

# **State of Illinois**

## **2025-2026 LIHEAP State Plan**



**Illinois**  
**Department of Commerce**  
& Economic Opportunity  
OFFICE OF COMMUNITY ASSISTANCE  
JB Pritzker, Governor

**Kristin A. Richards,**  
**Director**

## DETAILED MODEL PLAN (LIHEAP)

**Program Name:** Low Income Home Energy Assistance

**Grantee Name:** ILLINOIS DEPARTMENT COMMERCE & ECONOMIC OPPORTUNITY

**Report Name:** DETAILED MODEL PLAN (LIHEAP)

**Report Period:** 10/01/2025 to 09/30/2026


**Report Status:** Submitted with Warnings

### Report Sections

1. *Mandatory Grant Application SF-424*
2. *Section 1 - Program Components*
3. *Section 2 - HEATING ASSISTANCE*
4. *Section 3 - COOLING ASSISTANCE*
5. *Section 4 - CRISIS ASSISTANCE*
6. *Section 5 - WEATHERIZATION ASSISTANCE*
7. *Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)*
8. *Section 7 - Coordination, 2605(b)(4) - Assurance 4*
9. *Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6*
10. *Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7*
11. *Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10*
12. *Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)*
13. *Section 12 - Fair Hearings,2605(b)(13) - Assurance 13*
14. *Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16*
15. *Section 14 - Leveraging Incentive Program ,2607A*
16. *Section 15 - Training*
17. *Section 16 - Performance Goals and Measures, 2605(b)*
18. *Section 17 - Program Integrity, 2605(b)(10)*
19. *Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters*
20. *Section 19: Certification Regarding Drug-Free Workplace Requirements*
21. *Section 20: Certification Regarding Lobbying*
22. *Assurances*
23. *Plan Attachments*

# 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.: 0970-013 Expiration Date: 02/28/2027							
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b> <b>SF - 424 - MANDATORY</b>									
<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>  <b>Explanation:</b>	<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. Unique Entity Identifier (UEI)</b> S14GXUNZG814	<b>5. Date Received By State:</b>						
		<b>4b. Federal Award Identifier:</b>	<b>6. State Application Identifier:</b>						
<b>7. APPLICANT INFORMATION</b>									
<b>* a. Legal Name:</b> State of Illinois									
<b>* b. Address:</b>									
<b>* Street 1:</b>	1011 S 2nd Street	<b>Street 2:</b>							
<b>* City:</b>	Springfield	<b>County:</b>	Sangamon						
<b>* State:</b>	IL	<b>Province:</b>							
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	62704						
<b>c. Organizational Unit:</b>									
<b>Department Name:</b> Department of Commerce and Economic Opportunity (DCEO)		<b>Division Name:</b> Office of Community Assistance (OCA)							
<b>d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)</b>									
<b>* First Name:</b> Leslie Ann		<b>* Last Name:</b> Lesko							
<b>Title:</b> LIHEAP State Administrator		<b>Organizational Affiliation:</b>							
<b>* Telephone Number:</b> (217) 557-8976		<b>Fax Number</b>							
<b>* Email:</b> LeslieAnn.Lesko@illinois.gov									
<b>* 8. TYPE OF APPLICANT:</b> A: State Government									
<b>* a. Is the applicant a Tribal Consortium:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No									
<b>* b. If yes please attach at least one the following documentation:</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Catalog of Federal Domestic Assistance Number:</td> <td style="width: 33%; text-align: center;">CFDA Title:</td> </tr> <tr> <td style="padding: 5px;"><b>9. CFDA Numbers and Titles</b></td> <td style="padding: 5px;">93.568</td> <td style="padding: 5px;">Low-Income Home Energy Assistance Program</td> </tr> </table>					Catalog of Federal Domestic Assistance Number:	CFDA Title:	<b>9. CFDA Numbers and Titles</b>	93.568	Low-Income Home Energy Assistance Program
	Catalog of Federal Domestic Assistance Number:	CFDA Title:							
<b>9. CFDA Numbers and Titles</b>	93.568	Low-Income Home Energy Assistance Program							
<b>10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Low Income Home Energy Assistance Program (LIHEAP)									
<b>11. AREAS AFFECTED BY FUNDING:</b> Entire State									
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b> 13									
<b>13. FUNDING PERIOD:</b>									
<b>a. Start Date:</b> 10/01/2025		<b>b. End Date:</b> 09/30/2026							
<b>* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>									
a. This submission was made available to the State under Executive Order 12372									

Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
If Yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official David Wortman	17c. Telephone (area code, number and extension)
	17d. Email Address David.Wortman@Illinois.gov
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 07/07/2025

## 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.: 0970-013  
Expiration Date: 02/28/2027

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

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

## Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2025	08/15/2026
<input type="checkbox"/>	Cooling assistance		
<input type="checkbox"/>	Summer crisis assistance		
<input checked="" type="checkbox"/>	Winter crisis assistance	10/01/2025	08/15/2026
<input type="checkbox"/>	Year-round crisis assistance		
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2025	09/30/2026

Provide further explanation for the dates of operation, if necessary

The heating assistance program is scheduled to start Wednesday, October 1, 2025 beginning with a priority for older adults, individuals with a disability, families with children under the age of six years and disconnected/imminent disconnected utilizing FY2025 and FY2026 HHS funds. The program will continue until August 15, 2026, or until funding is exhausted. The Weatherization program started July 1, 2025 utilizing 2025 HHS funding. Illinois will not administer a separate Cooling assistance program during FY2026. Eligible customers will be assisted with both gas and electric until August 15, 2026, or until funding is exhausted.

