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Office of Community Services
Low-Income Household
Water Assistance Program
(LIHWAP)

Low Income Household Water Assistance Program (LIHWAP) Consolidated Appropriations Act of 2021 and American Rescue Plan

GRANT IMPLEMENTATION PLAN

Grantee Name: State of Delaware

Document Status: Public Comment Draft

ADMINISTRATION FOR CHILDREN & FAMILIES

Section 1 – Program Needs, Goals and Allocations

Community Needs and Program Goals

1.1 Description of Emergency Household Drinking Water and Wastewater Needs

The OCS priorities are restoration of household water services, reducing arrearages, reducing rates charged to households. Briefly describe current needs related to these priorities within your state, territory, or tribal areas. Describe any areas of concentrated need or special issues within communities served by water utilities within your state, territory, or tribal area.

Throughout the pandemic households throughout Delaware have faced difficulties in paying basic utility bills. The disruption of water and or wastewater services to a home can pose significant challenges to the health and well-being of the residents. This program aims to provide support to the residents most in need by relieving the pressure of water and wastewater bills on household finances. The priorities for the current round of funding are reconnection of disconnected services and prevention of disconnection or disruption due to outstanding bills. If those burdens are relieved, then Delaware will assist low income households with reducing the percentage of their household budget used for water and wastewater services.

1.2 Operational Priorities and Emergency Flexibilities

Consistent with goal of the American Rescue Plan to provide immediate relief to the American people, briefly describe the operational priorities within your state. territory or tribal area (e.g. immediate restoration of services to households without current water services, immediate payment of existing arrearages to prevent disconnection of drinking water or wastewater services after a previous moratorium on water services due to Covid-19).

The Division of Public Health (DPH) oversees drinking water in Delaware and administers the Delaware State Drinking Water Revolving Fund. Because of these existing programs, DPH has established relationships with water utilities throughout the State. These relationships are being leveraged to hold initial conversations to begin gathering information on delinquencies and disconnections in Delaware. Disconnections will be the inital focus of the program, to restore water services to residential homes. Prevention of further disconnection will also be an early focus of the program. Reduction of the burden water and wastewater place on household budgets in low-income households will be a tertiary focus.

1.3 Expected Date for Initial Water Payments on Behalf of Households

Provide an estimated date by which payments will be initiated based on the operational priorities identified above (e.g. first stage of payments to restore services for currently disconnected households, etc.).

DPH is currently working with utilities to gather disconnection and delinquency information, as well as working on the logistics of the program, application process, etc. The program goal is to begin issuing payments to utility companies in October 2021.

Estimated Funding Allocations

1.4 Estimate what amount of available LIHWAP funds will be used for each component that you will operate: *The total of all percentages must add up to 100%. The combined total of Administration (State) and Administration (Subrecipients) must not exceed 15% of the total for either the Consolidated Appropriations Act or the American Rescue Plan Award.*	**Consolidated Appropriations Act of 2021 Percentage (%)**	**American Rescue Plan Grant Percentage %**
Household Benefits	85 %	85 %
Outreach/Eligibility Determination	5 %	5 %
Administration - State	10 %	10 %
Administration - Subrecipients	%	%
Total (each column must equal 100%)	100 %	100 %

Categorical Eligibility

1.5 As outlined in the Terms and Conditions, current recipients the following programs are categorically-eligible for LIHWAP assistance:

- Low-Income Home Energy Assistance Program (LIHEAP)
- Means-tested Veterans Programs
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)

Briefly describe your operational plans for enrollment of categorically eligible populations based on operational priorities outlined in question 1.2 (e.g. automatic enrollment, acceptance of documentation of enrollment during intake processes). If it will not be possible to include any of these programs in your intake/eligibility processes, provide a brief explanation.

DPH is working with utility companies to gather information on disconnections and delinquencies throughout Delaware. These lists of households will be compared to data from LIHEAP, SNAP, TANF and other programs to confirm categorical eligibility. Existing connections between LIWAP program staff and other social service programs within the Delaware Division of Public Health and Delaware Health and Social Services will facilitate these communications and allow cooperative work to begin quickly. LIHWAP program applicants that are not currently served by these programs will be provided education and information on the programs and their services and encouraged to apply as appropriate. Households that are not connected with these programs, and choose not to apply, will be able to work solely with the LIHWAP.

