

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

State of Louisiana
Detailed Model State Plan

Federal Fiscal Year 2026



TABLE OF CONTENTS

Mandatory Grant Application SF-424

Section 1 - Program Components

Section 2 - Heating Assistance

Section 3 - Cooling Assistance

Section 4 - Crisis Assistance

Section 5 - Weatherization Assistance

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

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

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

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

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

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

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

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

Section 14 - Leveraging Incentive Program, 2607A

Section 15 - Training

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

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

Section 18 - Certification Regarding Debarment, Suspension, and
Other Responsibility Matters

Section 19 - Certification Regarding Drug-Free Workplace
Requirements

Section 20 - Certification Regarding Lobbying
Assurances

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: LOUISIANA HOUSING CORPORATION

Report Name: DETAILED MODEL PLAN (LIHEAP)

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


Report Status: Submission Accepted by CO

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	
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) G9MAZAU3T661	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:
7. APPLICANT INFORMATION			
* a. Legal Name: Louisiana Housing Corporation			
* b. Address:			
* Street 1:	2415 QUAIL DR	Street 2:	
* City:	BATON ROUGE	County:	EAST BATON ROUGE
* State:	LA	Province:	
* Country:	United States	* Zip / Postal Code:	70808 -
c. Organizational Unit:			
Department Name: Energy Assistance		Division Name:	
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: Lauren		* Last Name: Holmes	
Title: Housing Finance Deputy Administrator		Organizational Affiliation: Louisiana Housing Corporation	
* Telephone Number: 225-763-8700		Fax Number: 225-763-8710	
* Email: lhartley@lhc.la.gov			
* 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:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
9. CFDA Numbers and Titles		93.568	Low-Income Home Energy Assistance Program
10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Low-Income Home Energy Assistance Program			
11. AREAS AFFECTED BY FUNDING: State of Louisiana			
12. CONGRESSIONAL DISTRICTS OF APPLICANT: 06			
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 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 Lauren Holmes1	17c. Telephone (area code, number and extension)
	17d. Email Address lhartley@lhc.la.gov
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 09/25/2025

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	11/15/2025	03/15/2026
<input checked="" type="checkbox"/>	Cooling assistance	04/01/2026	09/30/2026
<input type="checkbox"/>	Summer crisis assistance		
<input type="checkbox"/>	Winter crisis assistance		
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/01/2025	09/30/2026
<input checked="" type="checkbox"/>	Weatherization assistance	07/01/2026	06/30/2027

Provide further explanation for the dates of operation, if necessary

Any Heating assistance funds that have not been expended by March 15 will be reprogrammed to Cooling assistance. Any Weatherization assistance funds that have not been expended by June 30 will be reprogrammed to Cooling Assistance.

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	25.00%	25.00%
Cooling assistance	45.50%	45.50%
Summer crisis assistance	0.00%	10.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	10.00%	0.00%
Weatherization assistance	7.00%	7.00%
Carryover to the following federal fiscal year	0.00%	0.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	2.50%	2.50%
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 type="checkbox"/>	Heating assistance	<input checked="" 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 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
SSI	<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
SNAP	<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
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.

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

If Yes, explain:

1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?

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 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 checked="" 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 type="checkbox"/>	Child support	
<input checked="" type="checkbox"/>	Interest, dividends, or royalties	
<input type="checkbox"/>	Commissions	
<input 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"/>	<p>Other</p> <p>*Military family allotments</p> <p>*Net gaming winnings</p> <p>*Net rental income</p> <p>*Net receipts from self-employment</p> <p>*Net royalties</p> <p>*Periodic receipts from estates or trusts</p> <p>*Regular Contributions that are not loans to be re-paid.</p> <p>*Training stipends</p> <p>*Worker's compensation benefits.</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>	
<p>1.10 Do you have an online application process? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>1.10a If yes, describe the type of online application (Select all boxes that apply)</p>	
<input 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 checked="" type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
<p>Please include a link(s) to a statewide application, if available:</p>	
<p>1.10b Can all program components be applied for online? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>If no, explain which components can and cannot be applied for online.</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 type="radio"/> Yes <input checked="" 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>Per Section 3.3, A.2.a. of the Louisiana LIHEAP Service Delivery Guide: <u>Applications</u> Subgrantees must incorporate telephone calls, walk-ins, mail-ins and online applications to apply. Subgrantees should maintain a chronological log of all applicants, including the applicant's name, contact method, date and time, and the time and date of the application. Subgrantee must ensure their policies and procedures clearly state how they will assist all clients in a fair and consistent manner while allowing for crisis to be addressed within federal timelines (See Section 5.1. D). LHC will review this policy during annual monitoring visits.</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	All Household Sizes	State Median Income	60.00%

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

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

Do you require an Assets test? ☐ Yes ☒ No

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 living in subsidized housing, the amount of the utility allowance is deducted from the total energy cost. Households receiving a utility allowance greater than the utility bill are not eligible. Applicants over 60 years old are exempt from this requirement.

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

If yes, describe:

Renters with utilities in rent must have a landlord agreement filled out that states that the landlord will pass on the benefit as a reduction in rent.

Do you give priority in eligibility to:

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

If yes, describe:

Per Section 3.3, A.3. of the Louisiana LIHEAP Service Delivery Guide, Intake procedures must allow for special considerations for LIHEAP priority groups (i.e. elderly and/or disabled). Applications for the elderly (60 and above), and those with disabilities, must be given special consideration at least weekly in the form of a specific time and/or day to apply.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Per Section 3.3, A.3. of the Louisiana LIHEAP Service Delivery Guide, Intake procedures must allow for special considerations for LIHEAP priority groups (i.e. elderly and/or disabled). Applications for the elderly (60 and above), and those with disabilities, must be given special consideration at least weekly in the form of a specific time and/or day to apply.