The Low Income Discount Rate (LIDR) will continue providing a monthly discount on natural gas bills from Ameren Illinois, Nicor Gas, North Shore Gas and Peoples Gas customers with qualifying household incomes. Their discount rate will depend on their household income level. Beginning January 1, 2026, LIDR will also be available to ComEd electric customers.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )	Prior year totals
Heating assistance	50.00%	50.00%
Cooling assistance	0.00%	0.00%

Summer crisis assistance	0.00%	0.00%
Winter crisis assistance	15.00%	15.00%
Year-round crisis assistance	0.00%	0.00%
Weatherization assistance	15.00%	15.00%
Carryover to the following federal fiscal year	10.00%	10.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%
Used to develop and implement leveraging activities	0.00%	0.00%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>

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

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

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

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

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

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

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

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

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

The Department will continue considering households categorically eligible if one household member receives SNAP, TANF Cash and/or AABD Cash benefits in the previous month from the date of application. Although the Department indicates in the FY2026 LIHEAP State Plan that we consider households categorically eligible if one household member receives SNAP, TANF Cash and/or AABD Cash benefits, we collect additional information to establish eligibility, such as household composition, household income, etc. This is because all persons in a residence are considered a household for LIHEAP and different individual and family compositions in a household make up different SNAP, TANF, and/or Cash cases at the State's Department of Human Services. When a household with mixed categorical eligibility applies for LIHEAP, we don't say they are automatically eligible when we can't determine the correct household income without further documentation. As a result, there is no difference given to categorically eligible households as all applicants are required to provide household income documentation which is needed to compare with Illinois' LIHEAP Benefit Matrix. Income for all household members is also needed to establish eligibility for the Low Income Discount Rate. Categorical eligibility is used for Weatherization program. Households receiving public assistance must meet the annual income guidelines of up to 200% of the Federal Poverty Level.

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

If Yes, explain:

Older adults and individuals with a disability with fixed income may be auto-enrolled by the LAA by adding the Cost of Living Adjustment (COLA) from previous years income and household income must be verified every three (3) program years.

**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 Department will continue considering households categorically eligible if one household member receives SNAP, TANF Cash and/or AABD Cash benefits in the previous month from the date of application. Although the Department indicates in the FY2026 LIHEAP State Plan that we consider households categorically eligible if one household member receives SNAP, TANF Cash and/or AABD Cash benefits, we collect additional information to establish eligibility, such as household composition, household income, etc. This is because all persons in a residence are considered a household for LIHEAP and different individual and family compositions in a household make up different SNAP, TANF, and/or Cash cases at the State's Department of Human Services. When a household with mixed categorical eligibility applies for LIHEAP, we don't say they are automatically eligible when we can't determine the correct household income without further documentation which is needed to compare with Illinois' LIHEAP Benefit Matrix. As a result, there is no difference in treatment given to categorically eligible households as all applicants are required to provide household income documentation. Categorical eligibility is used for Weatherization program. Households receiving public assistance must meet the

annual income guidelines of up to 200% of the Federal Poverty Level.

**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?**

Not Applicable

**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

☐ Other - Describe

**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

☒ Strike Pay

☒ Social Security Administration (SSA ) benefits

☐ Including MediCare deduction ☒ Excluding MediCare deduction

☒ Supplemental Security Income (SSI )

☒ Retirement / pension benefits

☒ General Assistance benefits

☒ Temporary Assistance for Needy Families (TANF) benefits

☐ Loans that need to be repaid

☒ Cash gifts

☐ Savings account balance

☒ One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.

<input 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 type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements
<input checked="" 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 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 checked="" type="checkbox"/>	Other  Sheltered Workshop Supported Employment, Federal Black Lung Benefits, Railroad Retirement Benefits, Armed Forces Allotment, Educational Stipend, Adoption Subsidies and Other Payments for Services Rendered.

**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.**

1.10 Do you have an online application process <input checked="" type="radio"/> Yes <input type="radio"/> No	
1.10a If yes, describe the type of online application (Select all boxes that apply)	
<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input checked="" type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	Online application that is also mobile friendly



<input checked="" type="checkbox"/>	<p>Other, please describe</p> <p>Although there is no statewide online application available to applicants, there is an online pre-application where applicants can initiate their LIHEAP application process. After applicants submit their household information, their LIHEAP Local Administering Agency either attempts completing a LIHEAP application or a staff person contacts the applicant for an appointment or phone application.</p>
<p>Please include a link(s) to a statewide application, if available:</p> <p>Help Illinois Families</p>	
<p>1.10b Can all program components be applied for online? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
<p>If no, explain which components can and cannot be applied for online.</p> <p>The pre-application form is available to connected households. Disconnected/imminent disconnected households must apply directly with their LIHEAP Local Administering Agency.</p>	
<p>1.11 Do you have a process for conducting and completing applications by phone? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>1.12 Do you or any of your subrecipients require in person appointments in order to apply? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.</p> <p>Yes. Since COVID, LIHEAP Local Administering Agencies complete applications by phone (as needed).</p> <p>The program has seen value in using phone, curbside, drop boxes and mail application methods and LIHEAP Local Administering Agencies still incorporate some of these options on their application process. However, they use these method(s), as needed.</p>	
<p>1.13 How can applicants submit documentation for verification? Select all that apply:</p>	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input type="checkbox"/>	Other, please describe

Hidden for Section 1

## 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.: 0970-013  
Expiration Date: 02/28/2027

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

#### Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	12	State Median Income	60.00%
2	15	HHS Poverty Guidelines	150.00%

2.2 Do you have additional eligibility requirements for Heating Assistance? ☒ Yes ☐ No

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

Do you require an Assets test? ☐ Yes ☒ No

If yes, describe:

See below for explanation on 2.3.

Do you have additional/differing eligibility policies for:

Renters? ☒ Yes ☐ No

If yes, describe:

Renters with utilities included in their rent have to verify their rent to receive a Cash benefit given they don't have an energy bill under their name. In addition, Furnace Assistance (Crisis Assistance) is for homeowners. Since landlords have legal responsibility to provide heat to their tenants during the winter months, renters are not eligible for Furnace Assistance.

Renters Living in subsidized housing? ☒ Yes ☐ No

If yes, describe:

See above.

Renters with utilities included in the rent? ☒ Yes ☐ No

If yes, describe:

See above.

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☒ Yes ☐ No

If yes, describe:

The heating assistance program is scheduled to start Wednesday, October 1, 2025 beginning with a priority for older adults, individuals with a disability, families with children under the age of six years and disconnected/imminent disconnect households. Other eligible households can start applying November 1, 2025.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

The heating assistance program is scheduled to start Wednesday, October 1, 2025 beginning with a priority for older adults, individuals with a disability, families with children under the age of six years and disconnected/imminent disconnect households. Other eligible households can start applying November 1, 2025.