Determination of Eligibility for Direct Enrollment

Note: The information below is focused on eligibility determination for households that are not categorically eligible based on the enrollment in one of the programs outlined in question 1.5.

1.6 What type of countable income do you use for eligibility determination? *(select one)*

- [x] Gross Income
- [ ] Net Income

1.7 List all the applicable forms of countable income used to determine a household's income eligibility for LIHWAP. Note: The forms of countable income used for benefit eligibility are generally left to the discretion of the grantee; however, the following sources are not applicable forms of countable income used to determine a household's income eligibility for LIHWAP:

- Temporary Assistance for Needy Families (TANF) benefits
- Supplemental Nutrition Assistance Program (SNAP) benefits
- Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
- Covid-19 Economic Impact Payments (Stimulus Checks)

Wages, self-employment income, contract work income, unemployment insurance, SSA, SSI, retirement/pension income, general assistance, rental property income, alimony and child support, interest/dividend/royalty income, workmen's compensation income

If any of the above questions require further explanation or clarification that could not be made in the fields, provide said explanation here.

Section 2: Benefits

Eligibility

2.1 Designate the income eligibility threshold used for the water benefit.

Eligibility Threshold *(select one)*	**Eligibility Threshold Percent**
☐ Federal Poverty Guideline ☐ State Median Income ☒ Hybrid Federal and State (Based on Household Size)	150 %

2.2 Do you anticipate additional eligibility requirements beyond the income threshold noted in 2.1 for water assistance? ☒ **Yes** ☐ **No**

If the answer to question 2.2. is "Yes" please provide an explanation below

Households with up to 7 people will be eligible if income does not exceed 150% of federal poverty guideline. Households with 8 or more people will be eligible if they do not exceed 60% of state median income.

2.3. How will you support households whose utility payments are included in their rental payments?

Rental households that meet eligibility criteria will be able to provide documentation from utility company for bill amounts to receive support. If this information is not available to renter, DPH will work with utility to secure information. In cases where utility payments are included in rent, information on utility bills will be sought from landlord to confirm utility charges. Information may be collected from tenant or from utility company directly if landlord is unwilling or unable to provide necessary documentation. In cases where landlord does not engage in discussion, DPH will engage with legal counsel to provide notification to landlord to reduce rent payments by LIHWAP benefit amount.

2.4 Check the variables you use to determine your benefit levels. *(Check all that apply. Check both Household Drinking Water Burden and Household Wastewater Burden if households receive a combined bill for drinking water and wastewater):*

- ☑ Income
- ☑ Household Size
- ☑ Household Drinking Water Burden
- ☑ Household Wastewater Burden
- ☐ Other *(Please describe):*

2.5 Describe estimated benefit levels for the project period for which this plan applies

Minimum Benefit	$ 100	Maximum Benefit	$ 2,000

2.6 Benefit periods

Is this a one-time benefit? ☐ Yes ☒ No

If no, please explain the frequency of allowable benefit (e.g., monthly, quarterly, etc.):

DPH is anticipating working with residents and utilities to provide quarterly payments.

2.7 Do you give priority in eligibility to:

People with Disabilities	☒ Yes	☐ No
Young Children?	☒ Yes	☐ No
Older Adult/Seniors (60 and over)?	☒ Yes	☐ No
Households with high water burdens?	☒ Yes	☐ No
Other?	☒ Yes	☐ No

2.8 Describe how you prioritize the provision of water assistance to vulnerable populations (e.g., benefit amounts, early application periods, etc.)

Use of categorical eligibility with TANF, SNAP and other programs will identify initial population. This population will be further refined through the use of a point system to prioritize based on age, disability status, household size and other factors.

2.9 Do you provide applicants, including those who are physically disabled, the means to submit applications for benefits without leaving their homes? ☒ Yes ☐ No

If No, explain.

2.10 For individual who are homebound or physically disabled, do you provide travel to the sites at which applications for assistance are accepted? ☐ Yes ☒ No

If No, explain and explain alternative means of intake to those who are homebound or physically disabled?

Applications available on DPH web pages can be submitted electronically. If needed, the program can work with individuals on a case by case basis to gather application information via phone or other means.

2.11 Are any of the utility vendors you work with subject to a moratorium on shut offs?

☐ Yes ☒ No

If you responded "Yes" to question 2.11, you must respond to question 2.12.

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

2.13 Do you make payments contingent on vendors taking appropriate measures or maintaining existing supports to alleviate the water burden of eligible households?

