

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: SOCIAL SERVICES SOUTH DAKOTA DEPARTMENT

Report Name: DETAILED MODEL PLAN (LIHEAP)

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

Report Status: Saved

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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							
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY									
* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update						
		2. Date Received:	State Use Only:						
		3. Applicant Identifier:							
		4a. Unique Entity Identifier (UEI) P48YKBCML619	5. Date Received By State:						
		4b. Federal Award Identifier:	6. State Application Identifier:						
7. APPLICANT INFORMATION									
* a. Legal Name: State of South Dakota - Department of Social Services									
* b. Address:									
* Street 1:	700 Governors Drive	Street 2:							
* City:	PIERRE	County:							
* State:	SD	Province:							
* Country:	United States	* Zip / Postal Code:	57501 -						
c. Organizational Unit:									
Department Name: Social Services		Division Name: Economic Assistance							
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)									
* First Name: David		* Last Name: Gall							
Title: Program Administrator		Organizational Affiliation:							
* Telephone Number: (605) 773-3766		Fax Number							
* Email: david.gall@state.sd.us									
* 8. TYPE OF APPLICANT: A: State Government									
* a. Is the applicant a Tribal Consortium: <input type="radio"/> Yes <input checked="" type="radio"/> No									
* b. If yes please attach at least one the following documentation:									
<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;">9. CFDA Numbers and Titles</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:	9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program
	Catalog of Federal Domestic Assistance Number:	CFDA Title:							
9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program							
10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Low-Income Home Energy Assistance									
11. AREAS AFFECTED BY FUNDING: State of South Dakota									
12. CONGRESSIONAL DISTRICTS OF APPLICANT: SD									
13. FUNDING PERIOD:									
a. Start Date: 10/01/2025		b. End Date: 09/30/2026							
* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?									
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) **I Agree <input 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	17c. Telephone (area code, number and extension)
	17d. Email Address
17b. Signature of Authorized Certifying Official	17e. Date Report Submitted (Month, Day, Year)

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	10/01/2024	09/30/2025
<input type="checkbox"/>	Cooling assistance		
<input type="checkbox"/>	Summer crisis assistance		
<input type="checkbox"/>	Winter crisis assistance		
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/01/2024	09/30/2025
<input type="checkbox"/>	Weatherization assistance		

Provide further explanation for the dates of operation, if necessary

Heating Assistance

Natural Gas and Electric Heat: the benefit amount households are approved for will be applied to any unpaid heating charges from regular meter read dates from October 1 through May 15. Propane and Fuel Oil: the benefit amount households are approved for will be applied to any unpaid heating charges from tank fills from July 1 through April 30.

Crisis

All heat types are eligible for crisis assistance between October 1 and March 31, between April 1 and September 30 only electric households are eligible for crisis.

Furnace repair/replacement is a year round program.

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	74.00%	68.00%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	0.00%	0.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	18.00%	20.00%
Weatherization assistance	0.00%	0.00%
Carryover to the following federal fiscal year	0.00%	0.00%

Administrative and planning costs	7.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	1.00%	2.00%
Used to develop and implement leveraging activities	0.00%	0.00%
TOTAL	100.00%	100.00%

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 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 type="radio"/> No
SSI	<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 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 type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input 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.

"Categorically income eligible," if all individuals on the low income energy assistance application receive supplemental nutrition assistance benefits, the household is deemed income eligible for the low income energy assistance program;

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

If Yes, explain:

1) Households whose income has previously been verified and only receive these types of income, SSA, SSI, VA, and/or railroad retirement are automatically approved for the program. The COLA is applied to the previous years income and updated in our system. A letter is sent to these households with this updated information to inform them of the approval as well as to ask them to report any significant changes either to income or household composition. 2) A match is done with the previous years LIHEAP eligible household list and the SNAP eligibility file. The match is based on individual recipient id numbers to ensure the household composition is the same as the LIHEAP composition. The Energy Assistance workers verify income, address, and household composition in the SNAP eligibility system and if eligible, approve their case. 3) All other households are sent a LIHEAP application and are required to provide updated income verifications as well as verify that their household composition, heat and electric information is still accurate.

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?