Young children? ☒ Yes ☐ No

If yes, describe:

<p>The heating assistance program is scheduled to start Wednesday, October 1, 2025 beginning with a priority for older adults, individuals with a disability, families with children under the age of six years and disconnected/imminent disconnect households. Other eligible households can start applying November 1, 2025.</p>			
<b>Households with high energy burdens?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>If yes, describe:</b>			
<b>Other?</b> Disconnected/Imminent Threat		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>If yes, describe:</b>			
<p>Disconnected/imminent disconnected households are part of a priority group that gets to apply first.</p>			
<b>Explanations of policies for each "yes" checked above:</b>			
<p>See above.</p>			
<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b>			
<p>One priority group will be established under the 2026 LIHEAP State Plan. This priority includes: older adults, individuals with a disability, families with at least one child under age 6, and households with disconnected energy services (or within 7 days of the disconnection date).</p> <p>The program will start October 1, 2025 and will be available to the Priority applicants. All other income eligible households will start applying November 1, 2025. The program will continue until August 15, 2026, or until funding is exhausted.</p> <p>The Department will be using the highest possible level by household size and as a result, the LIHEAP income guidelines will be set at 60% State Median Income. However, for households larger than 12 members, the 150% will be set as the maximum income eligibility criteria.</p>			
<b>2.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>			
<input checked="" type="checkbox"/> <b>Income</b>			
<input checked="" type="checkbox"/> <b>Family (household) size</b>			
<input checked="" type="checkbox"/> <b>Home energy cost or need:</b>			
<input checked="" type="checkbox"/> <b>Fuel type</b>			
<input type="checkbox"/> <b>Climate/region</b>			
<input type="checkbox"/> <b>Individual bill</b>			
<input type="checkbox"/> <b>Dwelling type</b>			
<input type="checkbox"/> <b>Energy burden (% of income spent on home energy)</b>			
<input type="checkbox"/> <b>Energy need</b>			
<input checked="" type="checkbox"/> <b>Other - Describe:</b>			
<p>Although energy burden is not a factor in the Benefit Matrix, the Department takes the energy burden reduction into consideration when setting the goals of the new Benefit Matrix.</p>			
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.</b>			
<b>Minimum Benefit</b>	\$58	<b>Maximum Benefit</b>	\$2,564
<b>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>If yes, describe.</b>			

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

## Section 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.: 0970-013  
Expiration Date: 02/28/2027

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

#### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

3.2 Do you have additional eligibility requirements for Cooling assistance? ☐ Yes ☐ No

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

Do you require an Assets test? ☐ Yes ☐ No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☐ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☐ No

If yes, describe:

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

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☐ Yes ☐ No

If yes, describe:

Individuals with a disability? ☐ Yes ☐ No

If yes, describe:

Young children? ☐ Yes ☐ No

If yes, describe:

Households with high energy burdens? ☐ Yes ☐ No

If yes, describe:

Other? ☐ Yes ☐ No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

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

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

<input type="checkbox"/>	Dwelling type			
<input type="checkbox"/>	Energy burden (% of income spent on home energy)			
<input type="checkbox"/>	Energy need			
<input type="checkbox"/>	Other - Describe:			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)				
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i>				
Minimum Benefit	<table border="1"> <tr> <td>\$0</td> <td>Maximum Benefit</td> <td>\$0</td> </tr> </table>	\$0	Maximum Benefit	\$0
\$0	Maximum Benefit	\$0		
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input type="radio"/> No				
If yes, describe.				
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>				

## 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.: 0970-013  
Expiration Date: 02/28/2027

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

## 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	12	State Median Income	60.00%
2	15	HHS Poverty Guidelines	150.00%

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

In the event of a household related crisis, the Illinois Department of Commerce and Economic Opportunity (the Department), in coordination with other pertinent agencies, will develop an appropriate response designed to eliminate the threat to life and health. Under such condition, the Department may utilize a portion of available 2026 LIHEAP funding to provide crisis assistance to low-income households affected by threatening conditions.

Reconnection Assistance (RA) will be provided when a household is in imminent disconnection status or is already disconnected by the utility from its primary heat source or from any secondary energy source that is heat related. Disconnection will be considered imminent when disconnection will occur within (7) days without the provision of crisis assistance.

Crisis assistance (Reconnection Assistance and Furnace Assistance) will be provided within 48 hours or 18 hours in the event of a life-threatening situation affecting the individual household. The 48/18 hour timeframe is from the day the customer's application is completed and all required documentation has been received and verified.

The amount of Reconnection Assistance will be the minimum amount needed to restore energy service to the household. Households are eligible for Reconnection Assistance payments not to exceed a total of \$1,500 per household per year. All RA payments combined cannot exceed the applicant benefit limit of \$1,500. Applications for primary and secondary Reconnection Assistance payments do not have to be done simultaneously. The household is allowed to apply for a Reconnection Assistance payment for one vendor. This is not to be interpreted to mean that the household is entitled to the maximum benefit. The time of the application, the amount for reconnection, and the availability of funding will determine if each household is applying for Reconnection Assistance benefits will receive the maximum. If the household is in need of Reconnection Assistance during the Program Year and they have not received the full \$1,500 possible RA amount, they can return for additional assistance up to the \$1,500 maximum amount.

Furnace Assistance will be provided until May 29, 2026 or until the furnace allocation is exhausted, to households that qualify for and receive a LIHEAP energy assistance benefit in the 2026 Program Year. Furnace Assistance benefits are for households that do not have an operating furnace and/or a safe heat source for their residence. Furnace Assistance benefits, which may include tune-up, repair, or replacement, will be utilized to restore a vital heat supply to the home. The Furnace Assistance component will be operated in collaboration with the LAA's Weatherization program. The LAAs are uniquely situated to define and develop individualized responses to energy related emergencies. Packaged (heating and cooling) units may be repaired or replaced using Furnace Assistance, as with any other furnace, replacements of these units must be justified as the safest, most effective measures needed to safely restore heat to the residence. Additionally, water heating venting corrections are allowable health and safety expenditure.

The Department will continue administering the Furnace Assistance Voucher Program as part of the Furnace Assistance Program. This was a pilot program that began in FY22 and continues adding more LAAs. This voucher program will continue to be optional and LIHEAP Local Administering Agencies that decide to administer this voucher pilot will be pre-approved by the Department. Under the Furnace Voucher Program customers will: 1- apply for Furnace Assistance through their LAA; 2-LAA will document whether the customer has a safe place to go if they do not have heat, so the 48/18 hours crisis assistance requirement is met. The LAA provides a pre-qualified list of HVAC contractors in the area; 3- customer selects a contractor from the list or recommends their own contractor (who must meet the pre-qualifications); 4- After the repair/

replacement is completed, the LAA works with the contractor to pay allowable voucher amount. At some of the LAAs the customer may have a Customer Payment Responsibility, if total bill exceeds the maximum allowable Furnace Assistance benefit amount; 5-Contractor signs a voucher acceptance form stating that safe heat has been restored to the customer, prior to voucher being paid.

