

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** SHOSHONE BANNOCK TRIBES

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

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


**Report Status:** Submission Accepted by CO

### Report Sections

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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>	State Use Only:						
		<b>3. Applicant Identifier:</b>							
		<b>4a. Unique Entity Identifier (UEI)</b> PFM3F9M7MG44							
		<b>4b. Federal Award Identifier:</b> 93.568	<b>5. Date Received By State:</b>						
			<b>6. State Application Identifier:</b>						
<b>7. APPLICANT INFORMATION</b>									
<b>* a. Legal Name:</b> Shoshone Bannock Tribes									
<b>* b. Address:</b>									
<b>* Street 1:</b>	P.O. BOX 306	<b>Street 2:</b>	306 Pima Drive						
<b>* City:</b>	FORT HALL	<b>County:</b>	Bingham						
<b>* State:</b>	ID	<b>Province:</b>							
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	83203						
<b>c. Organizational Unit:</b>									
<b>Department Name:</b> 477 Human Services Department		<b>Division Name:</b> 477 Human 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> Dustin		<b>* Last Name:</b> Davis							
<b>Title:</b> 477 TANF/GA Manager		<b>Organizational Affiliation:</b> Shoshone-Bannock Tribes							
<b>* Telephone Number:</b> (208) 478-3709		<b>Fax Number:</b> 208-478-3845							
<b>* Email:</b> dustin.davis@sbtribes.com									
<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>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Catalog of Federal Domestic Assistance Number:</td> <td style="width: 33%; text-align: center;">CFDA Title:</td> </tr> <tr> <td style="padding: 5px;"><b>9. CFDA Numbers and Titles</b></td> <td style="padding: 5px;">93.568</td> <td style="padding: 5px;">Low-Income Home Energy Assistance Program</td> </tr> </table>					Catalog of Federal Domestic Assistance Number:	CFDA Title:	<b>9. CFDA Numbers and Titles</b>	93.568	Low-Income Home Energy Assistance Program
	Catalog of Federal Domestic Assistance Number:	CFDA Title:							
<b>9. CFDA Numbers and Titles</b>	93.568	Low-Income Home Energy Assistance Program							
<b>10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Low-Income Home Energy Assistance Program									
<b>11. AREAS AFFECTED BY FUNDING:</b> On the reservation and the surrounding 5 counties (Bingham, Bannock, Power, Caribou, Bonneville)									
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b> 2									
<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 Dustin Davis	17c. Telephone (area code, number and extension) (208) 478-3709
	17d. Email Address ddavis@sbtribes.com
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 08/29/2025

## 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	03/31/2026
<input checked="" type="checkbox"/>	Cooling assistance	07/01/2026	09/30/2026
<input checked="" type="checkbox"/>	Summer crisis assistance	07/01/2026	09/30/2026
<input checked="" type="checkbox"/>	Winter crisis assistance	10/01/2025	03/16/2026
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/01/2025	09/30/2026
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2025	09/30/2026

Provide further explanation for the dates of operation, if necessary

There is only Year-Round Crisis Assistance and will be operational till March 16th and will go longer than March 16th if funding is available. We don't have a separate summer or winter crisis assistance. We will start accepting applications and eligibility as early as mid-September and will start providing heating assistance on November 1st.

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	40.00%	40.00%
Cooling assistance	6.00%	5.00%
Summer crisis assistance	5.00%	24.00%
Winter crisis assistance	17.00%	0.00%
Year-round crisis assistance	0.00%	0.00%
Weatherization assistance	15.00%	15.00%
Carryover to the following federal fiscal year	5.00%	5.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	2.00%	1.00%
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 type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify): Crisis will be year-round

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

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

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

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

As long as one person in the household is receiving one of the benefits (TANF, SSI, SNAP, or Means-tested Veterans Programs) will automatically qualify for LIHEAP assistance under categorical eligibility. Over-Income households who are categorically eligible will fall will be provided services however, there benefit level will be lower due to resources available. *Please see benefit matrix attached.*

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

If Yes, explain:

Though we do not automatically enroll households without a direct annual application. Applications for Elders and Disabled are mailed out based on the previous years list of households who requested LIHEAP energy assistance. TANF applicants who have to recertify for TANF will also be mailed out applications. Everyone else will need to reapply for LIHEAP assistance with an attached income verification and energy bill or verification of residency. All other supporting documents like ID's, & SSC are already in our database system or on file.

**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?**

Categorically eligible households will be treated the same based on their priority status. Our Priority System is designed to assist clients with the highest of needs. Elders and Disabled are served first, then families with minor children, households with none of these priorities are last. Over-Income who are categorically eligible will fall into one of these priorities depending on household make up. Crisis Assistance is also taken into consideration as an expedited process to prevent or reverse an energy disruption. Also, no member of any federal recognized tribe will be discriminated against or denied services an based off their race, color, disability, creed, religion, national origin, sex, sexual orientation, political affiliation, or belief.