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.

Households containing one or more members of the targeted priority groups (elderly, disabled, young children) are eligible for one additional \$100 benefit payment per household.

The applicant's energy burden is automatically calculated using the Hancock Energy Software (HES). The highest total energy cost (TEC) is divided by the total household monthly gross income to determine the percentage of the household income used for energy costs. The applicant's benefit amount is determined using a benefit matrix.

Households with zero income are eligible to receive the maximum benefit payment allowed for their family size.

Eligible households can receive one benefit payment during the heating season.

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

See Benefit Matrix

LHC reserves the right to issue Supplemental Heating Benefits to applicants who previously received Heating assistance within the grant period based on funds available.

Louisiana allows for community solar participants to receive a benefit using the same LA LIHEAP benefit calculation.

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	\$200	Maximum Benefit	\$800
-----------------	-------	-----------------	-------

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

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	All Household Sizes	State Median Income	60.00%

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

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

Do you require an Assets test? ☐ Yes ☒ No

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 living in subsidized housing, the amount of the utility allowance is deducted from the total energy cost. Households receiving a utility allowance greater than the utility bill are not eligible. Applicants over 60 years old are exempt from this requirement.

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

If yes, describe:

Renters with utilities in rent must have a landlord agreement filled out that states that the landlord will pass on the benefit as a reduction in rent.

Do you give priority in eligibility to:

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

If yes, describe:

Per Section 3.3, A.3. of the Louisiana LIHEAP Service Delivery Guide, Intake procedures must allow for special considerations for LIHEAP priority groups (i.e. elderly and/or disabled). Applications for the elderly (60 and above), and those with disabilities, must be given special consideration at least weekly in the form of a specific time and/or day to apply.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Per Section 3.3, A.3. of the Louisiana LIHEAP Service Delivery Guide, Intake procedures must allow for special considerations for LIHEAP priority groups (i.e. elderly and/or disabled). Applications for the elderly (60 and above), and those with disabilities, must be given special consideration at least weekly in the form of a specific time and/or day to apply.

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.

Households containing one or more members of the targeted priority groups (elderly, disabled, young children) are eligible for one additional \$100 benefit payment per household.

The applicant's energy burden is automatically calculated using the Hancock Energy Software (HES). The highest total energy cost (TEC) is divided by the total household monthly gross income to determine the percentage of the household income used for energy costs.

The applicant's benefit amount is determined using a benefit matrix. Households with zero income are eligible to receive the maximum benefit payment allowed for their family size.

Eligible households can receive one benefit payments during the cooling season.

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

See Benefit Matrix.

LHC reserves the right to issue Supplemental Cooling Benefits to applicants who previously received Cooling assistance within the grant period based on funds available.

Louisiana allows for community solar participants to receive a benefit using the same LA LIHEAP benefit calculation.

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

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

Minimum Benefit	\$200	Maximum Benefit	\$800
-----------------	-------	-----------------	-------

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? ☐ Yes ☒ No

If yes, describe.

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

Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-013
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	All Household Sizes	State Median Income	60.00%

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.

A crisis exists when a household's energy source for heating and/or cooling has been disconnected or scheduled for disconnection, depleted and there are insufficient resources to resolve the situation. A crisis may also include natural disaster events, public health emergencies, and supply shortage emergencies declared by state or federal government.

4.3 What constitutes a life-threatening crisis?

When an eligible household is faced with an adverse situation that jeopardizes the health and/or safety of the household members. This would include a household member that has a medical condition that require the operation of medical equipment, such as oxygen, and/or extreme weather conditions that would keep the household cool/warm.

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):	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input 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:				
<p>For Bill Payment Crisis Assistance:</p> <p>Eligible applicants are required to provide support documentation to establish a crisis situation. (i.e. Disconnect/Shut-Off Notice, Final Bill and proof of new account, doctor's statements or medical reports, and/or written estimates to refill fuel tanks). Crisis is First Come - First Serve.</p> <p>Per Section 5.1, D. of the Louisiana LIHEAP Service Delivery Guide, <u>Life-threatening crisis</u>—Service shall be delivered within 18 hours from the date of the completed application.</p> <p>o If the health or safety risk is due to illness or medical need, clients must provide documentation verifying the health or safety risk.</p> <p>o If the health or safety risk is from extreme weather conditions, either heat or cold, the Subgrantee may document the emergency with a print-out of the weather advisory documenting the emergency by utilizing an internet weather advisory site.</p> <p>For Equipment Repair and Replacement Crisis Assistance:</p> <p>Clients are not required to have a disconnect or pending shut-off; however, documentation of non-working heating or cooling equipment must be provided.</p> <p>For Disaster Relief Crisis Assistance:</p> <p>Clients are not required to have a disconnect, pending shut-off, or non-working equipment.</p>				
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 checked="" type="checkbox"/>	Other - Describe: <p>Disaster Relief</p> <p>LHC use of LIHEAP Funding for Disaster Relief is based on LIHEAP regulations at 45 C.F.R. 96.50(e).</p> <p>Allowable uses of LIHEAP funds to deal with crisis situations, particularly with respect to assistance for home energy related needs resulting from a hurricane or other natural disaster, include:</p> <ul style="list-style-type: none"> - Costs to temporarily shelter or house individuals in hotels, apartments, or other living situations in which homes have been destroyed or damaged, i.e., placing people in settings to preserve health and safety and to move them away from the crisis situation. - Costs for transportation (such as cars, shuttles, buses) to move individuals away from the crisis area to shelters, when health and safety is endangered by loss of access to heating or cooling. - Utility reconnection costs - Repair or replacement cost for furnaces and air conditioners - Insulation repair - Coats and blankets, as tangible benefits to keep individuals warm - Crisis payments for utilities and utility deposits - Purchase and installation of fans and air conditioners - Purchase and installation of generators <p>All related activities must be pre-approved by LHC and will be targeted to areas covered by a disaster declaration.</p>			
4.9 If you have a separate component, how do you determine crisis assistance benefits?				
<input checked="" type="checkbox"/>	Amount to resolve the crisis. \$1,000			
<input checked="" type="checkbox"/>	Other - Describe: <p>Eligible households can receive only one crisis benefit payment, not to exceed \$1000, during a 12 month period.</p> <p>For utility bill assistance, the crisis benefit payment will cover only the amount of the disconnect notice, if the services have NOT been disconnected at the time of application. If utilities have been disconnected at the time of</p>			