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

Reconnection Assistance and Furnace Assistance will be provided within 18 hours from the date and time the customer's application is complete if the energy crisis is life-threatening. For the purpose of implementing the 18-hour processing provision exists if the following conditions are met:

- The temperature is 32° Fahrenheit or below.
- The household is not protected by the Illinois Commerce Commission (ICC) rules or similar local laws.
- Reconnection is the only available remedy, i.e, the household does not have alternate shelter, lacks a safe temporary means of heat, and/or is homebound.

Each local agency is required to develop specific written procedure to implement the 18-hour provision in an equitable manner, including from which source the outside temperature was established (e.g. via Intellicast.com for the customer's city of residence). To expedite the application, Outreach sites are required to securely scan and email applications that require an 18-hour response along with the supporting documentation to the LAA-Main Office via a secure file transfer system.

#### 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)

	Winter Crisis	Summer Crisis	Year-Round Crisis
4.6 Do you have additional eligibility requirements for Crisis Assistance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.7 Check the appropriate boxes below to indicate type(s) of assistance provided

0

Do you require an Assets test? ☐ ☐ ☐

Do you give priority in eligibility to:

Older Adults (60 years or older)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): Disconnected/Imminent Disconnected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have additional/differing eligibility policies for:

Renters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanations of policies for each "yes" checked above:

Priority eligibility for older adults, individuals with a disability, families with at least one child under age 6 and/or disconnected/imminent disconnected households is detailed in Section 2.4 of this Model Plan. The Department must set aside a portion of the State's allocation for use in crisis situations. Under this component, funds may be used for either weather or supply emergencies that affect the entire eligible population or for



crisis-related situations that affect an individual household to the extent funds are available. The policies for eligibility to receive crisis benefits are explained in Section 4.2 of this Model Plan.

The additional/differing policy for renters whose primary heat utility is included in rent state a one-time "Cash" benefit (in the form of a check to the customer) is available to renters.

The Department will be using the highest possible level by household size and as a result, the LIHEAP income guidelines will be set at 60% State Median Income. However, for households larger than 12 members, the 150% will be set as the maximum income eligibility criteria.

#### Determination of Benefits

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

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

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

<input checked="" type="checkbox"/>	Amount to resolve the crisis. \$1,500
<input type="checkbox"/>	Other - Describe:

#### Crisis Requirements, 2604(c)

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

☒ Yes ☐ No Explain.

Permanent or temporary outreach sites are located in all sections of the LAA's service area. They are visible at the community level and ideally have nearby public transportation; the buildings are accessible to persons with disabilities. Possible outreach/intake sites may include agency central and satellite offices, older adult centers, nutrition sites, government offices, churches or community facilities. Preference should be made for sites that accommodate secure internet access for automated intake with LIHEAP.net (Illinois' LIHEAP database for authorized State and LAA users).

##### 4.11 Do you provide individuals who are individuals with a disability 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.

The Department does not arrange for transportation, but LAAs have been instructed to work with customers and offer alternative ways to apply. Home visits are currently discouraged. Application by in-person Proxy, via phone, email, U.S. Mail or other secure delivery service, is encouraged.

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	\$1,500.00 maximum benefit
Summer Crisis	\$0.00 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

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

<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>			
	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (Specify):</b>  1. For Winter Crisis, as noted in 4.2: package (heating and cooling) units may be repaired or replaced using Furnace Assistance; as with any other furnace, replacements of these units must be justified as the safest, most cost-effective measures needed to safely restore heat to the residence. 2. Gas line hook-up, and 3. Other Health and Safety-related items (smoke detectors and CO detectors). 3. Crisis Assistance (Reconnection Assistance) will be offered as Winter Crisis until August 15, 2026, or until funding is exhausted and Furnace Assistance end date will be May 29, 2026, or until funding is exhausted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you responded "Yes" to question 4.16, you must respond to question 4.17.			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
<p>No electric or gas public utility shall disconnect service to any residential customer or master-metered apartment building for non-payment of a bill or deposit where gas or electricity is used as the primary source of space heating or is used to control or operate the primary source of space heating equipment at the premise during the period of time from December 1 through March 31 of the immediately succeeding calendar year.</p> <p>Low income residential customers from regulated utilities in Illinois, who have qualified under LIHEAP, can receive some benefits with their utilities. The benefits include exceptions for low income customers with regards to deposits, late payment fees, and deferred payment arrangements. For more information: <a href="http://ilga.gov/commission/jcar/admincode/083/08300280sections.html">http://ilga.gov/commission/jcar/admincode/083/08300280sections.html</a></p>			
<b>4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe			
<p>The Department intends to utilize LIHEAP Heating and Crisis funds to address disaster related crisis situations. The LAA and the Department will review available funding and the LAA will submit to the</p>			

Department a Disaster Relief Plan prior to implementation for the Department's approval.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	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 and attach a copy of the Internal Agreement or Contract.

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

#### WEATHERIZATION - Types of Rules

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

☐ Entirely under LIHEAP (not DOE) rules

☐ Entirely under DOE WAP (not LIHEAP) rules

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

☐ Income Threshold

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

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

☐ Other - Describe:

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

☐ Income Threshold

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

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

☒ Other - Describe:

No QCI Final Inspection is required for HHS funded homes. Also, LIHEAP Weatherization follows the DOE 200% income eligibility threshold.

Use of HHS funds to address healthy home issues and deferral remediation. These measures are also approved in our DOE State Plan.

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

5.8 Do you give priority in eligibility to:

Older Adults?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---------------	---

Individuals with a disability?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other? High energy use	<input checked="" type="radio"/> Yes <input 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.**

A priority ranking system will be used for all homes in the Weatherization Program. Multi-Family buildings (buildings of 5 or more units) are not subject to priority ranking.