**SNAP Nominal Payments**

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

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

**1.7b Amount of Nominal Assistance:** \$0.00

**1.7c Frequency of Assistance**

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

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

**Determination of Eligibility - Countable Income**

**1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?**

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income

<input type="checkbox"/>	Other - Describe	
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>		
<input checked="" type="checkbox"/>	Wages	
<input checked="" type="checkbox"/>	Self - Employment Income	
<input type="checkbox"/>	Contract Income	
<input type="checkbox"/>	Payments from mortgage or Sales Contracts	
<input checked="" type="checkbox"/>	Unemployment insurance	
<input type="checkbox"/>	Strike Pay	
<input type="checkbox"/>	Social Security Administration (SSA ) benefits	
<input type="checkbox"/>	<input type="checkbox"/> Including MediCare deduction	<input type="checkbox"/> Excluding MediCare deduction
<input type="checkbox"/>	Supplemental Security Income (SSI )	
<input type="checkbox"/>	Retirement / pension benefits	
<input type="checkbox"/>	General Assistance benefits	
<input 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 type="checkbox"/>	Rental income	
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)	
<input type="checkbox"/>	Income from work study programs	
<input type="checkbox"/>	Alimony	
<input type="checkbox"/>	Child support	
<input type="checkbox"/>	Interest, dividends, or royalties	
<input 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>Per Capita: Any Per Capita payment that is distributed from the Shoshone Bannock Tribes or any other federally recognized tribal government that tribal member is a member of as countable income. It is only counted if the tribal member has a per capita is over \$2000 for that fiscal year as stated in the transmittal IM 2011-02 Treatment of Per Capita payments.</p> <p>Eligibility for LIHEAP can be very different in which per capita is twice a year. But during that times of per capita happens every December and June may shift a client out of eligibility for LIHEAP. However, any other months then those distribution months they may be eligible for LIHEAP during that time.</p> <p>Lease Payments: These are for tribal land holders of the Ft. Hall Indian Reservation that recieve lease income over \$2000</p>
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	
1.10 Do you have an online application process <input type="radio"/> Yes <input checked="" type="radio"/> No	
1.10a If yes, describe the type of online application (Select all boxes that apply)	
<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
Please include a link(s) to a statewide application, if available:	
1.10b Can all program components be applied for online? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If no, explain which components can and cannot be applied for online.	
The application process for LIHEAP assistance.	
1.11 Do you have a process for conducting and completing applications by phone <input type="radio"/> Yes <input checked="" type="radio"/> No	
1.12 Do you or any of your subrecipients require in person appointments in order to apply <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	
1.13 How can applicants submit documentation for verification? Select all that apply:	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input type="checkbox"/>	Portal application
<input type="checkbox"/>	Other, please describe





## 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:

2.2 The power bill must be in the name of the homeowner or another adult living in the household of the primary applicant. This must be their primary residence and the benefit is made directly to the vendor.

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:

An applicant that is a renter with energy utilities included in the rent must also provide a renters verification from the landlord along with the energy bill in the landlords name. The landlord will be responsible to make sure the benefit is credited to the tenants rent. This is in cases for a private landlords that have one energy account for multiplexes.

This would also include bills that also include other utilities like water, sewer, and other related utilities with the power bill. This is specific to Bonneville county the city of Idaho Falls in which they have one bill with multiple utilities listed. The benefit would be to the clients account to that vendor.

Do you give priority in eligibility to:

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

If yes, describe:

These clients are considered elders but an elder is considered 62 years or older. They are first priority in regards to the application process. They are able to access energy assistance, firewood assistance for WEA, and weatherization services first. This will also include if services were severely limited in the terms of Crisis and Cooling Assistance. This will also include a target benefit of \$100 additional to Winter Energy Assistance.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

These clients will have priority in regards to the application process. They will be able to apply first for energy assistance. The firewood and weatherization program will consider them 2nd priority served after elders. This will also include a target benefit of \$100 additional to Winter Energy Assistance.

