAP program.

I sincerely hope the State will reconsider its definition of "administration" to exclude case management and outreach activities performed for the HEAP program.

Sincerely,

A handwritten signature in black ink, appearing to be "Rick Reed", written over the word "Sincerely".

Rick Reed

P.O. Box 2705 ■ Batesville, Arkansas 72501 ■ Phone 870.793.2154 ■ Fax 870.793.2159

---

w w w . r i c k r e e d c o m p a n y . c o m



Division of County Operations  
Office of Community Services

P.O. Box 1437, Slot S330 · Little Rock, AR 72203-1437  
501-682-8715 · Fax: 501-682-6736 · TDD: 501-682-8820



August 5, 2016

Rick Reed  
Rick Reed Company  
P.O. Box 2705  
Batesville, Arkansas 72501

Dear Mr. Reed:

Thank you for your comments regarding the LIHEAP State Plan. In response to your question regarding the activities currently being allowed in Administration and Program, the agency will review the activities and determine if any changes can be made. Upon completion of the review the assessment will be provided to the Division Director for review.

If you have any questions, please contact Shirley Mason, HEAP Manager at (501) 682-8726.

Sincerely,

A handwritten signature in black ink, appearing to read "Lorie Williams".

Lorie Williams  
Assistant Director

LW:sm

cc: Shirley Mason, LIHEAP Manager  
File