Weatherization applications are taken on a first-come, first-served basis. Households containing older adults, individuals with a disability, high energy user and/or young children will be given priority for weatherization services. Lower priority-ranked, income-eligible households will be served later in the program year, or when funding is available.

Every household is ranked and assigned a priority by the IWx database system. IWx automatically calculates the priority points in the following manner: elderly, disability, high energy user and children.

The Weatherization Program requires landlord approval/consent to work on the property of a renter. Before beginning an assessment, the LAA should have the owner/authorized agent review and sign the IHWAP rental agreement. The agreement ensures that the building owner agrees to give permission to implement the weatherization work, confirms that the building is not currently for sale, tenants are to receive the benefits from weatherization, and most importantly, the owner agrees to not raise the rent for at least 12 months from date of project completion. The agreement also makes clear that the weatherization work is guaranteed for one year. The agreement should be submitted as part of the Project Eligibility approval. Without this agreement, it would not make sense to commit resources towards conducting an assessment.

---

**Benefit Levels**

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

5.9a If yes, what is the maximum? \$12,000

5.10 Do you use an Average Cost per Unit (ACPU). ☐ Yes ☒ No

5.10a If so, what is the ACPU amount? \$0

---

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

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: LED lighting replacement, refrigerator/freezer replacement and renewable energy retrofits. Cooling System Replacement. Home repair measures to alleviate deferral conditions.

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

## 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.
- ☐ Web Posting
- ☐ Email
- ☐ Texting
- ☐ Events
- ☒ Social Media
- ☒ Other (specify):

Use of social media (Facebook/Meta Platforms, Inc., and X) to inform households of the availability of LIHEAP and share important information. In addition, Local Administering Agencies will continue utilizing the LIHEAP Unreturned Customer report to reach out prior year customers who have not applied for assistance yet.

Outreach is one of the Grant Agreement Conditions with our 33 LIHEAP Local Administering Agencies (LAAs). All of these outreach activities are covered by the Department and/or the LAAs.

Illinois partnered with DCC Marketing Firm to run a pilot LIHEAP targeted marketing campaign in PY25. Upon analysis of zip code data, certain communities in seven Illinois counties - Lake, Will, Kane, McHenry, Kankakee, Tazewell, and Cook showed under-enrollment for eligible LIHEAP populations. The marketing campaign grouped the counties into three markets: Suburban (Lake, Will, Kane, and McHenry Counties), Rural (Tazewell and Kankakee Counties), and City (Chicago in Cook County) and created customized tactics and strategies for the communities. For each market, specific zip codes were assigned to a target group and are being compared to similarly aligned zip codes in the control group to evaluate the impact of targeted marketing efforts to boost LIHEAP enrollment numbers. The campaign started on January 28, 2025 and ran for at least six (6) weeks ending in March 2025. We do not have any results at this time to report.

**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

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.: 0970-013  
Expiration Date: 02/28/2027

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

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

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

☐

Joint application for multiple programs (indicate programs included)

☒

Intake referrals to/from other programs (indicate programs included) WAP, SSI, Department of Aging, SNAP, WIC, etc.

☒

One - stop intake centers

☐

Other - Describe:

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



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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

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

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

<input type="checkbox"/>	Administration Agency
<input checked="" type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input type="checkbox"/>	State Department of Welfare (administers TANF, SNAP, and/or Medicaid)
<input type="checkbox"/>	Economic Development Agency
<input type="checkbox"/>	Other - Describe:

Include current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number. *Used for Near hotline and OCS Service Provider Tool and clearinghouse.*

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

If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" 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.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Community Action Agencies	Non-Applicable	Community Action Agencies	Community Action Agencies
8.5b Who processes benefit payments to gas and electric vendors?	Community Action Agencies	Non-Applicable	Community Action Agencies	
8.5c who processes benefit payments to bulk fuel vendors?	Community Action Agencies	Non-Applicable	Community Action Agencies	
8.5d Who performs installation of weatherization measures?				Community Action Agencies

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

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?**

The Department has developed a network of Local Administering Agencies (LAAs) to act as local service providers in accordance with this assurance. We will continue utilizing these agencies, whenever possible, to operate the LIHEAP program. A Notice of Designation Opportunity (NODO) process is issued for the replacement of a local agency due to poor performance and/or non-compliance.

The Department will give special consideration to the designation of such agencies, to any local or private nonprofit agency that was receiving federal funding 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: (1) the state shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the state, and (2) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, the state shall give special consideration in the designation of LAAs to any successor that is operated in substantially the same manner as the predecessor agency that did receive funds for the fiscal year preceding the fiscal year which the determination is made.

To be eligible for funding opportunity, a local agency must submit an annual application to the Department for funding. In addition, LAAs are required to submit a standard grantee application and a program implementation plan prior to the start of the program year. Applications must include/demonstrate the following areas:

1- An effective outreach referral program (evidenced by services to customers in accordance with their incidence in the census-based client population of the service area) and continuing planning process and capability (evidenced by demonstrated applicant staff capability to complete federal and/or state grant applications and reporting documents).

2- An accounting system that meets generally accepted accounting principles of the American Institute of Certified Accounts (AICPA) (1989).

3- An effective citizen participation/community involvement program.

**8.7 How many local administering agencies do you use? 33**

**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 Grant recipient requirements for LIHEAP -

☐

Agency is under criminal investigation

☐

Added agency

☐

Agency closed

☐

Other - describe

**8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?** ☐ Yes  
☒ No

**8.10a If yes, please explain.**

**8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc.** ☐ Yes ☒ No

**8.10c If yes, please explain.**

**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

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.: 0970-013  
Expiration Date: 02/28/2027

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

#### 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.

If the vendor refuses to sign a vendor agreement, the LAA will attempt to find an alternative participating vendor for the household and document these efforts by checking with neighboring LAAs or a list of available propane vendors from the Illinois Propane Gas Association. If this is impossible or no alternate vendor is available, the energy assistance benefit will be paid to the household and the vendor in the form of a two-party check.

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

Eligible households will receive a written notification from the LAA with the amount of assistance provided on their behalf to a home energy vendor within 30 days from the customer's application complete date.

##### 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?

Prior to the receipt of funds under the Plan, home energy vendors will be required to sign a written vendor agreement that will guarantee Assurance 2 through 5. The Department will attempt to periodically monitor vendor agreements.

In the Weatherization component, no payments are made to energy vendors.