Households receiving benefits through programs administered by the State of South Dakota, such as TANF, child support, shall not be required to verify the amount of those benefits because the information is accessible to LIHEAP staff. Households receiving benefits through programs administered by the State of South Dakota that have already verified household income received within the LIHEAP eligibility determination period, shall not be required to re-verify that income if the information is accessible to LIHEAP staff. Verification contained in other systems administered by the State of South Dakota is considered part of the client file. LIHEAP eligibility staff narrate how the information was verified using the worksheet and/or narrative on the LIHEAP eligibility system. LIHEAP staff request the household provide additional information regarding income or household composition if LIHEAP staff determine the request is necessary for accurately determining eligibility.

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

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

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

Determination of Eligibility - Countable Income			
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?			
<input checked="" type="checkbox"/>	Gross Income		
<input type="checkbox"/>	Net Income		
<input type="checkbox"/>	Other - Describe		
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP			
<input checked="" type="checkbox"/>	Wages		
<input checked="" type="checkbox"/>	Self - Employment Income		
<input checked="" type="checkbox"/>	Contract Income		
<input type="checkbox"/>	Payments from mortgage or Sales Contracts		
<input checked="" type="checkbox"/>	Unemployment insurance		
<input checked="" type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits		
<input type="checkbox"/>	<input type="checkbox"/> Including MediCare deduction	<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)		
<input checked="" type="checkbox"/>	Retirement / pension benefits		
<input checked="" type="checkbox"/>	General Assistance benefits		
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.		
<input checked="" type="checkbox"/>	Jury duty compensation		
<input checked="" type="checkbox"/>	Rental income		
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input checked="" type="checkbox"/>	Child support		
<input type="checkbox"/>	Interest, dividends, or royalties		
<input checked="" type="checkbox"/>	Commissions		

<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

1.10 Do you have an online application process? ☒ Yes ☐ 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 checked="" 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 checked="" type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe

Please include a link(s) to a statewide application, if available:

https://www.sd.gov/cs?id=sc_cat_item&sys_id=a254bd6edbf7f410b2fb93d4f3961974

1.10b Can all program components be applied for online? ☐ Yes ☒ No

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

Furnace Repair/Replacement

1.11 Do you have a process for conducting and completing applications by phone? ☒ Yes ☐ No

1.12 Do you or any of your subrecipients require in person appointments in order to apply? ☐ Yes ☒ No

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

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

<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input 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
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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	1	State Median Income	200.00%
2	2	State Median Income	200.00%
3	3	State Median Income	200.00%
4	4	State Median Income	200.00%
5	5	State Median Income	200.00%
6	6	State Median Income	200.00%
7	7	State Median Income	185.11%
8	8	State Median Income	170.01%
9	9	State Median Income	157.68%
10	10	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: 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:

For households that have utilities included in rent, they have different benefit amounts than households that pay a vendor directly.

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:

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

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

When an addendum is filed, the Energy Assistance worker determines if there is other assistance that allows the case to be processed as Categorically Income Eligible as discussed in Chapter 3. Households meeting the criteria for categorically income eligible may be processed following non CE processing if they have provided verifications.

Applicants may file an on-line application, paper application or addendum at any time during the year. When an addendum is filed, the Energy Assistance worker determines if there is other assistance that allows the case to be processed as Categorically Income Eligible as discussed in Chapter 3. Households meeting the criteria for categorically income eligible may be processed following non CE processing if they have provided verifications.

- Fixed Income Cases – last year’s income was SSA, SSI, VA or RR Income
 - o COLA increase is applied to the income and case is automatically approved if below income maximum
- SNAP Categorically Income Eligible Cases – A match is done with the most recent SNAP eligible download file
 - o EA Worker utilizes the CatElgDB.accdb and verifies case information and updates income
- All other cases – Pre-printed applications were mailed to households to verify case information and gather updated income

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

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

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.

Minimum Benefit	\$668	Maximum Benefit	\$3,437
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2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? ☐ Yes ☒ No

If yes, describe.