	<p>application, the total benefit requested should include all costs to connect or reconnect services, except any other non-energy related charges.</p> <p>In the event a household is in transition, a Final Bill and proof of a new account, showing the total cost to restore services, should be used to provide assistance and calculate the benefit. The referenced bill should clearly state "Final Bill". A recent statement from the vendor, preferably on letterhead, within the past 30 days may be used to calculate a benefit payment. The intent of this provision does not arbitrarily substitute the mandatory Disconnect Notice, or cause any inconsistency with the LHC's established policy for LIHEAP crisis assistance.</p> <p>For equipment repair/replacement, the amount of the equipment plus installation, not to exceed \$1000 per household.</p> <p>For disaster relief, the amount of the in-kind benefits, not to exceed \$1000 per household.</p> <p>In the event that Supplemental funds are granted or available within the year due to unforeseen circumstances (i.e. public health emergencies, etc.), LHC reserves the right to develop a separate benefit matrix to deliver bill payment assistance that meets the need of the particular crisis based on the amount of funds awarded or still available. Applicants impacted by the crisis will be eligible for Supplemental funds in addition to eligibility for regular crisis assistance.</p> <p>In the event of unforeseen circumstances (i.e. public health emergencies, natural disaster, etc.), LHC reserves the right to allow past due balances to be included in the crisis assistance benefit payment. This right will be implemented by LA LIHEAP Notice and with a defined period only.</p> <p>Louisiana allows for community solar participants to receive a benefit using the same LA LIHEAP benefit calculation.</p>
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.	
<p>Per Section 3.3, A.1. of the Louisiana LIHEAP Service Delivery Guide, the Subgrantee must devise and plan to distribute service funds throughout the entire service delivery area. This process ensures a fair distribution of funds based on the percentage of eligible population in each geographic location. Subgrantee must be able to provide some type of weekly presence in each parish it serves.</p>	
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.	
Travel to the sites at which applications for crisis assistance are accepted?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, explain.	
<p>Per Section 3.3, A.4. of the Louisiana LIHEAP Service Delivery Guide, the Subgrantee shall develop a fair and consistent means by which home-bound applicants may be provided the opportunity to apply for services. Subgrantee shall make provisions for home-bound and infirmed applicants in accordance with Section 2604I (3) (B) of Public Law 97-35 by either traveling to the applicant or may allow a homebound applicant to designate an authorized representative to apply for LIHEAP services on their behalf. A signed statement by the applicant that names the authorized representative is required. The designated person should sign all LIHEAP forms using their name and the applicant's name (e.g. "Jane Doe for Mark Jones").</p>	
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	\$0.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$1,000.00 maximum benefit
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If yes, Describe	
<p>Subgrantees may provide an in-kind benefit (in accordance with the Louisiana Disaster Relief Policy), not to exceed \$1000 per household, in times of disaster relief. An explanation of the disaster should be included in the applicant's file.</p> <p>The cost for disaster relief will be reimbursed to the Subgrantee. The Subgrantee should expend the funds necessary to resolve the crisis situation in a timely manner.</p> <p>In the event that Supplemental funds are granted or available within the year due to unforeseen circumstances (i.e. public health emergencies, etc.), LHC reserves the right to develop a separate benefit matrix to deliver bill payment assistance that meets the need of the particular crisis based on the amount of funds awarded or still available. Applicants impacted by the crisis will be eligible for Supplemental funds in addition to eligibility for regular crisis assistance.</p>	

4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.			
	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): Subgrantees may provide minor repair or replacement up to \$1000 of heating or cooling equipment. An explanation of the emergency should be included in the applicant's file. The cost for equipment plus installation, if any, will be reimbursed to the Subgrantee not to exceed \$1000. The total reimbursement from LIHEAP may not exceed the total amount for a Crisis benefit payment. The Subgrantee should expend the funds necessary to resolve the crisis situation in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?			
<input checked="" type="radio"/> Yes <input type="radio"/> 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.			
<p>The utility vendors agree to accept energy benefit pledges on behalf of LIHEAP eligible customers in crisis situations facing threatened or actual interruption of services.</p> <p><i>Per Louisiana Public Service Commission:</i></p> <p>Disconnection during extreme weather: An electric or natural gas utility shall not disconnect service for a residential customer in a parish on a day when the following extreme weather conditions exist within that parish:</p> <p>Winter: The previous day's highest temperature did not exceed 32 degrees Fahrenheit, and the temperature is predicted to remain at or below that level for the next 24 hours, according to the nearest National Weather Service (NWS) reports; or</p> <p>Summer: The nearest NWS issues a heat advisory as defined by the NWS</p>			
4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe Disaster Relief LHC use of LIHEAP Funding for Disaster Relief is based on LIHEAP regulations at 45 C.F.R. 96.50(e). Allowable uses of LIHEAP funds to deal with crisis situations, particularly with respect to assistance for home energy related needs resulting from a hurricane or other natural disaster, include: - Costs to temporarily shelter or house individuals in hotels, apartments, or other living situations in which homes have been destroyed or damaged, i.e., placing people in settings to preserve health and safety and to move them away from the crisis situation.			