##### 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?

Prior to the receipt of funds under the Plan, home energy vendors will be required to sign a written vendor agreement that will guarantee Assurance 2 through 5. The Department will attempt to periodically monitor vendor agreements.

In the Weatherization component, no payments are made to energy vendors.

##### 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.

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

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

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

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

The State of Illinois ensures that fiscal and fund accounting procedures are established and maintained as may be necessary to ensure the proper receipt and disbursement of federal funds paid to the state. This includes procedures for regularly monitoring the assistance provided under this Title and providing that the state shall have a single audit conducted according to OMB Uniform Guidance 2 CFR Part 200 of its expenditure of amounts received under this Title and amounts transferred to carry out the purposes of this Title.

All LAAs are required to maintain an integrated accounting system that provides for accountability of public funds and meets the required OMB Uniform Guidance 2 CFR Part 200 and OMB 45 CFR Part 75. In addition to the ongoing financial evaluation, the Illinois Department of Commerce and Economic Opportunity's grant management staff in the Office of Community Assistance closely monitor the programmatic and fiscal activities of all LAAs or other entities carrying out the energy assistance, crisis assistance, and Weatherization component of this Plan.

The Department's Office of Financial Management is available to provide training and technical assistance to the agencies in the structuring of their fiscal management systems. This includes on-going help in establishing integrated accounting and cost allocation systems.

The Auditor General of the State of Illinois (OAG) conducts an annual statewide single audit in accordance with auditing standards generally accepted in the United States of America. Government Auditing Standards Single Audit Act Amendments of 1996, and OMB Uniform Guidance 2 CFR Part 200. The OAG submits the annual statewide single audit to the Federal Audit Clearinghouse and the Illinois Legislative Audit Commission.

##### 10.1a Provide your definitions of the following:

###### Obligation

when used in connection with an awardee's utilization of funds under an award, means: orders placed for property and services; contracts and subawards; and similar transactions, during a given period that require payment by the awardee during the same or future period.

###### Expenditures

means charges made by an awardee to a project or program for which a State, federal or federal pass-through award was received. The charges may be reported on a cash or accrual basis, as long as the methodology is disclosed and inconsistently applied. For reports prepared on a cash basis, expenditures are the sum of:

Cash disbursements for direct charges for property and services;

The amount of indirect expense charged;

The value of third-party in-kind contributions applied; and

The amount of cash advance payments and payments made to subrecipients.

For reports prepared on an accrual basis, expenditures are the sum of:

Cash disbursements for direct charges for property and services;

The amount of indirect expense incurred;

The value of third-party in-kind contributions applied; and

The net increase or decrease in the amounts owed by the awardee for:

Goods and other property received;

Services performed by employees, contractors, subrecipients and other payees; and

Programs for which no current services or performance are required, such as annuities, insurance claims or other benefit payments.

###### Expenditure timeframe

"Period of Performance" means the time during which the awardee may incur new obligations to carry out the work authorized under the State, federal or federal pass-through award. The State grantmaking agency, federal awarding agency or federal pass-through entity must include start and end dates of the period of performance in the award (see, as applicable, Section 7000.370(a)(1) of this Part, UR section 200.210(a)(5), and UR section 200.331(a)(1)(D)).

###### Administrative costs

"Indirect (Facilities & Administrative (F&A)) Costs" or "Indirect Facilities and Administrative Costs" means those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted without effort disproportionate to the results achieved. To facilitate equitable distribution of indirect expenses to the cost objectives served, it may be necessary to establish a number of pools of indirect costs. Indirect cost pools must be distributed to benefitted cost objectives on bases that will produce an equitable result in consideration of relative benefits derived.

#### Audit Process

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

☒ Yes ☐ No

10.2a - if yes, describe your auditor selection process.

The auditor is selected by the Office of the Auditor General through competitive bid.

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

No Findings ☐

Finding	Type	Brief Summary	Resolved?	Action Taken
1	other	DCEO did not adequately review single audits received from its subrecipient for the Coronavirus Relief Fund (CRM) program on a timely basis.	Yes	procedure/policy changes

#### 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 Grant recipient as part of compliance process.
- ☒ Grant recipient conducts fiscal and program monitoring of local agencies/district offices
- ☒ Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133

#### Compliance Monitoring

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

Grant recipients have a policy in place for appropriate separation of duties and internal controls.

- ☐ 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.**

All LAAs are intended to be monitored annually but no later than every three (3) years using the Monitoring Tools provided with this Model Plan. Attached is the Comprehensive Monitoring Tool and the Desktop Tool utilized to monitor the LAAs.

**10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.**

**Site Visits:**

All LAAs are intended to be monitored annually based on a risk analysis but no later than every three (3) years.

**Desk Reviews:**

All LAAs are intended to be monitored annually based on a risk analysis but no later than every three (3) years.

**10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.**  
Other

**10.9. How many local agencies are currently on corrective action plans? 1**

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN</b>		
<b>Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)</b>		
<b>11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.</b> <i>Note: Tribes do not need to hold a public hearing but must ensure participation through other means.</i>		
<input type="checkbox"/> Tribal Council meeting(s)		
<input checked="" type="checkbox"/> Public Hearing(s)		
<input checked="" type="checkbox"/> Draft Plan posted to website and available for comment		
<input type="checkbox"/> Hard copy of plan is available for public view and comment		
<input type="checkbox"/> Comments from applicants are recorded		
<input checked="" type="checkbox"/> Request for comments on draft Plan is advertised		
<input checked="" type="checkbox"/> Stakeholder consultation meeting(s)		
<input type="checkbox"/> Comments are solicited during outreach activities		
<input checked="" type="checkbox"/> Other - Describe:		
Request for comments on draft Plan is recorded instead of advertised. A copy of the draft plan and notice of the public hearing is also sent to the LAAs, Policy Advisory Council and Interested Parties for their review and comments.		
<b>Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only</b>		
<b>11.2 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?</b>		
	Date	Event Description
1	05/28/2025	2026 LIHEAP Public Hearing
<b>11.3. How many parties commented on your plan at the hearing(s)? 1</b>		
<b>11.4 Summarize the comments you received at the hearing(s).</b>  One comment was submitted in writing. See Summary of Public Hearing attached.		
<b>11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?</b>  None.		
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>		

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 1

12.2 How many of those fair hearings resulted in the initial decision being reversed? None

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

None

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

The Department developed a system that provides an opportunity for a fair dispute resolution process to households whose claims for assistance under this Plan (including claims for weatherization assistance) are denied or are not acted upon within the prescribed timeliness set forth in 47 Ill. Admin Code 100.250(d), or if there's a dispute regarding the amount or type of assistance provided.. The dispute resolution process includes three levels of review: The informal conference process conducted at the Local Administering Agency level; Review of the LAA decision at the State/Department's programmatic review level; and the formal administrative hearing through the Department's administrative hearing rules (56 Ill Admin Code 2605).