☒ Yes ☐ No

If so, describe the measures vendors may take or maintain.

DPH willl work with utilities to restore water service, implement payment plans and other strategies to assist those with high water burden to help ensure continued service.

COVID-Specific	General (Not COVID-specific)
☐ Disconnection moratorium ☐ No late fees, interest, or penalty charges ☑ Ability to enter into payment plan of 6 months or longer ☑ Reconnection of service for disconnected customers ☐ Enrollment in a discounted rate	☑ Consumer protections regarding shutoffs (e.g., minimum notice period, protection of vulnerable populations, minimum amount overdue before disconnection allowed, opportunity for payment plan before disconnection, other procedural or substantive restrictions on shutoffs)
	☐ Data reporting requirements for utilities – on a permanent basis – e.g., periodic reporting on number of shutoffs
	☐ Percentage of income payment plan other utility-funded arrearage assistance
	☐ Lifeline rates
	☐ Water efficiency assistance
	☐ Provisions ensuring continued service for a specific time period *(Describe below)*
	☐ Provisions ensuring reconnection within a specific time period *(Describe below)*

If any of the above questions require further explanation or clarification that could not be made in the fields, provide said explanation here.

Section 3: Outreach

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

- ☑ Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- ☐ Publish articles or public service announcements in local newspapers or broadcast media announcements.
- ☑ Work directly with water utilities to identify potential recipients.
- ☑ Include inserts in water vendor billings to inform individuals of the availability of all types of LIHWAP assistance.
- ☐ Mass mailing(s) to prior-year LIHEAP recipients or recipients of other government benefits:
- ☑ Automated phone campaigns and/or social media outreach
- ☐ Multi-lingual announcements in languages spoken by low income households within utility service area and/or notification in ethnic language news and broadcast media outlets
- ☐ Inform low income applicants of the availability of all types of LIHWAP assistance at application intake for other low-income programs.
- ☑ Execute interagency agreements with other low-income program offices and/or public health pathways created for Covid-19 outreach to perform outreach to target groups.
- ☑ Outreach to faith-based institutions, including those serving low-income people and people of color
- ☐ Other *(specify):*

If any of the above questions require further explanation or clarification that could not be made in the fields, provide said explanation here.

Section 4: Coordination

4.1 Describe how you will ensure that the LIHWAP program is coordinated with other programs available to low-income households (LIHEAP, TANF, SSI, SNAP, EPA, Emergency Rental Assistance Program, Homeowner Assistance Program, WAP, etc.) etc.).

☐ Joint application for multiple programs:

☑ Intake referrals to/from other programs:

DPH will work with SNAP, TANF, etc., to identify eligible applicants. Residents not served by these programs will be provided information and encouraged to apply if appropriate.

☐ One - stop intake centers:

☐ Other - *Describe:*

4.2 Describe how you will coordinate with relevant regulatory authorities that govern water suppliers.

DPH has oversight of all drinking water systems in Delaware through our Office of Drinking Water and administers the Delaware Drinking Water State Revolving Fund. Through these programs DPH has direct oversight of water suppliers throughout Delaware and existing relationships with these utilities will help facilitate program operations.

If any of the above questions require further explanation or clarification that could not be made in the fields, provide explanation here.

Section 5: Agency Designation
(Required for State grantees and the Commonwealth of Puerto Rico))

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

- ☐ Administration Agency
- ☐ Commerce Agency
- ☐ Community Services Agency
- ☐ Energy / Environment Agency
- ☐ Housing Agency
- ☐ Human Service Agency
- ☑ Other - *Describe:*

Public Health Agency

5.2 LIHWAP Component Administration	**Drinking Water Service**	**Wastewater Service**
5.2a Who determines client eligibility?	DPH will determine eligibility.	DPH will determine eligibility.
5.2b Who processes benefit payments to water service providers?	DPH will process payments.	DPH will process payments.

If any of your LIHWAP components are not centrally administered by a State agency, you must complete questions 5.3, 5.4 and 5.5.

5.3 What is your process for selecting local administering agencies?

DPH plans to administer the program directly.

5.4 How many local administering agencies do you use?

5.5 What types of local administering agencies do you use?

- ☐ Community Action Agencies
- ☐ Local Governments
- ☐ City Governments
- ☐ County Governments
- ☐ Other non-profits

If any of the above questions require further explanation or clarification that could not be made in the fields, provide said explanation here.

