

## **DETAILED MODEL PLAN (LIHEAP)**

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

**Grantee Name:** Kenaitze Indian Tribe

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

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


**Report Status:** Submission Accepted by CO

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# Mandatory Grant Application SF-424

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b>		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b> <b>SF - 424 - MANDATORY</b>			
<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual	<b>* 1.c. Consolidated Application/ Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Unique Entity Identifier (UEI)</b> UWLMMPKTNZNI	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier:</b> 25QYAKLIEA	<b>6. State Application Identifier:</b>
<b>7. APPLICANT INFORMATION</b>			
<b>* a. Legal Name:</b> Kenaitze Indian Tribe IRA			
<b>* b. Address:</b>			
* Street 1:	P.O. BOX 988	* Street 2:	150 North Willow Street
* City:	KENAI	* County:	
* State:	AK	* Province:	
* Country:	United States	* Zip / Postal Code:	99611 -
<b>c. Organizational Unit:</b>			
<b>Department Name:</b> Social Services		<b>Division Name:</b> Na'ini Family and Social Services	
<b>d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)</b>			
<b>* First Name:</b> Roberta		<b>* Last Name:</b> Turner	
<b>Title:</b> Social Services Supervisor		<b>Organizational Affiliation:</b> Kenaitze Indian Tribe IRA	
<b>* Telephone Number:</b> (907) 335-7600		<b>Fax Number:</b> 907-202-8359	
<b>* Email:</b> rturner@kenaitze.org			
<b>* 8. TYPE OF APPLICANT:</b>			
I: Indian/Native American Tribal Government (Federally Recognized)			
<b>* a. Is the applicant a Tribal Consortium:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>* b. If yes please attach at least one the following documentation:</b>			
<b>9. CFDA Numbers and Titles</b>			
	Catalog of Federal Domestic Assistance Number: 93.568	CFDA Title: Low-Income Home Energy Assistance Program	
<b>10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>			
Energy Assistance Program			
<b>11. AREAS AFFECTED BY FUNDING:</b>			
Kenaitze Indian Tribe Service Area: Refers to the central Kenai Peninsula communities of Cooper Landing, Sterling, Soldotna, Kasilof, Kenai & Nikiski			
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>			
00			
<b>13. FUNDING PERIOD:</b>			
<b>a. Start Date:</b> 10/01/2025		<b>b. End Date:</b> 09/30/2026	
<b>* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under Executive Order 12372			

Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="radio"/> YES <input checked="" type="radio"/> NO	
If Yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official Aurora Rogers	17c. Telephone (area code, number and extension)
	17d. Email Address arogers@kenaitze.org
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 08/14/2025

## Section 1 - Program Components

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

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

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

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

## Section 1 Program Components

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

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

Provide further explanation for the dates of operation, if necessary

Kenaitze Indian Tribe does not administer a cooling assistance program. Na'ini Family & Social Services will warm transfer (refer) un'ina (those who come to us) to Kenaitze/Salamatof Tribally Designated Housing Entity or other external agencies for weatherization assistance. The dates of operation are contingent upon availability of funding.

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	75.00%	75.00%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	0.00%	0.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	5.00%	5.00%
Weatherization assistance	0.00%	0.00%
Carryover to the following federal fiscal year	10.00%	10.00%
Administrative and planning costs	5.00%	5.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%	5.00%
Used to develop and implement leveraging activities	0.00%	0.00%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration

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

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

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

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

#### 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.

We do not have categorical eligibility. All applications will be processed the same manner. All un'ina will provide current income verification for household members 18 years of age or older. A release of information is sent to the State of Alaska Eligibility Verification System to verify benefits. The address is verifications@alaska.gov