- Informal Conference Review Process

Any applicant receiving or denied energy assistance has a right to request an informal conference within thirty (30) days of receipt of a notice of a decision on the applicant's application. The LAA shall designate a staff member who was not involved in the original decision as the hearing officer to conduct the informal conference which must be held within fifteen (15) calendar days of the receipt of request. The informal conference is designed to understand the action taken by the LAA or the reason for delay. At the end of the informal conference, the LAA will provide the claimant with a written statement describing the result of the conference and citing the policy reasons for the decision. A copy of the report must be filed in the applicant's file. In the event the claimant is not satisfied with the informal conference determination, the claimant may request a review at the Department's programmatic level by submitting a Request for State Review in writing with the Department within thirty (30) days after the informal conference determination citing the specific LAA at which the household applied for assistance, informal conference date and decision, and the reasons for requesting state review. All informal conference determination will contain Request for State Review attached to the determination.

- State/Department Programmatic Level Review (State Review)

If claimant's written request is timely filed within thirty (30) days, the Department shall designate a staff member as the "State Reviewing Officer" to conduct the programmatic level review. During this process, the State Reviewing Officer will review the claimant's file and the informal conference report. After review, the Department will issue a written determination that will be sent to the claimant and LAA within fifteen (15) days from the date of the request for State review. If the claimant is not satisfied with the State's determination, he/she will have thirty (30) days to submit a written request for a formal hearing citing the specific LAA at which the household applied for assistance, informal conference date, state review decision and date, and the reasons for requesting a formal hearing to the Department.

- Formal Administrative Hearing

If claimant's written request is timely filed within thirty (30) days, the Department will follow the applicable hearing rules set forth in the Illinois Administrative Procedures Act (5 ILCS 100/ *et al*) and corresponding Administrative Rules at 56 Ill. Admin. Code 2605

12.5 When and how are applicants informed of these rights?

Applicants are informed verbally and also receive a handout of their appeal rights at the time of application. In addition, posters are placed in all intake sites as an additional form of notice of fair hearing rights.

Appeal Rights are also available on the Department's website, and on the Customer Inquiry webservice that customers may visit to check the status of their application.

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



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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

#### 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 will not be part of the 2026 LIHEAP State Plan as only one LAA has consistently used all their budgeted A16 funds over the years. The Department will reconsider for FY2027.

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

13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year.

13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.

13.5 How many households received these services?

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

## Section 14 - Leveraging Incentive Program ,2607A

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

#### 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.

If leveraging funds are made available, the Department will instruct third parties and/or local agencies to submit the financial information for customers served of any leveraged eligible activities they performed during the respective fiscal year, as well as details regarding the nature and operation of the program(s). The Department will also instruct them to maintain proper documentation necessary to verify the expenditures and customers served information submitted.

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. § 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	Low Income Discount Rates	Fuel Funds	Supplement to LIHEAP to assist customers pay a reduced utility bill. Applicable to gas utilities starting October 1, 2024. Beginning January 1, 2026, LIDR will also be available to ComEd electric customers.
2	Direct energy assistance payment	State Supplemental Fund	Supplement to LIHEAP to assist more low-income families in need of energy assistance contingent upon approval from the Illinois General Assembly.
3	Direct energy assistance payment or bill credit	Fuel funds, charitable contributions	Supplement to LIHEAP, operated by LAAs, to assist customers whose need exceeds the normal LIHEAP benefits.

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

## Section 15 - Training

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

## Section 15: Training

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

a. Grant recipient Staff:

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

How often?

☒ Annually

☐ Biannually

☒ As needed

☒ Other, describe: Procedure Letters containing policies and procedures are also sent to the LAAs and followed up with webinars.

☒ Employees are provided with policy manual

☒ Other, describe:

Procedure Letters containing policies and procedures are also sent to the LAAs and followed up with webinars throughout the Program Year.

b. Local Agencies:

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

How often?

☒ Annually

☐ Biannually

☒ As needed

☒ Other, describe: Procedure Letters containing policies and procedures are also sent to the LAAs and followed up with webinars. Each LAA has an assigned Grant Manager as liaison for training/technical assistance.

☐ 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

<input checked="" type="checkbox"/> <b>Other, describe:</b> Policies are also shared with main regulated utilities through the Policy Advisory Council meetings and via email, as needed.
<input checked="" type="checkbox"/> Policies communicated through vendor agreements
<input type="checkbox"/> Policies are outlined in a vendor manual
<input type="checkbox"/> Other, describe:
<b>15.2 Does your training program address fraud reporting and prevention?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

#### 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 (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.**

The Department collects annual expenditure and usage data from the utilities. The data included in the LIHEAP application has been available since FY2015 including data from the regulated utilities. The data is submitted to HHS annually. Vendor agreements also contain the Performance Measures data requirement.

The Department also works with fuel vendors gathering annual usage and bill data. Data collected will be utilized to make program changes such as review of benefit amounts (increase or decrease) and review of energy burden to serve the households with the greatest energy needs, as necessary. In addition, this data collection will be utilized to target underserved communities through a marketing campaign. See Section 6.1 for more details on the marketing campaign.

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

## 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 Grant recipient 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:

Report to the State LIHEAP office.

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



Printed outreach materials



Posted in local administering agencies offices.