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

Section 3 - COOLING ASSISTANCE

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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	\$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>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.</p>			

Section 4 - CRISIS ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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	1	State Median Income	200.00%
2	2	State Median Income	200.00%
3	3	State Median Income	200.00%
4	4	State Median Income	200.00%
5	5	State Median Income	200.00%
6	6	State Median Income	200.00%
7	7	State Median Income	185.11%
8	8	State Median Income	170.01%
9	9	State Median Income	157.68%
10	10	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.

Households must meet one of the following conditions for the period of October 1 – March 31-Supplier refuses to deliver-Household has an overdue bill from supplier-Heating system requires repair or replacement-Household has less than 20% remaining in tank-Household has a disconnect notice or has already been disconnected-Household has an eviction notice for non-payment when heat is included in rent or paid in addition to rent Period of April 1 - September 30 -Household has an electric disconnect notice or has already been disconnected.

Furnace Repair/Replacement is available year round or until the funds allocated are exhausted.

4.3 What constitutes a life-threatening crisis?

An eligible household must receive some form of assistance no later than 18 hours after the household applies for emergency assistance. Life threatening situations include-

1. No heat in home due to primary heat source or electricity being disconnected
2. No heat in home due to furnace not operating
3. Household does not have alternate or temporary heat source4. Temperature is or will be less than 50 degrees within the 18 hour timeframe

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 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you give priority in eligibility to:			
Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): All crisis households are priority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have additional/differing eligibility policies for:			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanations of policies for each "yes" checked above:			
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 type="checkbox"/>	Amount to resolve the crisis. \$0		
<input checked="" type="checkbox"/>	Other - Describe: Disconnect assistance- Maximum of \$2,400 annually Furnace Repair/Replacement - No maximum		
Crisis Requirements, 2604(c)			
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?			
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.			
There are 31 local DSS offices that applications can be taken to and faxed/scanned to our office in case of an crisis.			
4.11 Do you provide individuals who are individuals with a disability the means to:			
Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			
If necessary, local DSS staff will travel to home to assist with the application and then ensure it is sent to the State office.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
If No, explain.			
If necessary, local DSS staff will travel to home to assist with the application and then ensure it is sent to the State office.			

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?

If necessary, local DSS staff will travel to home to assist with the application and then ensure it is sent to the State office.

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

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

Winter Crisis \$2,400.00 maximum benefit

Summer Crisis \$2,400.00 maximum benefit

Year-round Crisis \$2,400.00 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?

☒ Yes ☐ No

If you answered "Yes" to question 4.14, you must complete question 4.15.

4.15 Check appropriate boxes below to indicate type(s) of assistance provided.

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): If a furnace is replaced and existing AC unit is not compatible, the AC unit may be replaced with emergency funds as well.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

☐ Yes ☒ No

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

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

4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? ☐ Yes ☒ No

If yes, describe

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

Section 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
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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			0.00%

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:

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

5.8 Do you give priority in eligibility to:

Older Adults?	<input type="radio"/> Yes <input type="radio"/> No
Individuals with a disability?	<input type="radio"/> Yes <input type="radio"/> No
Young Children?	<input type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input type="radio"/> No

Other?	<input 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.	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input type="radio"/> No	
5.9a If yes, what is the maximum? \$0	
5.10 Do you use an Average Cost per Unit (ACPU). <input type="radio"/> Yes <input type="radio"/> 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 type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input type="checkbox"/> Furnace/heating system modifications/repairs	<input type="checkbox"/> Windows/sliding glass doors
<input type="checkbox"/> Furnace replacement	<input type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/repairs	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input type="checkbox"/> Compact florescent light bulbs	<input type="checkbox"/> Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

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

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

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

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

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

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

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

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



Joint application for multiple programs (indicate programs included) Households applying for SNAP are given an Energy Assistance addendum that can be used to apply.



Intake referrals to/from other programs (indicate programs included) DSS Benefit Specialists in the local DSS offices refer applicants.



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

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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 checked="" type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input 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?	State Administration Agency	State Administration Agency	State Administration Agency	
8.5b Who processes benefit payments to gas and electric vendors?	State Administration Agency	State Administration Agency	State Administration Agency	
8.5c who processes benefit payments to bulk fuel vendors?				
8.5d Who performs installation of weatherization measures?				