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 type="checkbox"/>	Gross Income
<input checked="" 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 checked="" 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"/> 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 type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.	
<input type="checkbox"/>	Jury duty compensation	
<input checked="" type="checkbox"/>	Rental income	
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)	
<input type="checkbox"/>	Income from work study programs	
<input checked="" type="checkbox"/>	Alimony	
<input type="checkbox"/>	Child support	
<input type="checkbox"/>	Interest, dividends, or royalties	
<input checked="" type="checkbox"/>	Commissions	
<input type="checkbox"/>	Legal settlements	
<input type="checkbox"/>	Insurance payments made directly to the insured	
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate	
<input 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><b>Other</b></p> <p>The State of Alaska Permanent Fund Dividend, Alaska Native Corporation Dividends or Per Capita payments are not counted as income. Borrowed funds are not counted as income and must be self-disclosed and not an option provided.</p> <p>Transfers from savings to checking is counted as income with the exception of home or car sale.</p> <p>The State of Alaska Public Assistance verification may be used if it is within 30 days of the date of application. Household members who do not have a bank account will sign a self-declaration of no bank account. If self-disclosed bank account closure within 6 months a notice from the bank or verification that it is closed is required.</p> <p>Paystubs are required for wages or a verification of employment with wage history.</p> <p>Income is calculated for the 30 day period preceding and including the date of application or the month prior to the date of application. Income includes but not limited to pay stub (s), Social Security award letter (s), bank statement (checking and savings), tax statement, no income statement, and/or unemployment insurance letter. Social Security benefits can be verified by the award letter or bank statement. Household members who do not have income will sign a self-declaration of no income statement. Self-employed household members will complete a self-employment worksheet or submit the previous year tax return. Seasonally employed applicants will submit the previous year tax return. Income is calculated for everyone over the age of 18.</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><b>1.10 Do you have an online application process?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
<p><b>1.10a If yes, describe the type of online application (Select all boxes that apply)</b></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 type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
<p>Please include a link(s) to a statewide application, if available:</p>	
<p><b>1.10b Can all program components be applied for online?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
<p><b>If no, explain which components can and cannot be applied for online.</b></p> <p>Kenaitze Indian Tribe does not have an online application. A PDF version of the intake application can be mailed, emailed, dropped off or faxed. Intake applications can be completed over the phone. A signature is required, e-signatures are not acceptable for the Release of Information. Some external agencies require a "wet signature" for verification of benefits.</p> <p>Phone: Conducting and completing applications either as a call in or appointment can be scheduled to do the application over the phone. Signatures are required to complete the intake application.</p>	
<p><b>1.11 Do you have a process for conducting and completing applications by phone?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p><b>1.12 Do you or any of your subrecipients require in person appointments in order to apply?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
<p><b>If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.</b></p>	

<b>1.13 How can applicants submit documentation for verification? Select all that apply:</b>	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	<b>Other, please describe</b>  In person: as a walk in or a scheduled appointment Mail to: Kenaitze Indian Tribe Social Services - PO Box 988, Kenai, AK 99611 Email: socialservices@kenaitze.org Fax: 907-202-8359 Text: 907-690-0826 Drop Box: 1001 Mission Ave. Ste. B, Kenai, AK 99611

**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	HHS Poverty Guidelines	150.00%

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

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

Do you require an Assets test? ☐ Yes ☒ No

If yes, describe: Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☒ No

If yes, describe:

Renting with utility bills separately may be eligible. A mortgage statement or lease agreement and/or landlord shelter statement must be provided.

Renters Living in subsidized housing? ☒ Yes ☐ No

If yes, describe:

Renters whose heating costs are included in the subsidized rent are not eligible.

If a utility allowance is included in the rent, the benefit is reduced by 50%. Verification from the housing agency for a rental calculation worksheet is requested.

Renting with utility bills separately may be eligible.

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

If yes, describe:

Renting with utilities in rental fee do not show a need for energy assistance and are not eligible. If the lease agreement states the amount of utilities included in the rent a benefit may be issued. A mortgage statement or lease agreement and/or a landlord shelter statement must be provided.

Do you give priority in eligibility to:

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

If yes, describe:

Alaska Native/American Indian Elders ages 55+

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Disabled person: physical or mental impairment which limit's one or more major life activity, as determined by eligibility for Social Security Disability Insurance, Supplemental Security Income, State of Alaska Interim Assistance, self-certification and/or Veterans Disability Benefits. If for any reason, self-certification documentation will not be required or requested.

Young children? ☒ Yes ☐ No

If yes, describe:

Child under the age of 6

Households with high energy burdens? ☐ Yes ☒ No

<b>If yes, describe:</b>			
<b>Other?</b> see below		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>If yes, describe:</b>			
Older adults, individuals with a disability or households with young children under the age of 6 are a priority.			
<b>Explanations of policies for each "yes" checked above:</b>			
<p><b>Renters living in subsidized housing</b> - Renters whose heating costs are included in the subsidized rent are not eligible. If a utility allowance is included in the rent, the benefit is reduced by 50%. Renting with utility bills separately may be eligible.</p> <p><b>Renters with utilities included in the rent</b> - Renting with utilities in rental fee do not show a need for energy assistance and are not eligible. If the lease agreement states the amount of utilities included in the rent a benefit may be issued. A mortgage statement or lease agreement must be provided.</p> <p>Priority to older adults 55+, individuals with a disability or households with young children under the age of 6 are a priority. Applications may be mailed out in September and receive an additional \$175.00 benefit.</p>			
<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b>			
<p>Priority group applications are separated and are labeled priority by 55+, child under 6 and/or person with a disability. Applications may be mailed in the month of September to previous year applicants who are 55 year of age or older, self-identify as a person with a disability and/or have a child under the age of 6. Applications are prioritized at the time of processing and an additional point is provided as a priority group that increases the benefit calculation. Disabled person: physical or mental impairment which limit's one or more major life activity, as determined by eligibility for Social Security Disability Insurance, Supplemental Security Income, State of Alaska Interim Assistance, self-certification and/or Veterans Disability benefits. If for any reason it is self-certified documentation will not be required or requested.</p> <p>Complete priority applications are processed before date order applications.</p>			
<b>2.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>			
<input checked="" type="checkbox"/>	Income		
<input checked="" type="checkbox"/>	Family (household) size		
<input checked="" type="checkbox"/>	Home energy cost or need:		
<input checked="" type="checkbox"/>	Fuel type		
<input checked="" type="checkbox"/>	Climate/region		
<input type="checkbox"/>	Individual bill		
<input checked="" type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input checked="" type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe:		
<p>Please see form level attachment 2026 Poverty Guidelines - Kenaitze Indian Tribe has updated the FY 25-26 Heating Assistance Benefit Computation provided by the State of Alaska and modified for Kenaitze Indian Tribe. This includes the community fuel points, dwelling type, household size and income in accordance with the FY26 Federal Poverty Guidelines. An additional point is added to the priority group.</p> <p>2.2 Above - The household is not eligible if the State of Alaska provided a benefit under the Heating Assistance Program (HAP) to un'ina. The household must reside in the service area.</p>			
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.</b>			
Minimum Benefit	\$175	Maximum Benefit	\$6,125
<b>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If yes, describe.</b>			
<p>Services may include heaters, blankets, sleeping bags, homeless kit or prevention of shut off, payment of reconnect charge, wood bundles and/or housing not to exceed 5 days or the best temporary option. On a case by case basis and a thorough case review. An additional option may include a \$50.00 gas/diesel for generator or heating fuel. Determination will be made by the Social Services staff and approved by the supervisor or designee.</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 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  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

Do you require an Assets test? ☐ Yes ☐ No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☐ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☐ No

If yes, describe:

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

If yes, describe:

Do you give priority in eligibility to:

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

If yes, describe:

Individuals with a disability? ☐ Yes ☐ No

If yes, describe:

Young children? ☐ Yes ☐ No

If yes, describe:

Households with high energy burdens? ☐ Yes ☐ No

If yes, describe:

Other? ☐ Yes ☐ No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

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

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

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

## Section 4 - CRISIS ASSISTANCE

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

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

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

#### Section 4: CRISIS ASSISTANCE

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

Crisis – Identified as a household who has a shut off notice, service disconnection or will be out of heating/fuel or electricity within 48 hours. Verification can be accepted from the vendor verbally, written via email, fax or indicated on the utility bill. The household must have exhausted their regular benefit. The State of Alaska Application of Services – General Relief application must be submitted. A completed intake application for services will be filled out with all supporting documents attached. A regular benefit is limited to one time per year. A crisis benefit is limited and will be determined on a case by case review.

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

Life Threatening Crisis – is identified as a household who has a medical need for medical equipment and requires a utility to operate.  
Staff will assist un'ina to fill out medical alert forms to the utility vendor.

**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
<b>4.6 Do you have additional eligibility requirements for Crisis Assistance?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

0

<b>Do you require an Assets test?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): Shut off notices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**In Order to receive crisis assistance:**

Must the household have received a shut-off notice or have a near empty tank?	<input 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 checked="" 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 type="checkbox"/>
Other (Specify): N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have additional/differing eligibility policies for:</b>			
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 checked="" type="checkbox"/>
<b>Explanations of policies for each "yes" checked above:</b>			
<p>Year Round Crisis for Older adults, Individuals with a disability and Young children.</p> <p>Our priority group is Alaska Native or American Indian elders who are 55 +.</p> <p>Persons with a disability is identified as a physical or mental impairment which limits one or more major life activity, as determined by eligibility for Social Security Disability Insurance, Supplemental Security Income, State of Alaska Interim Assistance, self-certification and/or Veterans Disability Benefits.</p> <p>Young children are those who are under the age of 6.</p> <p>Renters with primary heat included in the rent are not eligible for energy assistance.</p> <p>In order to receive crisis assistance the household must have a shut off notice or have a near empty tank, or have been shut off or have an empty tank and must have exhausted their regular benefit.</p> <p>The Notice of Action Approval letter has the date, vendor, service and amount of the regular benefit. Verification can be accepted from the vendor verbally, written via email, fax or indicated on the utility bill.</p>			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input type="checkbox"/>	Separate component		
<input checked="" type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe: N/A		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input type="checkbox"/>	Amount to resolve the crisis. \$0		
<input type="checkbox"/>	Other - Describe: N/A		
<b>Crisis Requirements, 2604(c)</b>			
<b>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?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>			
<p>Yes, within our service area. Applications are accepted by mail, email, fax, and drop off locations at other Kenaitze Indian Tribal offices. For vulnerable populations a phone application may be requested.</p>			
<b>4.11 Do you provide individuals who are individuals with a disability the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If No, explain.</b>			
Yes			
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If No, explain.</b>			
N/A			
<b>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?</b>			