- Costs for transportation (such as cars, shuttles, buses) to move individuals away from the crisis area to shelters, when health and safety is endangered by loss of access to heating or cooling.

- Utility reconnection costs

- Repair or replacement cost for furnaces and air conditioners

- Insulation repair

- Coats and blankets, as tangible benefits to keep individuals warm

- Crisis payments for utilities and utility deposits

- Purchase and installation of fans and air conditioners

- Purchase and installation of generators

All related activities must be pre-approved by LHC and will be targeted to areas covered by a disaster declaration.

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:

Some homes are weatherized using a combination of both DOE and LIHEAP funds for Incidental Repairs to maximize the effectiveness of the Energy Conservation Measures (ECMs).

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 checked="" type="radio"/> Yes <input type="radio"/> No
Renters with utilities included in the rent?	<input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No
Other? High Energy Use	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>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.</p> <p>Property Owners (landlords) must sign an agreement to not increase the rent costs for at least 12 months. Owners are encouraged to contribute financially to overall weatherization projects.</p> <p>The Hancock Energy Software automatically assigns a WAP ranking based on criteria set in policy. Eligible households are awarded points for children age 17 and under, elderly age 60 and older, disability, high energy burden (25% of household total income used for energy cost), and number of months on the waiting list.</p>	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.9a If yes, what is the maximum? \$0	
5.10 Do you use an Average Cost per Unit (ACPU). <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10a If so, what is the ACPU amount? \$8,547	
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 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 type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Minor repairs/Weatherization readiness (i.e., electrical problems, leaks, patching, thresholds, weatherstripping, switch/outlet gaskets, replace broken window panes, repair windows and doors, etc.)
<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 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):

Registered with FindHelp.org and Unite Us Louisiana for referrals by healthcare, State, and other organizations.

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.).

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

Participate in a state telephone call center (i.e. 211), which directs callers to LIHEAP providers.

Participate in the FindHelp.org and Unite Us Louisiana referral systems.

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

In selecting a local agency, preference is given to any CAA or other public nonprofit entity which has, or is currently administering an effective program under any low-income energy assistance or weatherization program.

Program effectiveness is evaluated by considering the following factors including, but not necessarily limited to:

- 1) The extent to which the past or current program achieved or is achieving LIHEAP goals in a timely fashion;
- 2) Meeting the fiscal requirements established in regulations and state policies;
- 3) The quality of service delivered by the local agency;
- 4) The number of qualifications and experience of the staff members of the agency; and
- 5) The location and proximity to the vacant territory.

Local agencies responding to a formal request for proposals are required to attend a hearing conducted by LHC to present their proposal and answer questions.

8.7 How many local administering agencies do you use? 39

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

☐ Yes

☒ No

8.9 If so, why?

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

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.

Exceptions are allowed under circumstances when a new vendor or existing vendor is not set up to receive payment directly from LHC and/or refuses to accept a pledge on behalf of an eligible applicant. The Contractor may request reimbursement for the payment made to prevent a shut-off or disconnection. There is only 1 out of 150 energy vendors that is not set up to receive payments directly from the LHC. LHC does not discriminate against an applicant whose vendor chooses not to sign due to utility vendors being determined based on location and not by applicant selection.

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

The Hancock Energy Software (HES) generates a Client Qualification Notification letter, which is provided to the client at the end of the application process. The notification of eligibility letter certified from the HES computer system with amount shall be (1) provided to the applicant at time of application or (2) e-mailed or mailed to the applicant. For home-bound and/or disabled applicants, the notification of eligibility must occur within 15 days of the date of application. A copy of the notification of eligibility letter must be filed in the applicant's case record.

When HES determines that an applicant does not meet eligibility requirements, the request for assistance shall be denied. The HES computer system generated denial letter shall be mailed within five (5) business days of the date of application and a copy shall be filed in the applicant's case record. If applying in person, the applicant should be provided a denial letter at the time of application.

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

The Vendor Agreement contains a provision to assure the vendor will not discriminate, neither in costs or goods supplied nor the services provided, against the household on whose behalf benefit payments are made.

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

The Vendor Agreement contains a provision to assure customers receiving assistance from the LIHEAP will not be treated adversely because of such assistance under applicable provision of State law and public regulatory requirements.

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 LHC financial operations manual establishes the framework and procedures for budgeting, reporting, internal controls, cost allocation, and accountability as described in the costs principle applicable to the grant.

Contractors submit weekly electronic copies of the Request for Payment to LHC for their benefit payments based on eligible households and monthly Request for Payment to LHC for actual administrative, program, and client education expenditures.

LHC conducts monthly reconciliation of funds and expenditures with sub-recipients to ensure accuracy and reliability for data reporting.

All LIHEAP expenditures are tracked and monitored using the web-based software, Hancock Energy Software (HES) and MS Excel spreadsheets.

10.1a Provide your definitions of the following:

Obligation

The State of Louisiana's definition of "obligation" can be found in LA Civ Code 1756:

An obligation is a legal relationship whereby a person, called the obligor, is bound to render a performance in favor of another, called the obligee. Performance may consist of giving, doing, or not doing something.

The State of Louisiana's definition of "encumbrances" aka "obligations" can be found in the Louisiana Division of Administrations' Control Agencies Policies and Procedures Manual, Chapter 6.1.1 (Exhibit 9):

An obligation for which the State is committed, but for which goods and services have not yet been received or and accepted.

Expenditures

The State of Louisiana's definition of "payments" aka "expenditures" can be found in the Louisiana Division of Administrations' Control Agencies Policies and Procedures Manual, Chapter 7.1.1 (Exhibit 9):

The liquidation of a liability and the final event in the purchasing process.