Section 6: Water Suppliers

Note: Water suppliers refers to both drinking and/or wastewater suppliers as they may be different entities at the local level

6.1 The following question is specific to Tribes (only). Do you charge households drinking water and wastewater utility services?

☐ Yes If "Yes" please proceed to next questions.

☐ No If "No" please skip to question 6.5.

6.2 How do you notify the household of the amount of assistance paid, and the timing of the assistance payment?

Households will be notified by email and or US mail of the assistance paid.

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

DPH will enact agreements with water suppliers prior to payments being made. Adverse treatment will be prohibited via this agreement and residents will be able to report concerns to DPH.

6.4 How do you assure that water suppliers are restoring disconnected service or otherwise maintaining continuity of service due to the benefit payment?

Payments will be contingent on confirmation that all service connections addressed via current and past payments have been restored or disconnection prevented.

6.5 For Tribes who answered "No" to question 6.1, please describe how you intend to maintain accurate records to show how LIHWAP funds are expended for drinking water and/or wastewater utilities on behalf of households. (I.E. Financial expenditure reports).

If any of the above questions require further explanation or clarification that could not be made in the fields, provide said explanation here.

Section 7: Program, Fiscal Monitoring, and Audit

7.1 How do you ensure good fiscal accounting and tracking of LIHWAP funds?

Existing fiscal procedures within DPH grant programs will be used to ensure proper accounting and tracking.

Audit Process

7.2 Describe any audit findings rising to the level of material weakness or reportable condition cited in the Single Audits (as required in the Single Audit Act), Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHWAP agency from the most recently audited fiscal year.

☑ No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1.			☐ Yes ☐ No	
2.			☐ Yes ☐ No	
3.			☐ Yes ☐ No	
4.			☐ Yes ☐ No	
5.			☐ Yes ☐ No	
6.			☐ Yes ☐ No	

Compliance Monitoring

7.3 Identify the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHWAP policies and procedures (e.g. certifications, Terms and Conditions, federal guidance, nondiscrimination requirements): ***Select all that apply.***

Grantee employees:

- ☑ Internal program review
- ☑ Departmental oversight
- ☐ Secondary review of invoices and payments
- ☐ Reconciliation of water supplier records
- ☐ Other program review mechanisms are in place. *Describe:*

Local Administering Agencies / District Offices:

- ☐ On - site evaluation
- ☐ Annual program review
- ☐ Monitoring through central database
- ☐ Desk reviews
- ☐ Client file testing/sampling
- ☐ Reconciliation of water supplier records
- ☐ Other program review mechanisms are in place. *Describe:*

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

7.5 Describe how you select local agencies for monitoring reviews.

Site visits:

Desk reviews:

7.6 How often will each local agency be monitored? *Note: This answer can be prospective.*

7.7. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues for LIHEAP or other programs administered by your agency?
7.8. How many local agencies are currently on corrective action plans for financial accounting or administrative issues for LIHEAP or other programs administered by your agency?
If any of the above questions require further explanation or clarification that could not be made in the fields provide, said explanation here.

Section 8: Public Participation

8.1 How did you obtain input from the public in the development of your LIHWAP plan? ***Select all that apply.***

- ☐ Tribal Council meeting(s)
- ☐ Public hearing(s)

Enter the dates for Tribal Council meeting(s) or Public hearing(s):

- ☑ Draft Plan posted to website and available for comment
- ☐ Hard copy of plan is available for public view and comment

Enter how long draft plan and/or hard copy of plan was available for public view and comment:

Draft plan will be posted on or before 8/16 for a minimum of 30 days.

- ☐ Comments from applicants are recorded
- ☐ Request for comments on draft Plan is advertised
- ☑ Stakeholder or consultation meeting(s)
- ☐ Comments are solicited during outreach activities
- ☐ Other - *Describe:*

8.2 How many parties commented on your plan?

8.3 Summarize the comments you received on your plan here:

Plan will posted for public comment via DPH website. Social media will be used to advertise posting of plan and to solicit comments. Meetings with water utilities have begun to gather industry feedback on draft plan.

8.4 What changes did you make to your LIHWAP plan as a result of the comments received?

This section will be amended once review period is closed.

If any of the above questions require further explanation or clarification that could not be made in the fields, provide said explanation here.

Section 9: Fair Hearings

Note: Administrative hearing opportunities will be comparable to and may utilize existing processes, procedures, and systems currently in place for the State, Territory, or Tribe's Low Income Home Energy Assistance grant.