N/A			
<b>Benefit Levels, 2605(c)(1)(B)</b>			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	\$0.00	maximum benefit	
Summer Crisis	\$0.00	maximum benefit	
Year-round Crisis	\$6,125.00	maximum benefit	
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No   If yes, Describe			
<p>Services may include heaters, blankets, sleeping bags, homeless kit, and prevention of shut off, payment of reconnect charge, wood bundles and/or housing not to exceed 5 days or the best temporary option. On a case by case basis and through a case review. An additional option may include a \$50.00 gas/diesel for generator or heating fuel. Determination will be made by the Social Services staff and approved by the supervisor or designee.</p>			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>			
	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):  N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you responded "Yes" to question 4.16, you must respond to question 4.17.			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
<p>Homer Electric Association - <a href="http://www.homerelectric.com/wp-content/uploads/2014/12Current-tariff-4.compressed.pdf">www.homerelectric.com/wp-content/uploads/2014/12Current-tariff-4.compressed.pdf</a> - Homer Electric Rules and Regulations Section 7.8 as follows: Information required from each application for membership and electric service (9) Type of life support equipment, if any, used by the member or by a resident at the service premises. Section 7.8 (e) Written Notice of Disconnection: (5) a specific request that if a members residence is occupied by a person seriously ill, elderly, handicapped, or dependent on a life support system, the member should notify the Association immediately of such circumstance for consideration in avoiding disconnection. Section 7.8 (k) Prohibited Reasons for Disconnection: The Association will defer disconnection of residential service when the ambient temperature, as recorded at the Kenai Municipal Airport has remained below freezing (32) for disconnection of residential service for longer than 72 consecutive hours. Section 7.8 (j) - Final Disconnect Procedure: within 10 days of the date specified on the notice of service disconnect, the association may, without further notice, disconnect service to a member between the daily business hours of 8:00 am on Monday to 5:00 pm on Thursday. Service may not be disconnected on a Friday or a day proceeding a holiday.</p> <p>Enstar Natural Gas: <a href="https://www.enstarnaturalgas.com/wp-content/upload2019/07/Approved-Tariff-190701.pdf">https://www.enstarnaturalgas.com/wp-content/upload2019/07/Approved-Tariff-190701.pdf</a></p> <p>Enstar Natural Gas Tariff: 408a (4) (b) A Customer's gas service may be discontinued for non-payment of a bill owed to the Company by the Customer for service at a previous location, provided such bill is not paid within ten (10) days after presentation of a discontinuance of a service notice similar to that provided in 408a(3) (a) above. In no case will service be discontinued within less than thirteen (13) days after establishment of service at the new location and Residential Service may not be discontinued for nonpayment of bills for Commercial Service.</p>			



408a(4)(f) - The Company may delay discontinuance of service to Dwelling Unit space heating Customers during winter periods where the Company believes severe weather conditions exist. 408 a(4)(g) The Company will not discontinue service under this Section 408a(4) (that is, for non-payment) on a Friday, a week-end, or on a day proceeding a Company-recognized holiday.

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

If yes, describe

As per Office of Community Services to follow the flexibilities provided regarding disaster relief.

**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			0.00%

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

5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract.

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

#### WEATHERIZATION - Types of Rules

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

☐ Entirely under LIHEAP (not DOE) rules

☐ Entirely under DOE WAP (not LIHEAP) rules

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

☐ Income Threshold

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

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

☐ Other - Describe:  
Kenaitze Indian Tribe Social Services does not operate a weatherization program. A warm transfer (referral) is sent the Kenaitze/Salamatof Housing Program.

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

☐ Income Threshold

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

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

☐ Other - Describe:

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

5.6 Do you require an assets test? ☐ Yes ☐ No

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

Older Adults?	<input type="radio"/> Yes <input type="radio"/> No
Individuals with a disability?	<input type="radio"/> Yes <input type="radio"/> No
Young Children?	<input type="radio"/> Yes <input type="radio"/> No

House holds with high energy burdens?	<input type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input type="radio"/> No
If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input type="radio"/> No	
5.9a If yes, what is the maximum? \$0	
5.10 Do you use an Average Cost per Unit (ACPU). <input type="radio"/> Yes <input type="radio"/> No	
5.10a If so, what is the ACPU amount? \$0	
Types of Assistance, 2605(c)(1), (B) & (D)	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input type="checkbox"/> Furnace/heating system modifications/repairs	<input type="checkbox"/> Windows/sliding glass doors
<input type="checkbox"/> Furnace replacement	<input type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/repairs	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input type="checkbox"/> Compact florescent light bulbs	<input type="checkbox"/> Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