Expenditure timeframe

Louisiana obligates 90%-100% of funds by September 30th of the first year. Remaining funds are obligated or reobligated by September 30th of the second year not to exceed 10% Carryover. All remaining obligations are liquidated by December 31st following the second year. Any refunds received after September 30th of the second year are returned to HHS.

Administrative costs

The term administrative costs means costs necessary for the proper administration and management oversight of the Louisiana LIHEAP program, including all costs, both direct and indirect, associated with the general administration and coordination of the program; supportive services including accounting, human resource, and procurement; development of policies, goals and objectives; participant intake and eligibility determination; and monitoring.

All Federal funds used to administer LIHEAP activities (except for the costs associated with client education – Assurance 16) count against the 10% State limit and are considered an administrative cost.

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.

A Request for Proposals is issued every 3-5 years, and it is issued by LHC on behalf of the Louisiana Legislative Auditors Office.

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 <input checked="" type="checkbox"/>				
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.				
<input checked="" type="checkbox"/> Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133				
<input type="checkbox"/> Local agencies/district offices are required to have an annual audit (other than A-133)				
<input checked="" 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 checked="" type="checkbox"/> Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133				
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 checked="" type="checkbox"/> Other program review mechanisms are in place. Describe:				
<p>LHC utilizes the available reporting system of the Hancock Energy Software (HES) to monitor contractor's production and service delivery to timely ensure all contractors are maintaining service delivery in accordance with contractual obligations.</p>				
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 checked="" type="checkbox"/> Client File Testing/Sampling				
<input checked="" type="checkbox"/> Other program review mechanisms are in place. Describe:				
<p>In the event of a natural disaster, statewide pandemic, or other emergency, LHC may adapt monitoring methods as a result of the event and the Agencies' resources. Those methods will be determined based on circumstances surrounding the event and the associated timelines.</p>				
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.				
<p>Louisiana Housing Corporation (LHC) has adopted a systems approach to monitoring Contractors for compliance with applicable regulations and achievement of performance goals.</p> <p>Program activities are monitored both electronically and by conducting on-site visits annually. The State mandated software is used to record application input and monitor Contractor's production, i.e., how many applications are taken in a given time frame; how many of those applications were Heating/Cooling applications; how many were Crisis applications; how many households were served; and how many priority members were included in those households. We are also able to monitor the rate of benefit delivery to the specific service area. This information is utilized, to not only monitor the rate of service delivery, but also the areas being served. Those areas can be identified within a service provider's geographical service area, needing extra attention and outreach.</p>				

During the on-site monitoring visits, the physical files are reviewed for documentation of various program mandated activities, such as:

- (A) Written policies and procedures that prohibit discrimination in both service delivery and employment,
- (B) Compliance with Minimum Wage laws,
- (C) Written policies regarding grievance procedures for both applicants and employees,
- (D) Written policies regarding providing services to eligible applicants on a first come, first served basis,
- (E) Written policies that document adherence to written Program Guidelines approved by Louisiana Housing Corporation,
- (F) Documentation of employee training on program guidelines,

(G) A review of various documents that demonstrate program outreach activities including newspaper ads, radio and/or television advertising, copies of any printed material distributed in the community to applicants and potential applicants, social media,

(H) A review of Client Education material distributed to applicants regarding energy conservation activities,

(I) A review of a random sample of applicant files to verify the collection of required support documentation from eligible applicants, including income, vulnerability of the client for the cost of the energy bill, confirmation of residence at the service address indicated on the bill, copies of Social Security Cards or other government documents that contain social security numbers for each member of the household being served,

(J) Written policies and procedures to detect, minimize, and eliminate waste, fraud, and abuse.

Eligibility and benefit determination is handled through the web-based computerized application system adopted by the LHC. The program is designed to calculate benefit based on parameters that are entered at the state level and that are unalterable at the service provider level. Benefit calculations are based on income levels for each household, the number of eligible household members, and the identification of priority members of the household, i.e., persons over 60 years of age, persons disabled, or persons under the age of 6. The benefit calculation is totally, automated requiring only data input from the agency provider. Eligibility is also determined by the same system utilizing social security numbers of applicants and flagging those applicants or household members that may have received a benefit within the prohibited timeframe. Applicants may currently apply for non-crisis benefits once in the heating season and once in the cooling season, and if necessary, applicants may also apply for a crisis benefit once in a twelve month period.

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

Site Visits:

LHC, as the state grantee, conducts annual on-site compliance monitoring visits to all LIHEAP contractors.

Desk Reviews:

LHC staff conducts ongoing desk monitoring of agency reports, budget tracking and statistical reports, and rate of expenditures.

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

Annually

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

Note: Tribes do not need to hold a public hearing but must ensure participation through other means.

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

Comments regarding LIHEAP program administration may also be received via email, mail, or phone from the public, applicants, or employees throughout the year at any event or directly to the State office.

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

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

	Date	Event Description
1	09/24/2025	In person & via Zoom - FFY2026 LIHEAP Public Hearing, LHC Board Room, 2415 Quail Drive, Baton Rouge, LA 70808
2	07/09/2025	4 Regional LIHEAP Subgrantee Quarterly Calls
3	06/18/2025	Policy Advisory Council via Zoom with Housing LA, LWC, Subgrantees, & Utilities
4	09/17/2025	Policy Advisory Council via Zoom with Housing LA, LWC, Subgrantees, & Utilities

11.3. How many parties commented on your plan at the hearing(s)? 1

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

One comment was received after the hearing in writing from the Alliance for Affordable Energy who attended the hearing. They proposed to keep the policy the same as previous years in regards to the Social Security Card requirement in order to lower barriers to participation in programs that help people save money.