9.1 Describe your fair, independent hearing procedures for households whose applications are denied or where the applicant disputes the benefit amount.

Residents whose applications are denied whose benefits are lower than anticipated will be able to request a case review and hearing to appeal decisions. Internal review by DPH leadership (i.e HSP Section Chief office or higher) will take place upon receipt of appeal request. HSP will attempt to work with resident and/or utility to resolve claim informally. If needed, a formal hearing will be held per normal DPH/DHSS procedures.

Applicants will have 14-days to request review on application. DPH will complete the review within 5 business days of request. If informal discussions are unsuccessful in resolving claim, DPH will use a contracted hearing officer to mediate dispute.

9.2 When and how are applicants informed of these rights?

Applicants are informed of these rights during the application process. The right to appeal will be provided in writing as part of the application process.

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

Same procedure as outlined in 9.1.

9.4 When and how are applicants informed of these rights?

Same procedure as outlined in 9.2.

If any of the above questions require further explanation or clarification that could not be made in the fields, provide said explanation here.

Section 10: Training

10.1 Training Strategy - Briefly describe the anticipated training strategy for ensuring that grantee staff, local administering agencies, and participating water utilities understand requirements outlined in the Terms and Conditions as well eligibility requirements and procedures described in this plan. Indicate any technical assistance or resources needed by the State, Territory or Tribe to carry out this training strategy.

DPH will provide web-based resources to educate and inform residents about the program. DPH program staff will be available via phone and email for additional questions and assistance as needed. Water utilities will be provided relevant information and an agreement will be executed with DPH.

During conferences, meetings and trainings for the water community in Delaware DPH will provide information and training on the LIHWAP program. This will include basic introductory information, resources to learn more about the program and distribution of literature on eligibility and terms and conditions. The same literature will be used to educate staff and applicants to ensure consistent information across all audiences.

Section 11: Performance Management

11.1 Describe any challenges you anticipate with collecting and reporting data to ACF each year regarding how you implemented your LIHWAP. Examples of data may include, but are not limited to, the number of households assisted, the average benefit amount provided, the number of households whose water or wastewater services were restored because of the benefit, demographics of applicants and beneficiaries, and the number of imminent disconnections of water or wastewater services avoided because of the benefit.

No challenges anticipated at this time.

11.2 List any technical assistance resources you request of ACF related to data collection, analysis and reporting on your LIHWAP.

No assistance requested at this time.

If any of the above questions require further explanation or clarification that could not be made in the fields, provide said explanation here.

Section 12: Program Integrity

12.1 Fraud Reporting Mechanisms

a. Identify all mechanisms that will be available to the public for reporting cases of suspected LIHWAP waste, fraud, and abuse. ***Select all that apply.***

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

b. Identify strategies that will be used for advertising the above-referenced resources. ***Select all that apply***

- ☑ Printed outreach materials
- ☑ Addressed on LIHWAP application
- ☑ Website
- ☐ Other - *Describe:*

12.2. Identification Documentation Requirements

a. Indicate which of the following forms of identification will be required or requested to be collected from LIHWAP applicants or their household members. Note: The types of documentation required is left to the discretion of the grantee. The types of documentation included in the list below are examples of documentation required by LIHEAP grantees for some or all household members based on policies within the State, Territory or Tribe. Comparable documentation and procedures may be instituted for LIHWAP households or may be modified or simplified for households that are categorically eligible based on enrollment in programs identified in question 1.5.

Type of Identification Collected	Collected from Whom?		
	Applicant Only	All Adults in Household	All Household Members
Social Security Card is photocopied and retained	☐ Required ☐ Requested	☐ Required ☐ Requested	☐ Required ☐ Requested
Social Security Number (Without Actual Card)	☑ Required ☐ Requested	☐ Required ☑ Requested	☐ Required ☑ Requested
Government-issued identification card (i.e.: driver's license, State ID, Tribal ID, passport, etc.)	☑ Required ☐ Requested	☐ Required ☑ Requested	☐ Required ☐ Requested
Other *(Describe Below)*	☐ Required ☐ Requested	☐ Required ☐ Requested	☐ Required ☐ Requested

b. Describe any exceptions to the above policies.