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

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:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.  |
| <input type="checkbox"/>            | Publish articles in local newspapers or broadcast media announcements.  |
| <input type="checkbox"/>            | Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.  |
| <input checked="" type="checkbox"/> | Mass mailing(s) to prior-year LIHEAP recipients.  |
| <input checked="" type="checkbox"/> | Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.   |
| <input type="checkbox"/>            | Execute interagency agreements with other low-income program offices to perform outreach to target groups.  |
| <input checked="" type="checkbox"/> | Web Posting   |
| <input checked="" type="checkbox"/> | Email   |
| <input type="checkbox"/>            | Texting   |
| <input checked="" type="checkbox"/> | Events  |
| <input checked="" type="checkbox"/> | Social Media  |
| <input checked="" type="checkbox"/> | Other (specify): <ul style="list-style-type: none"><li>• Website <b>Calendar</b></li><li>• Website - Social Services</li><li>• Facebook</li><li>• Kenaitze Indian Tribe - The Counting Cord - Spring 2025</li><li>• Kenai Central High School and Soldotna High School Job Shadow - Spring 2025</li><li>• Daggeyi Program Internship with Na'ini Social Services</li><li>• Kenaitze Indian Tribe 2024 Annual Report</li></ul> |

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

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

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

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

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

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

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



**Joint application for multiple programs (indicate programs included)** Intake, Community Services Block Grant, Low Income Home Energy Assistance, Essential Needs



**Intake referrals to/from other programs (indicate programs included)** Warm Transfer (referral) to internal/external programs and agencies.



**One - stop intake centers**



**Other - Describe:**

If the application includes a mixed household and the un'ina (those who come to us) indicated "yes" they have applied to the State of Alaska, an email is sent to the State of Alaska to ensure that benefits have not been disbursed through the state. Any community member may come to our office to fill out an intake and be warm transferred (referral) to internal/external programs, agencies or other resources.

Intake referrals to other programs - we have a warm transfer form that is provided to un'ina and sent to the respective program. It captures the name, phone number, referral to and department phone and fax for un'ina to follow up. Currently we have the Dena'ina Wellness Center, Department of Corrections, Community Education, Family Services, Kenaitze/Salamatof Housing, Salamatof, Social Services, Tribal Enrollment Rights Ordinance (TERO), Tribal Court, Tribal Member Services, Tyotkas Elder Center, Other (list here) and Alaska Legal Services. All other agencies are listed on a Community Resource List and provided to un'ina. All Social Services staff assist un'ina in completing other agency applications and send via mail, fax, in person or email.

**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 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?				
8.5b Who processes benefit payments to gas and electric vendors?				
8.5c who processes benefit payments to bulk fuel vendors?				
8.5d Who performs installation of weatherization measures?				

**Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone**

**number, county(s) served, Congressional District, and UEI number.**

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

8.6 What is your process for selecting local administering agencies?

8.7 How many local administering agencies do you use?

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

- ☐ Yes  
☐ No

8.9 If so, why?

☐

Agency was in noncompliance with Grant recipient requirements for LIHEAP -

☐

Agency is under criminal investigation

☐

Added agency

☐

Agency closed

☐

Other - describe

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

8.10a If yes, please explain.

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

8.10c If yes, please explain.

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

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

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

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

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

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

##### 9.1 Do you make payments directly to home energy suppliers?

Heating ☒ Yes ☐ No

Cooling ☐ Yes ☒ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☒ Yes ☐ No

If yes, Describe.

A vendor agreement is in place for energy vendors to read, review and have the opportunity to ask questions as well as submit a W-9 Form. All wood vendors must submit an approved background check, vendor agreement and W-9 form. Exceptions are those who do self-harvest and a check payable directly to the household.

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

A Notice of Action Approval Letter includes the date, mailing address, program approved, last name, first name, service/vendor, amount and grant amount. The letter is signed by the worker and the un'ina feedback (right to appeal) is included in all letters to un'ina.

Applications may take up to 30 days to process once all supporting documents are received.

##### 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?

This is a vendor condition as outlined in the vendor agreement: The Vendor will charge the eligible household the difference between the actual cost of the home energy and the amount of the payment received from the Kenaitze Indian Tribe via LIHEAP. If payment covers only a portion of the balance due, it must be applied to the oldest part of the bill.

##### 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?

This is a vendor condition as outlined in the vendor agreement: Regarding the cost of goods supplied or services provided, and per applicable provision of the State Law or public regulatory requirements, the Vendor agrees not to discriminate against or treat adversely the household on whose behalf payments are made. Information about grantees and their benefit is to be confidential.

##### 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?

Please refer to the attached tribal policy and procedure for full Tribal policy and procedure.