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

No changes could be made to the new revised Social Security Card requirement due to a new State law. The only other option would be to implement a requirement of other legal documents that would verify citizenship. Accepting the Social Security Number alone does not ensure compliance with the law.

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

the fields provided, attach a document with said explanation here.

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-013
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? 0

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

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

N/A

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

In accordance with Section 2605 (b) (13) of Public Law 97-35, applicants are to be provided an opportunity for a fair hearing when assistance is denied or is not acted upon with reasonable promptness.

1. Notification of Right to Appeal

Each applicant is to be informed in writing at the time of application of their right to a hearing, the method by which a hearing may be requested, and who may present their case. The Intake Worker must also give the applicant an oral explanation about fair hearings, including information regarding any contact or discussion between the applicant and Subgrantee staff concerning denials, rejections, terminations, and reduction of services.

2. How to Appeal or Request a Fair Hearing

a. First Level – Subgrantee/Local Review When an applicant is denied or not acted upon with reasonable promptness, the applicant has the right to request a review by the Subgrantee's Appointing Authority or Delegated Authority approved by LHC. Upon receipt of the applicant's First Level Appeal request, the Subgrantee must respond with a decision in writing to the applicant and cc: LHC within fifteen (15) business days of the request. The decision letter must notify the applicant of their right to a Second Level Appeal by LHC. Sample Appeal Decision Letter (Appendix C).

b. Second Level – LHC Review If the issue cannot be resolved at the Subgrantee level, an applicant may make a written request for a Second Level Appeal to LHC. The written request should be submitted with an explanation of the issue on the back of the service application form under Right to Appeal and Fair Hearing with continuation on separate attached paper, if necessary. If the application form is unavailable, the applicant may state the request in a letter addressed to the Louisiana Housing Corporation (LHC), 2415 Quail Drive, Baton Rouge, LA 70808. If assistance is requested, the Subgrantee may assist the applicant with the preparation of a written request. The request must be received by LHC, or Subgrantee, or postmarked within ten (10) business days of the First Level Appeal decision. LHC will make a written determination to the applicant and cc: the Subgrantee within fifteen (15) business days of receipt. LHC's response will include further instructions for a Fair Hearing in the event the decision is unfavorable to the applicant.

c. Third Level – Administrative Law Judge In the event an applicant is still dissatisfied, LHC will retain an Administrative Law Judge to preside at the hearing and follow applicable laws to render a decision. Services will not begin until the matter is resolved. Within five (5) business days, upon receipt of a request for a fair hearing, LHC shall schedule a fair hearing to be conducted no later than fifteen (15) business days from receipt of a request for a fair hearing. The fair hearing shall be conducted in accordance with the following criteria:

- i. The hearing shall be held in a place reasonably convenient to the applicant and open to the public.
- ii. The applicant shall receive notification of the hearing no less than five (5) business days before the scheduled hearing, to enable a proper preparation of the applicant's appeal.
- iii. The applicant shall have an opportunity to review his/her claim file, which contains all the evidence to be presented, prior to the hearing.
- iv. The hearing officer shall be an impartial adjudicator who has not participated in the decision being appealed.
- v. The applicant is guaranteed the right to:
 - o Have a representative at the hearing;
 - o Present evidence, including oral and/or written statement on his/her behalf;
 - o Present witnesses; and
 - o Cross-examine witnesses.
- vi. The applicant shall be given the opportunity to elect to have the matter determined through use of a declaration in lieu of personal appearance.

vii. The hearing officer shall issue a final decision, in writing, within thirty (30) calendar days following the conclusion of the fair hearing.

12.5 When and how are applicants informed of these rights?

Ineligible applicants are informed in writing, at the time of application, of their rights to an appeal and fair hearing, prior to signing the form.

The written request with an explanation of the issue on back of the service application form under Right to Appeal and Fair Hearing should be mailed to the Louisiana Housing Corporation (LHC), 2415 Quail Drive, Baton Rouge, LA 70808. If assistance is required, the contractor may assist the applicant, if requested, to prepare a written request. The request must be received by LHC within 30 days of the decision or postmarked within 30 days.

When an application is deemed incomplete, a "LIHEAP Application Required Documents Form" is completed, signed and dated by the applicant and the Agency representative, at the time of application. The form includes a checklist and information regarding the status of the 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?

Energy education is provided to eligible and ineligible households. Local agencies are required to develop active, participatory energy conservation education activities. They are also encouraged to use educational activities that can be carried out while the applicant is waiting for intake. Services can include counseling, assistance with negotiations with energy vendors, outreach, referrals to the Weatherization Assistance Program, and energy efficiency education materials.

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

A percentage is set in the State Plan and the amount is obligated upon receipt of the grant award.

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

Assurance 16 funds were used to purchase energy kits, which included LED bulbs, energy calendars, energy wheels, and coloring books for children. Sub-grantees also purchased laptop computers, scanners, televisions with built in DVD players, and portable printers to deliver educational videos and serve clients in rural areas who are unable to travel to an office. LED night lights, weather stripping tape, advertisement spots and materials were also purchased to educate the public about the LIHEAP program including personnel time. LHC's software reported 68,961 unduplicated households benefitted from Assurance 16 funds this year. The LHC is currently working with sub-grantees to utilize FFY 2025 Client Education funds prior to the end of the 09/30/2026.

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

Assurance 16 funds were used to purchase energy kits, which included LED bulbs, energy calendars, energy wheels, and coloring books for children.

13.5 How many households received these services? 68961

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.

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

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:

☒ Employees are provided with policy manual

☒ Other, describe:

LHC is a member of NEADA and NEUAC and participates in NEADA Conferences as well as Annual DHHS LIHEAP Meetings.