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 agencies that operate the furnace repair/replacement program are the same agencies that operate the DOE Weatherization program. They are also the same agencies that operated the LIHEAP Weatherization program back when South Dakota set-aside funds for Weatherization. They have the necessary staff, equipment and contractor resources to efficiently and effectively resolve furnace issues. They do not determine eligibility as that is done by the State office.

8.7 How many local administering agencies do you use? 4

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating ☒ Yes ☐ No

Cooling ☐ Yes ☐ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☒ Yes ☐ No

If yes, Describe.

If household uses coal or wood as it's primary heat source or a household's heat is included in rent, a payment is issued directly to the household.

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

Clients receive computer generated notices indicating dates and amounts paid to their energy supplier at the time their entire award has been expended.

Clients can call the automated phone system to check available balance at any time during the heating season to receive real-time benefit amount, vendor, and remaining assistance amount.

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?

Vendor agreements and a 5% sample of energy suppliers is selected for monitoring to ensure the terms of the agreement are met. If crisis, follow-up occurs with the energy supplier or client to ensure that utilities have not been disconnected or have been re-connected.

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?

Vendor agreements and a 5% sample of energy suppliers is selected for monitoring to ensure the terms of the agreement are met.

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

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

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

The State of South Dakota has established necessary fiscal control and accounting procedures to properly disburse and account for federal funds administered by the State of South Dakota under this title.

10.1a Provide your definitions of the following:

Obligation

Obligation is a commitment of LIHEAP funds for a specific purpose.

Examples of obligations include:

- Signed contracts or subgrants with vendors or local agencies
- Approved LIHEAP applications
- Purchase orders or requisitions
- Invoices submitted for payment

Expenditures

Expenditure is when obligated funds are spent and posted to the state accounting system.

Expenses typically include:

- Payments for heating assistance
- Costs for Furnace repair or replacement services
- Administrative costs (within allowable limits)

Expenditure timeframe

LIHEAP funds must be expended within the federal timelines. Generally, expenditures must occur within two years of the award.

Administrative costs

Allowable direct and indirect costs associated with administering the funds

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.

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				

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)

<input type="checkbox"/>	Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.
<input checked="" type="checkbox"/>	Grant recipient conducts fiscal and program monitoring of local agencies/district offices
<input type="checkbox"/>	Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
Compliance Monitoring	
10.5. Describe your monitoring process for compliance at each level below. Check all that apply.	
Grant recipients have a policy in place for appropriate separation of duties and internal controls.	
<input checked="" type="checkbox"/>	Internal program review
<input checked="" type="checkbox"/>	Departmental oversight
<input checked="" type="checkbox"/>	Secondary review of invoices and payments
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:
Local Administering Agencies/District Offices:	
<input checked="" type="checkbox"/>	On - site evaluation
<input checked="" type="checkbox"/>	Annual program review
<input checked="" type="checkbox"/>	Monitoring through central database
<input checked="" type="checkbox"/>	Desk reviews
<input type="checkbox"/>	Client File Testing/Sampling
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.	
<p>Each agency is monitored annually by the Office of Provider Reimbursements and Office of Energy Assistance and the Office of Energy Assistance.</p>	
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.	
Site Visits: <p>The Office of Provider Reimbursements monitors each of the four agencies FRR files annually.</p>	
Desk Reviews: <p>The Office of Provider Reimbursements monitors each of the four agencies FRR files annually. Program staff will monitor the FRR program and pull a random sample of no less than 10% of homes that received Furnace Repair/Replacement and review all documentation associated with the assistance to verify completion.</p>	
10.8. How often is each local agency monitored? <i>Please attach a monitoring schedule if one has been developed.</i>	
Annually	
10.9. How many local agencies are currently on corrective action plans? 0	
<p>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.</p>	