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

###### Obligation

An obligation is a binding agreement that requires a payment or promise of a payment, either immediately or in the future.

obligation occur when an agency has a legal liability to takes action.  
Example of an obligation are (but is not all inclusive): contract, Tribal Resolutions, Purchasing of Service or goods (Purchase Order)

###### Expenditures

- 1 - The term *expenditure* includes payment, gifts or other things of value
- 2- purpose of this definition, a payment made by an entity shall not be attributed to any other entity, unless otherwise specified by that other entity.
- 3 - expenditure = *expenditure* includes payments, gifts or other things of value describe in this definition.
- 4 - term *anything of value* includes all in-kind contributions. Unless specifically exempted under **11 CFR part 100, subpart E**, the provision of any goods or services without charge or at a charge that is less than the usual and normal charge for the goods or services is an expenditure. Examples of such goods or services include, but are not limited to: Securities, facilities, equipment, supplies, personnel, advertising services, membership lists, and mailing lists. If goods or services are provided at less than the usual and normal charge, the amount of the expenditure is the difference between the usual and normal charge for the goods or services at the time of the expenditure.
- 5 - A written contract, including a media contract, promise, or agreement to make an expenditure is an expenditure as of the date such contract, promise or obligation is made.

###### Expenditure timeframe

Grant expenditure and obligation are not allowed before the period of performance (POP) & budget start date. All grant activities (both programmatic and budgetary) must take place between the POP to allow for the accurate close out and reporting at the end of the fiscal/budgetary period. After the end of the POP there is a 90-120 day close out period that allows for final close of the grant including final draw down of funds and completion of any reporting. If there are any credits or other changes to the fund / grant after this time the Tribe's grants & accounting staff will work with the Federal Grantor and the PMS office on a case by case basis to return the funds and correct the grant file.

###### Administrative costs

administrative costs as the reasonable and necessary costs that are associated with specific functions and can be allocated. These costs can be both direct and indirect, and can include personnel and non-personnel costs.

##### 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.

See attached P&P

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

No Findings ☒

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

#### 10.4. Audits of Local Administering Agencies

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

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

#### Compliance Monitoring

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

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

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

#### Local Administering Agencies/District Offices:

- ☐ On - site evaluation
- ☐ Annual program review
- ☐ Monitoring through central database
- ☐ Desk reviews
- ☐ Client File Testing/Sampling
- ☐ Other program review mechanisms are in place. Describe:

n/a

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

n/a

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

##### Site Visits:

n/a

##### Desk Reviews:

n/a

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? 0

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



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

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:

Media from Communications - The flyer published on Facebook May 21 and received 770 views and reached 522 people. The flyer published again on Facebook May 27 and received 1,040 views with a reach of 692. The flyer was included on the website calendar, including several weeks in the home screen widget.

April 29, 2025 – Public Meeting Flyer posted in the lobby - There were 443 un'ina from April 29, 2025 to May 27, 2025 who came into our office.

Flyers mailed to previous year LIHEAP applicants - printed 279 mailing labels, mailed envelopes with the Low Income Home Energy Assistance Program (LIHEAP) and Community Services Block Grant (CSBG) flyer and comment page for the public meeting via zoom on May 28, 2025 at 10 am. Social Services will be accepting comments from the public for the programs until June 27, 2025.

05/28/2025 - Low Income Home Energy Public Meeting via zoom - all questions were answered and no changes as a result of the public meeting.

The Kenaitze Indian Tribe Public Meeting was held on May 28, 2025 via zoom. This was held to review and receive public comment on the Low Income Home Energy Assistance Program and the Community Services Block Grant. The comment period is open until June 27, 2025. There was one participant from Salamatof and one staff member from Na'ini Family and Social Services.

#### 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	05/28/2025	Kenaitze Indian Tribe Public Meeting to Review and Receive Public Comment for LIHEAP/CSBG

11.3. How many parties commented on your plan at the hearing(s)? 2

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

I like how staff maximize the benefit/s available to their un'ina. I would encourage detailed documentation of this process to ensure the information, the How To is not lost. - Attendee and recipient of LIHEAP benefits.

What's C.S.B.G? Community Services Block Grant. Is there eligible qualification application? H.E.A. Homer Electric Association, Inc. has changed the meter number that will be changed on March 2025. Were you informed about the changes? But, the changes remain the same. Un'ina received the comment page and flyer for the public meeting in the mail and is a participant of LIHEAP benefits.

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

Comments were taken into consideration and no changes were made.

**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  
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### 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? 0

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.