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:

LHC participates in the annual conference held by the Association of Community Action Partnerships of Louisiana (ACAP). T&TA is provided daily via telephone calls, conference calls and webinars. Annual onsite T&TA is also provided during the annual monitoring visits. Periodically, as needed, we will provide training in-house for new employees and others from the Community Action Agencies.

c. Vendors

☐ Formal training conference

How often?

☐ Annually

☐ Biannually

<input type="checkbox"/>	As needed
<input type="checkbox"/>	Other, describe:
<input checked="" type="checkbox"/>	Policies communicated through vendor agreements
<input type="checkbox"/>	Policies are outlined in a vendor manual
<input checked="" type="checkbox"/>	Other, describe:
<p>LHC holds annual meetings with all utility vendors. LHC also holds regular phone calls and emails with vendors as needed to resolve issues and payments.</p>	
15.2 Does your training program address fraud reporting and prevention? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<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 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.

Louisiana completed the report internally for FFY2024, and it was accepted March 2025. In October 2025, LHC will begin requesting vendor data for FFY2025 and will continue to improve in data collection. LHC anticipates difficulties with utility data collection this year due to a major gas vendor sale that occurred between multiple gas utilities.

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:

Posters, include information, as a part of advertising campaigns.

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 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
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input 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 checked="" type="checkbox"/>	Required	<input checked="" 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	All Adults in Household	All Household Members

				Required	Requested	Required	Requested
1	Copy of Medicaid or Medicare card, documentation from U.S. Department of immigration and naturalization and/or INS temporary work permit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.							
<input 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:							
17.4. Income Verification							
What methods does your agency utilize to verify household income? Select all that apply.							
<input checked="" type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input checked="" type="checkbox"/> Bank statements							
<input checked="" 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>*Food Stamp (SNAP) certification letter or printout dated within 12 months of application date for verification of Social Security benefits.</p> <p>*Verification of Employment</p> <p>*Self Certification as last resort</p>							
<input 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 type="checkbox"/> Other - Describe:							
b. Describe any exceptions to the above policies.							
All household members must provide a SSN with the Social Security card. Exceptions are made for any child born within the previous twelve months of application for which the SSA has not issued a SSN yet.							
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							
<input checked="" 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"/>	Other - Describe:
<p>Verified SSN with the Social Security Administration means all household members must provide a SSN with the actual Social Security card. Exceptions are made for any child born within the previous twelve months of application for which the SSA has not issued a SSN yet.</p>	
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 checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location
<input checked="" type="checkbox"/>	Electronic files are protected in a secure location.
<input 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 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 checked="" type="checkbox"/>	Applicants must submit current utility bill
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input 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 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 type="checkbox"/>	Direct payment to households are made in limited cases only
<input 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 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 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 checked="" type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input checked="" 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 type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? a minimum of 1 year
<input checked="" 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"/>	Other - Describe:
<p>If the investigation determines that fraudulent activity did indeed occur, then the following steps may follow depending upon the time of discovery:</p> <p>a. If it is determined that it appears that false information was provided during the application process, the applicant file must be denied and the client notified in writing.</p> <p>b. If it is determined that the client received benefits based on false information provided by the client, it is considered an overpayment. The Subgrantee should attempt to recapture the funds and the client must be given an opportunity to repay the funds in question by either reimbursement to the Subgrantee/Grantee or recoupment from the Utility Vendor.</p> <p>If the client makes contact with the Subgrantee, payment arrangements may be discussed and formalized per the Subgrantee's policy. The Subgrantee should track all payments and notify the client when the obligation has been met.</p> <p>Once every attempt has been made to contact and work with the client for recovery of overpayments and the client has been unresponsive or uncooperative, the information should be turned over to local law enforcement.</p> <p>The Subgrantee should continue to work with the prosecuting officials, and the Subgrantee can, if requested, receive and track repayments from the client. All repayments must be returned to the Grantee.</p> <p>The Subgrantee must contact Grantee and keep staff informed as to the progress of the investigation, the disposition, and if any funds will be returned.</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.

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.*)

2415 Quail Drive

*** Address Line 1**

Address Line 2

Address Line 3

Baton Rouge

*** City**

LA

*** State**

70808

*** Zip Code**

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



Jeff Landry
Governor

State of Louisiana
OFFICE OF THE GOVERNOR
P.O. BOX 94004
BATON ROUGE
70804-9004

April 22, 2025

Dr. Lanikque Howard
Director, Office of Community Services
Administration for Children and Families
U.S. Department of Health and Human Services
330 C Street, S.W. 5th Floor
Washington, DC 20201

Re: Delegation of Authority for Administration of Low Income Home Energy Assistance Program

Dear Dr. Howard:

The Louisiana Housing Corporation ("LHC") was created under Act No. 408 (the "Act") of the 2011 Regular Session of the Louisiana Legislature. The Act streamlined how the State of Louisiana administers its housing programs, including the grant from the U.S. Department of Health and Human Services for the Low Income Home Energy Assistance Program ("LIHEAP").

By means of this correspondence, I hereby delegate my authority to certify to the 16 Assurances outlined in the Low Income Home Energy Assistance Act of 1981, as amended, which may be required as part of the annual LIHEAP application process to the Executive Director of the Louisiana Housing Corporation, Kevin J. Delahoussaye.

This delegation shall also include the authority to review and execute any and all grant applications, contracts, and/or any other documents that may be relevant to the administration of the LIHEAP in the State of Louisiana.

This delegation of authority shall remain in full force and effect until modified or rescinded by federal or state statute or by the chief elected official of this state.

Should you have any questions, please contact Lauren Hartley Holmes, LHC Program Administrator, at 225-763-8700 or via e-mail at lhartley@lhc.la.gov.

For Louisiana,

A handwritten signature in black ink, appearing to read "Jeff Landry".