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

<p>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES</p>	<p>August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027</p>	
<p>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN</p>		
<p>Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)</p>		
<p>11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply. <i>Note: Tribes do not need to hold a public hearing but must ensure participation through other means.</i></p>		
<p><input type="checkbox"/> Tribal Council meeting(s)</p>		
<p><input checked="" type="checkbox"/> Public Hearing(s)</p>		
<p><input checked="" type="checkbox"/> Draft Plan posted to website and available for comment</p>		
<p><input checked="" type="checkbox"/> Hard copy of plan is available for public view and comment</p>		
<p><input type="checkbox"/> Comments from applicants are recorded</p>		
<p><input checked="" type="checkbox"/> Request for comments on draft Plan is advertised</p>		
<p><input type="checkbox"/> Stakeholder consultation meeting(s)</p>		
<p><input checked="" type="checkbox"/> Comments are solicited during outreach activities</p>		
<p><input type="checkbox"/> Other - Describe:</p>		
<p>Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only</p>		
<p>11.2 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?</p>		
	Date	Event Description
1		Virtual Public Hearing
<p>11.3. How many parties commented on your plan at the hearing(s)? 0</p>		
<p>11.4 Summarize the comments you received at the hearing(s).</p>		
<p>11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?</p>		
<p>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.</p>		

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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? 0

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

No changes

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

Language on application and notification letter-Right to a Fair Hearing. Any applicant of the Low Income Energy Assistance Program whose application for assistance is denied or who wishes to contest the amount of assistance granted, may request a Fair Hearing. The request must be made within 60 days of my denial or benefit notice. How to request a Fair Hearing. An applicant for LIEAP benefits may initiate the hearing process by filing a request with the Department of Social Services, Office of Administrative Hearings, 700 Governors Drive, Pierre, SD 57501-2291.

12.5 When and how are applicants informed of these rights?

Language on application(s) and eligibility notification letter.

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

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

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

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

Energy Saving Tips brochures are mailed out to all households that apply for Energy Assistance.

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

Separate account codes are used to track expenditures related to the printing and mailing of these materials.

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

Impact of this is difficult to quantify since the information being provided lists cost effective methods homes could lower their whole home energy usage.

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

N/A

13.5 How many households received these services?

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
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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.

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			

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

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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:

☒ Employees are provided with policy manual

☐ Other, describe:

b. Local Agencies:

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

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☐ On-site training

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☐ Employees are provided with policy manual

☐ Other, describe:

c. Vendors

☐ Formal training conference

How often?

☐ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☒ Policies communicated through vendor agreements

☒ Policies are outlined in a vendor manual

☐ Other, describe:

15.2 Does your training program address fraud reporting and prevention?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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.

Client Applications and Vendor agreements were updated in FFY2015 to include the additional reporting requirements. Updates were made to eligibility system to track the various new requirements. The Department of Social services annually collects annual electric, natural gas, propane and fuel oil bill data from providers. This information is utilized to complete the Performance Measure Report. The Department also receives daily download files that have all case and expenditure data, including homes whose services were prevented or restored.

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
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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:

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 type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input checked="" type="checkbox"/>	Required	<input checked="" 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 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
1						

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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17.3. Citizenship/Legal Residency Verification

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.

- ☒ Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen
- ☒ Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.
- ☒ Non-Citizens must provide documentation of immigration status
- ☐ Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- ☒ Non-Citizens are verified through the SAVE system
- ☐ Tribal members are verified through Tribal enrollment records/Tribal ID card
- ☐ Other - Describe:

17.4. Income Verification

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

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

South Dakota LIEAP staff have access to South Dakota Department of Labor information to assist in identifying income sources. The Work Number is also utilized.
- ☒ Computer data matches:
 - ☒ Income information matched against state computer system (e.g., SNAP, TANF)
 - ☒ Proof of unemployment benefits verified with state Department of Labor
 - ☒ Social Security income verified with SSA
 - ☐ Utilize state directory of new hires
 - ☐ Other - Describe:

b. Describe any exceptions to the above policies.

17.5 Identification Verification

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

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

17.6. Protection of Privacy and Confidentiality

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<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 type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" 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:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input checked="" 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:
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input 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 type="checkbox"/> Balances
<input type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
17.9. Benefits Policy - Bulk Fuel Vendors
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.

<input checked="" type="checkbox"/> Vendors are checked against an approved 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 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 checked="" type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" 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 type="checkbox"/> Other - Describe:
17.10. Investigations and Prosecutions
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 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 A Fraud Investigation Form is completed and discussed with Program Administrator, once approved, a letter is sent to request the funds.
<input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/> Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.