The Kenaitze Indian Tribe adheres to the Un'ina Feedback Policy and Un'ina Feedback Procedure: This is a summary: If the feedback is a complaint, attempt to resolve complaint at time of receipt if possible and, if applicable, document the resolution.

a. If the concern is resolved, thank the un'ina again for sharing their concern and inform them that their concern and resolution will be forwarded to management for tracking and improvement opportunities.

b. If the concern is not resolved, enlist the help of the department supervisor to help resolve the issue for the un'ina.

i. If a supervisor is unavailable and/or the concern cannot be resolved at the time of the issue, inform the un'ina that their feedback is important and that their complaint will be escalated to management for resolution. As warranted, tell the un'ina to expect a call to assist with their complaint.

3. The grievance process shall apply when there is a concern or complaint regarding care that cannot be resolved at the time of the issue and/or the un'ina has been subjected to abuse or neglect. Enter all un'ina feedback in the incident reporting system.

12.5 When and how are applicants informed of these rights?

The notice is on the program certification in the intake 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  
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### 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?**

Each intake is conducted or screened by the Social Services Intake Technician. In person intakes are in a space where interaction can be an individual, family, team or with another supportive person. A brief introduction, followed by listening to their story/needs or other information pertinent for warm transfers (referrals). The intake application captures various information for various programs. Description of needs is addressed as "What do you need help with?" to include and open space for the un'ina to write freely. The intake also captures family composition, emergency contact, income resources, dwelling type, housing, priority, tribal affiliation, physical community, utility vendors used and the notice of right to appeal. A warm transfer (referral) form is provided to the un'ina and the original is faxed, emailed or hand delivered to internal departments within Kenaitze Indian Tribe or other external agencies. The form has the department name and phone number for un'ina to follow up. Through this process we can warm transfer to the Kenaitze/Salamatof Housing Program that support energy sufficiency such as the SafeHome Program and the Urgent Home Repair Program. Un'ina are also notified of the Alaska Community Development Corporation that also assists with energy efficiency.

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

Review internal budgeting and budget reviews regularly with the grants and accounting departments.

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

In FY 2024 Na'ini Social Services sent 293 Warm Transfers (referrals) to the Kenaitze/Salamatof Department for the following programs: Homeless Supportive Services, Homeless Prevention and Placement Services Tenant Based Rental Voucher, Student Housing, Sanding and Snowplowing, Urgent Home Repair, Fire Safety and Safe Home programs. These programs include but not limited to SafeHome that assists homeowners for issues that affect health and safety such as weatherization, energy efficiency and others.

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

N/A - Those who did not know the services were offered are now informed and can choose to apply.

**13.5 How many households received these services?** In the last Fiscal Year 293 Warm Transfers were sent to Kenaitze/Salamatof Housing.

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

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

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

☐ Yes ☒ No

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

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1			

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



## Section 15 - Training

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

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### 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: one on one training with the supervisor and refreshers as needed

☐ Employees are provided with policy manual

☒ Other, describe:

One on one education and training to include the ACF Website, grant application, Training and Technical Assistance, forms, budgets and database.

**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:

Kenaitze Indian Tribe administers the LIHEAP program.

**c. Vendors**

☐ Formal training conference

How often?

☐ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

<input type="checkbox"/>	Policies communicated through vendor agreements	
<input type="checkbox"/>	Policies are outlined in a vendor manual	
<input checked="" type="checkbox"/>	Other, describe: Vendor Agreements	

15.2 Does your training program address fraud reporting and prevention?

☒ Yes

☐ No

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 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.

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

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

### 17.1 Fraud Reporting Mechanisms

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

☐

Online Fraud Reporting

☐

Dedicated Fraud Reporting Hotline

☒

Report directly to local agency/district office or Grant recipient office

☐

Report to State Inspector General or Attorney General

☐

Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse

☒

Other - Describe:

If another application is received during the fiscal year or the State of Alaska sends an application, a Notice of Action Education Fraud and Abuse letter is sent to the un'ina. This letter is to educate un'ina. The Statement is as follows:

This letter is to educate our Low-Income Home Energy Assistance Program (LIHEAP) un'ina. Your application signed Date states the following: STOP Fraud and Abuse: Prevention, detection, correction and prosecution. I/We understand that the above information is to determine if I/we are eligible to receive assistance. I/we understand that all understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial of services.

After careful review of the above mentioned application it is determined (reason).

The Stop Fraud and Abuse prevention, detection, correction and prosecution is also shared at the public meeting.

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:

This is in the intake application as a program certification:

I/We understand that it is against the law to make false statement on this application. I agree to notify.

Kenaitze Indian Tribe within (10) days of any changes in my circumstances (i.e. loss of job, change of residence, or family size).

### 17.2. Identification Documentation Requirements

a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.

Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Social Security Number (Without	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required

actual Card)		<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" 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 checked="" type="checkbox"/>	Required
		<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	Other documents for an ID and/or Social Security Card will be accepted in include but to limited to a prison ID care, social security benefit letter, hospital record print out, public health print out, immunization record, Medicaid letter, Alaska Permanent Fund Dividend receipt, unemployment determination letter, letter from child support, Office of Children Services, adoption decree, tribal or state guardianship, birth certificate, Certificate of Indian Blood, tribal card or letter from a federally recognized tribe for at least one household member. An out of state ID card will be accepted if the unina can provide verification of residence in the service area. The State of Alaska expired ID cards will be accepted within a 5 year period from the original expiration date. The cost can prevent unina from securing a new one.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

☐ Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen

☒ Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.

☐ Non-Citizens must provide documentation of immigration status

☐ Citizens must provide a copy of their birth certificate, naturalization papers, or passport

☐ Non-Citizens are verified through the SAVE system

☒ Tribal members are verified through Tribal enrollment records/Tribal ID card

☒ Other - Describe:  
  
Verification is accepted from external agencies. The State of Alaska Eligibility Information System client inquiry screen may be used for verification. A statement letter or other may be used. The State of Alaska Permanent Fund Dividend view status confirmation to verify last 4 of the Social Security number on the applicant details. Additionally as in 17.2 above – alternate forms of ID may be used.

**17.4. Income Verification**

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

☒ Require documentation of income for all adult household members

☒ Pay stubs

☒ Social Security award letters

☒ Bank statements

☒ Tax statements

☒ Zero-income statements

☒ Unemployment Insurance letters

☐ Other - Describe:

☒ Computer data matches:

<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input type="checkbox"/> Other - Describe:
<p><b>b. Describe any exceptions to the above policies.</b></p> <p>Phone verification from the Department of Labor My Alaska for Unemployment Insurance Weekly Benefits. Phone or statement from Direct Express for Social Security Verification.</p>
<b>17.5 Identification Verification</b>
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
<input 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 checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/> Match with state Department of Labor system
<input checked="" 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 checked="" type="checkbox"/> In-person certification by staff (for tribal Grant recipients only)
<input checked="" 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>Verification is accepted from external agencies. The State of Alaska Eligibility Information System has a client inquiry screen that can be used for verification. A statement letter or other can be used. Additionally as in 17.2 above – alternate forms of ID may be used.</p>
<b>17.6. Protection of Privacy and Confidentiality</b>
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grant recipient employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grant recipient employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Electronic files are protected in a secure location.
<input checked="" type="checkbox"/> Other - Describe: <p>The Kenaitze Indian Tribe vendor agreement states information about grantees. Additionally, benefits are to be confidential and it is part of the vendor condition.</p> <p>Employee Training on confidentiality for: employees with Kenaitze Indian Tribe</p>
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors

<input checked="" type="checkbox"/> <b>Other - Describe and note any exceptions to policies above:</b>  <p>Exceptions are those who choose self harvest of wood vendors.</p> <p>Wood vendors must sign a vendor agreement and submit a W-9. Self Harvest un'ina must sign a receipt of Energy Assistance Direct Client Payment to include the name, date, check number, amount and fiscal year, by signing un'ina certify the check is received with signature and date for un'ina and caseworker.</p>
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
<b>What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.</b>
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input checked="" type="checkbox"/> <b>Other - Describe:</b>  <p>A Notice of Action approval letter is sent to the un'ina</p>
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> <b>Other - Describe:</b>  <p>The Notice of Action Approval letter is sent to the Energy vendor and un'ina.</p>
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
<b>What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.</b>
<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 type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/> Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input 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 checked="" type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> <b>Other - Describe:</b>  <p>Receipts are accepted by email, fax, and mail or in person from the un'ina or energy vendor.</p> <p>Receipts are requested by email, fax, and mail or in person from energy vendors as verification of services/payment.</p>
<b>17.10. Investigations and Prosecutions</b>
<b>Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or</b>

<b>vendors found to have committed fraud. Select all that apply.</b>	
<input type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/>	<b>Grant recipient attempts collection of improper payments. If so, describe the recoupment process</b>  Other - Describe: A Notice of Action Recoupment letter states, after further review of your file it was discovered that your application was processed in error which resulted in an overpayment of \$--.00 , contact our office to resolve. The initial contact is via phone and followed by a letter. If there is no response or action from un'ina a second letter is sent to resolve the overpayment. A third and final letter will be sent with a follow up phone call to recoup payment.
<input checked="" type="checkbox"/>	<b>Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?</b> 12 months
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  Banned from LIHEAP Assistance: The current fiscal year and the following fiscal year.
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	



**Section 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.* )**

1001 Mission Ave.

**\* Address Line 1**

PO Box 988  
Address Line 2

Address Line 3

Kenai  
**\* City**

AK  
**\* State**

99611  
**\* 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 disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");**

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

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

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

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

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

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

**(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and**

**thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.**



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

## Plan Attachments

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