Jeff Landry
Governor

cc: Kevin J. Delahoussaye, LHC Executive Director
Lauren Hartley Holmes, LHC Program Administrator



Louisiana Housing Corporation

DATE: April 16, 2025

RE: Delegation of Signature Authority for Low Income Home Energy Assistance Program Detailed Model Plan Grant Application, the Low Income Home Energy Assistance Program Certifications, and Assurances in the DHHS On-Line Data Collection System.

AUTHORITY

The Board of Directors of the Louisiana Housing Corporation has appointed the Executive Director as the Appointing Authority of the Corporation to administer, manage, and direct the affairs and business of the Corporation subject to the policies, control, and direction of the Board of Directors of the Corporation.

DELEGATION

The LHC administers the Low Income Home Energy Assistance Program ("LIHEAP") in Louisiana. To receive funds each year, the State must submit an application to the US Department of Health and Human Services, Administration of Children and Families. As the Executive Director of the Louisiana Housing Corporation, I hereby delegate the authority to review and execute the LIHEAP Detailed Model Plan Grant Application and the LIHEAP Certifications and Assurances in the DHHS On-Line Data Collection System to Lauren Holmes, Housing Finance Deputy Administrator.

This delegation of signature authority shall be effective as of April 16, 2025 and will remain in effect until revoked by the Executive Director or his successor. The authority delegated is not subject to sub-delegation without prior and express written consent of the Executive Director.

A handwritten signature in blue ink, appearing to read "K. Delahoussaye".

Kevin J. Delahoussaye
LHC Executive Director

FFY2026 Heating and Cooling - Benefit Matrix

Energy Burden Percent	Household Size	Benefit Amount
25% and Greater	1	650.00
25% and Greater	2	650.00
25% and Greater	3	650.00
25% and Greater	4	700.00
25% and Greater	5	700.00
25% and Greater	6	700.00
25% and Greater	7	700.00
25% and Greater	8 or More	700.00
18% to 24.9%	1	500.00
18% to 24.9 %	2	500.00
18% to 24.9%	3	500.00
18% to 24.9%	4	550.00
18% to 24.9%	5	550.00
18% to 24.9%	6	550.00
18% to 24.9%	7	550.00
18% to 24.9%	8 or More	550.00
10% to 17.9%	1	350.00
10% to 17.9%	2	350.00
10% to 17.9%	3	350.00
10% to 17.9%	4	400.00
10% to 17.9%	5	400.00
10% to 17.9%	6	400.00
10% to 17.9%	7	400.00
10% to 17.9%	8 or More	400.00
9.9% and Less	1	200.00
9.9% and Less	2	200.00
9.9% and Less	3	200.00
9.9% and Less	4	250.00
9.9% and Less	5	250.00
9.9% and Less	6	250.00
9.9% and Less	7	250.00
9.9% and Less	8 or More	250.00

Additional Payment to Targeted Priority Groups

Those household that contain one or more members of the targeted priority groups shall receive an additional payment of \$100.00. Targeted priority groups are:

- ❖ Persons 60 years or older
- ❖ Persons who are disabled
- ❖ Persons five years of age and younger

Regardless of the number of priority members in one household, the household is eligible for **only one** additional **\$100** payment per household. ***The maximum benefit will not exceed \$800.00***

FFY 2026 LIHEAP State Plan Public Hearing
Wednesday, September 24, 2025
Louisiana Housing Corporation
Board Room, 2415 Quail Drive, Baton Rouge, LA

The meeting was called to order @ 10:03 am by Mitchel Chauvin, Housing Finance Manager for the Louisiana LIHEAP Program.

(Attendees on separate page)

Mitchel Chauvin: “Good morning everyone, I’m calling this Hearing to order at 10:03 A.M.

Thank you for joining us for the Federal Fiscal Year 2026 Low Income Home Energy Assistance Program (LIHEAP) Model Plan Public Hearing for the State of Louisiana. My name is Mitchel Chauvin, and I am the Housing Finance Manager for the Louisiana LIHEAP and Weatherization programs.

The Proposed 2026 Louisiana LIHEAP Model Plan was posted to the Louisiana Housing Corporation’s website on September 10, 2025 for public review and response.

Louisiana’s LIHEAP program consists of a Heating Assistance program that runs November 15 to March 15, a Cooling Assistance program that runs April 1 to September 30 or until funds are expended, a year round Crisis Assistance program, and a Weatherization Assistance program that runs July 1 to June 30. No changes have been proposed to these time frames.

The allocations of funding are as follows:

- | | |
|-----------------------------------|--------|
| • Heating Assistance | 25.00% |
| • Cooling Assistance | 45.50% |
| • Crisis Assistance | 10.00% |
| • Weatherization Assistance | 7.00% |
| • Administrative Expenses | 10.00% |
| • Assurance 16 (Client Education) | 2.50% |

All changes from last year’s plan to this year’s plan were posted in a document along with the proposed plan. The majority of changes were required administrative updates or points of clarification. Louisiana is proposing to implement an online application with each Subgrantee this year in lieu of the previously proposed State run statewide application. The other major significant change is reverting back to a Social Security Card requirement for all household members rather than just providing the number. This revised requirement is in response to Louisiana Act No. 351 signed on June 20, 2025.

As of this hearing, we have not received any comments in writing.

At this time, we will open the hearing to any comments or feedback from the audience.

(Pause)

Are there any comments in the Zoom Chat?

(Pause)

And I'm getting a negative.

(Pause)

So, no comments. Any comments going once, twice, three times, no comments.

We will now close this Public Hearing. We appreciate you for participating with us today. LHC will evaluate any comments received and proceed with submission of the plan to DHHS for funding. Thank you. It is 10:06 A.M."

The meeting was closed at 10:06 am.