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
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input checked="" type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	The SSN is required as a 9-digit identifier in the LIHEAP.net database to avoid overpayments to customers via duplicate benefits. The first "request" for proof of SSN is the card, thus "Requested" is selected. The SSN (with or without) the card is "Required", since the SSN may be verified in ways other than the SSN card.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17.3. Citizenship/Legal Residency Verification</b>							
What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.							
<input checked="" type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen							
<input checked="" type="checkbox"/> Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.							
<input checked="" type="checkbox"/> Non-Citizens must provide documentation of immigration status							
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input type="checkbox"/> Non-Citizens are verified through the SAVE system							
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input type="checkbox"/> Other - Describe:							
<b>17.4. Income Verification</b>							
What methods does your agency utilize to verify household income? Select all that apply.							
<input type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input checked="" type="checkbox"/> Bank statements							
<input type="checkbox"/> Tax statements							
<input checked="" type="checkbox"/> Zero-income statements							
<input checked="" type="checkbox"/> Unemployment Insurance letters							
<input checked="" type="checkbox"/> Other - Describe:  <p>The State LIHEAP office has an interagency agreement with the Illinois Department of Employment Security (IEA) to assist with income verification. The State utilized the income verification on households applying for the Furnace Assistance Program.</p> <p>In addition, the State LIHEAP office has an interagency agreement with the Illinois Department of Human Services (DHS) for investigative and eligibility verification process such as: 1-identify fraudulent use of SSNs through comparison, 2-investigative intake staff error and make the appropriate correction and determine if errors exist by comparing household's information between DHS and the Illinois LIHEAP database "LIHEAP.net".</p>							
<input checked="" type="checkbox"/> Computer data matches:							
<input type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)							
<input type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor							
<input type="checkbox"/> Social Security income verified with SSA							
<input type="checkbox"/> Utilize state directory of new hires							
<input checked="" type="checkbox"/> Other - Describe:  <p>The State LIHEAP office has interagency agreements with the Illinois Department of Human Services (IDHS) and the Illinois Department of Employment Security (IDES) to assist with income verification. The State utilizes income verification on households applying for the Furnace Assistance Program. The State also assists the Local LIHEAP agencies with income verification when requested and when the data is available.</p>							
b. Describe any exceptions to the above policies.							
<b>17.5 Identification Verification</b>							

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply	
<input type="checkbox"/>	Verify SSNs with Social Security Administration
<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input type="checkbox"/>	Match with state Department of Labor system
<input type="checkbox"/>	Match with state and/or federal corrections system
<input type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal Grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  <p>The State LIHEAP office has an interagency agreement with the Illinois Department of Human Services (DHS) for investigative and eligibility verification process such as: 1-identify fraudulent use of SSNs through comparison, 2-investigate intake staff error and make the appropriate correction and determine if errors exist by comparing household's information between DHS and the Illinois LIHEAP database "LIHEAP.net". In addition, the State LIHEAP office has an interagency agreement with the Illinois Department of Employment Security to assist with income verification.</p> <p>The LIHEAP.net database system tracks and retains all household membership information. The system does not allow duplication in any program year for a specific household member to be entered as a new application. In addition, duplicate benefits are prevented at both an individual member and vendor/account number combination level.</p>
<b>17.6. Protection of Privacy and Confidentiality</b>	
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.	
<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input type="checkbox"/>	Employees must sign confidentiality agreement
<input type="checkbox"/>	Grant recipient employees
<input type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location
<input checked="" type="checkbox"/>	Electronic files are protected in a secure location.
<input type="checkbox"/>	Other - Describe:
<b>17.7. Verifying the Authenticity</b>	
What policies are in place for verifying vendor authenticity? Select all that apply.	
<input checked="" type="checkbox"/>	All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/>	Vendors are verified through energy bills provided by the household
<input type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/>	Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>	
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.	
<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/>	Applicants must submit current utility bill
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input type="checkbox"/>	Consumption



<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval
<input checked="" type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input type="checkbox"/>	Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input checked="" type="checkbox"/>	Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe:  All new regulated and unregulated vendors must first provide a Federal Employer Identification (FEIN) and must sign a vendor agreement. A list of these vendors is provided to each agency. LIHEAP.net (State LIHEAP database) verifies the utility FEIN through regular verification transactions. At intake, documentation required for the program is the most current utility/energy bill where the applicant's address is listed. Agencies are required to enter the application data in real time. The vendors confirm the applicant's service address through the LIHEAP.net system. Verifiers at the LAA verify the data that has been entered in the system and compares it against the documentation provided by the customer. Every approved LIHEAP customer receives an approval letter indicating the benefit amount that will be applied to the energy provider(s).
<b>17.10. Investigations and Prosecutions</b>	
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.	
<input checked="" type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process  Once it is determined that improper payments have been made, the LAA must request refunds of the LIHEAP benefits from the energy vendor(s). If the energy vendor is unable to refund the payment, the State LIHEAP office will begin a recoupment process with the household.

<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? One Program Year
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input checked="" type="checkbox"/>	<p>Other - Describe:</p> <p>Based on sufficient evidence of fraudulent activity, the Department may sanction LIHEAP customers, including LAA staff, intake contractors, volunteers, and vendors.</p>
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

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

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

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

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

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or

voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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

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

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

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

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

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

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

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

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

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

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

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later

determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

#### **Certification Regarding Debarment, Suspension, Ineligibility 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**

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 pint is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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

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

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

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

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

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

#### **Certification Regarding Drug-Free Workplace Requirements**

##### **Alternate I. (Grant recipients Other Than Individuals)**

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

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grant recipients workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The Grant recipients policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a



central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The Grant recipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

**Place of Performance ( *That this must be physical address. No PO Boxes allowed.* )**

1011 S 2nd Street  
**\* Address Line 1**

Address Line 2

Address Line 3

Springfield <b>* <u>City</u></b>	Illinois <b>* <u>State</u></b>	62704 <b>* <u>Zip Code</u></b>
-------------------------------------	-----------------------------------	-----------------------------------

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

**Alternate II. (Grant recipients Who Are Individuals)**

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

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

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

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

## Section 20: Certification Regarding Lobbying

### 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 Grant recipients and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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



By checking this box, the prospective primary participant is agreeing to the Assurances set out above.

## Plan Attachments

PLAN ATTACHMENTS
The following documents must be attached to this application
<ul style="list-style-type: none"><li>• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</li></ul>
<ul style="list-style-type: none"><li>• Heating component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Cooling component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Minutes, notes, or transcripts of public hearing(s).</li></ul>
<ul style="list-style-type: none"><li>• Policy Manual.</li></ul>
<ul style="list-style-type: none"><li>• Subrecipient Contract.</li></ul>
<ul style="list-style-type: none"><li>• Model Plan Participation Notes for Tribes.</li></ul>