12.3 Identification Verification

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

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

12.4. Citizenship/Legal Residency Verification

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

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

12.5. Income Verification Note: Income verification applies only to households that have not been determined to be categorically eligible based on enrollment in other programs identified in question 1.5 above. Methods of income verification are left to the discretion of grantees and should be consistent with any sources of countable income identified in question 1.7 above.

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

☐ **Require documentation of income for all adult household members**

- ☐ Bank statements
- ☐ Pay stubs
- ☐ Social Security award letters
- ☐ Tax statements
- ☐ Unemployment insurance letters
- ☐ Zero-income statements
- ☐ Other - *Describe:*

☑ **Computer data matches**

- ☑ Income information matched against state computer system (e.g., SNAP, TANF)
- ☐ Proof of unemployment benefits verified with state Department of Labor
- ☐ Social Security income verified with SSA
- ☐ Utilize state directory of new hires
- ☐ Other - *Describe:*

12.6. Protection of Privacy and Confidentiality

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

☑ Policy in place prohibiting release of information without written consent

☑ Grantee LIHWAP database includes privacy/confidentiality safeguards

☑ Employee training on confidentiality for:
- ☑ Grantee employees ☐ Local agencies/district offices

☑ Employees must sign confidentiality agreement
- ☑ Grantee employees ☐ Local agencies/district offices

☑ Physical files are stored in a secure location

☐ Other - *Describe:*

12.7 Verifying the Authenticity

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

- [x] All vendors must register with the State/Tribe.
- [ ] All vendors must supply a valid SSN or TIN/W-9 form
- [ ] Vendors are verified through water bills provided by the household
- [ ] Grantee and/or local agencies/district offices perform physical monitoring of vendors
- [ ] Other - *Describe and note any exceptions to policies above:*

12.8 Benefits Policy - Water and Wastewater Utilities

What policies will be in place to protect against fraud when making benefit payments to water utilities on behalf of clients? Select all that apply.

- [ ] Applicants required to submit proof of physical residency
- [x] Applicants must submit current water or wastewater bill
- [x] Centralized computer system/database tracks payments to all water suppliers
- [x] Centralized computer system automatically generates benefit level
- [x] Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to water suppliers
- [x] Data exchange with utilities that verifies:
  - [x] Account is properly credited with benefit
  - [x] Account ownership
  - [ ] Balances
  - [ ] Consumption
  - [ ] Payment history
  - [ ] Other - *Describe:*
- [ ] Payments coordinated among other water and wastewater assistance programs to avoid duplication of payments
- [x] Payments to water suppliers and invoices from water suppliers are reviewed for accuracy
- [x] Procedures are in place to require prompt refunds from utilities in cases of account closure
- [x] Separation of duties between intake and payment approval
- [ ] Vendor agreements specify requirements selected above, and provide enforcement mechanism
- [ ] Other - *Describe:*

12.9 Investigations and Prosecutions

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

- ☐ Clients found to have committed fraud are banned from LIHWAP assistance. For how long is a household banned?
- ☐ Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
- ☐ Grantee attempts collection of improper payments. If so, describe the recoupment process
- ☐ Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
- ☑ Refer to local prosecutor or State Attorney General
- ☐ Refer to State Inspector General
- ☐ Refer to US DHHS Inspector General (including referral to OIG hotline)
- ☐ Vendors found to have committed fraud may no longer participate in LIHWAP
- ☐ Other - *Describe:*

If any of the above questions require further explanation or clarification that could not be made in the fields, provide said explanation here.

Section 13: 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 14: 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 grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements Alternate I. (Grantees Other Than Individuals)

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

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

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

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

(2) The grantee's policy of maintaining a drug-free workplace;

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

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

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

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

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

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

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

Place of Performance (Street address, city, county, state, zip code)		
Address Line 1: Jesse Cooper Building		
Address Line 2: 417 Federal St		
Address Line 3:		
City: Dover	State: DE	Zip Code: 19901

☐ Check if there are workplaces on file that are not identified here. Alternate II. (Grantees Who Are Individuals)

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

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

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

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

Section 15: 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.

Signature of Governor's Authorized Official

Name of State/Territory: Delaware

LIHWAP State/Territory Lead Agency: Delaware Division of Public Health

I certify that the LIHWAP Plan is complete and that LIHWAP grant project will be implemented in compliance with the certifications contained herein.

X Jamie Mack Digitally signed by Jamie Mack Date: 2021.08.05 12:39:12 -04'00'

Governor's Authorized Official

Jamie Mack

Print Name