Young children? ☒ Yes ☐ No

If yes, describe:

<p>These clients will have priority in regards to the application process. They will be able to apply for energy assistance one month after (Nov) Elders and Disabled. The wood and weatherization will consider them 3rd priority served after Elders, Disabled. This will also include a target benefit of \$100 additional to Winter Energy Assistance.</p>			
<b>Households with high energy burdens?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>If yes, describe:</b>			
<p>Clients who have high energy burdens cannot be differentiated due to limitation of the program. The program will utilize Crisis Assistance and additional tribal funds for Sho-Ban tribal members with high energy burdens or overdue energy bills.</p>			
<b>Other?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>If yes, describe:</b>			
<b>Explanations of policies for each "yes" checked above:</b>			
<p>Please refer to the description in the box above.</p>			
<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b>			
<p>Vulnerable populations will be prioritize to recieve assistance first before non vulnerable populations. This would be your Elders over 62, Documented Disabled, and Families with minor children. The benefit amount is a target benefit of \$100 added to their winter energy assistance. Applications will be processed for elders and disabled first as a special "elder app" will be available to them. This is for our wood and weatherization services as well.</p>			
<b>2.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>			
<input checked="" type="checkbox"/> <b>Income</b>			
<input checked="" type="checkbox"/> <b>Family (household) size</b>			
<input checked="" type="checkbox"/> <b>Home energy cost or need:</b>			
<input checked="" type="checkbox"/> <b>Fuel type</b>			
<input checked="" type="checkbox"/> <b>Climate/region</b>			
<input type="checkbox"/> <b>Individual bill</b>			
<input type="checkbox"/> <b>Dwelling type</b>			
<input checked="" type="checkbox"/> <b>Energy burden (% of income spent on home energy)</b>			
<input type="checkbox"/> <b>Energy need</b>			
<input checked="" type="checkbox"/> <b>Other - Describe:</b>			
<p>The benefit level will be simplified between countable income and non-countable income. Countable income will have a lower energy burden benefit due to resources available in that household. Non-countable income will be given a higher energy burden benefit amount due to limited or no resources available.</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	\$243	Maximum Benefit	\$1,539
<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>The 477 program will offer blankets, heated blankets, space heaters to low-income clients when requested. We provide weatherization DIY packages to clients who participate in our classes to weatherize their own home. We also provide winter packages like blankets, socks, gloves, and other warming items for elders during our elder December distribution.</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>			

## 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	All Household Sizes	HHS Poverty Guidelines	150.00%

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:

If there power bill is part of their rent they must have some type of verification that their power is with their rent. If it is we will pay their rent for the benefit allowed and it will be the responsibility of their landlord to make sure the benefit for energy assistance is applied.

Do you give priority in eligibility to:

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

If yes, describe:

If funding is very limited then we will apply cooling assistance for elders only. This is to make sure we are trying to assist clients who are the most vulnerable.

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:

Please refer to the description in the box above.

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

Cooling assistance is prioritized to elders if funding is limited.

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

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

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

Benefit determination is an up to amount of \$250 for electrical bills only. The minimum amount for assistance is \$100 if the client has a zero balance or has a credit. The goal of the benefit is to eliminate the bill and keep them ahead. Income or family household size is not considered as a factor of benefit levels. This is because funding is limited closer to the end of the year and is based upon the amount of the bill.

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

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

Minimum Benefit	\$100	Maximum Benefit	\$250
-----------------	-------	-----------------	-------

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

**If yes, describe.**

We provide Air Conditioner Units for Low-Income families and prioritize target populations like elders, disabled, and families with minor children. The program will still provide Low-Income clients with the same service but must serve the vulnerable populations first. We do fans if the program already provided an A/C unit, smaller A/C units or mobile A/C unit to clients that have smaller windows or different location in the home.

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

## Section 4 - CRISIS ASSISTANCE

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

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

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

#### Section 4: CRISIS ASSISTANCE

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	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.**

Applicants who request energy assistance with a shutoff or a termination notice is considered a crisis. the application will be expedited with supporting documentation turned in to our front office now or additional documents can be submitted later but no future services authorized until the information is submitted. This process will take no longer than 48 hours. Exemption is wood due to the labor intensiveness and high demand.

Wood is not a Crisis benefit and cannot be expedited because of the labor and the high demand of thsi service. The program has a waitlist of clients that have applied months in advance for wood and the program is still delivering to those clients who can be higher priority then the client in crisis. We do offer emergency load deliveries in the month of january and deliver a half cord of wood for clients in need every Friday.

Additional wood can be provided to clients when the program has delivered wood to all clients. And exception to wood being a crisis emergency is when the client only source of heat is wood and does not have another life support system.

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

A Life-Threatening Crisis is an emergency situation where the crisis is a life and death situation where energy is needed to help power medical devices to keep the client alive. Failure to have energy to the home and to these devices could turn terminal if energy is not maintained in the home. Timeline for this type of crisis will be taken care of within 18 hours of recieving the request and must be completed.

**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 checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In Order to receive crisis assistance:**

<b>Must the household have received a shut-off notice or have a near empty tank?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Must the household have been shut off or have an empty tank?</b>	<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 checked="" type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have additional/differing eligibility policies for:			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Explanations of policies for each "yes" checked above:			
<p>The priority system prioritizes assistance for clients that are elders 62 and older, documented disabled, or families with minors 17 and under. Their request will go through an expedited process and can be remedied in less than 48 hours. If funding is low then it is prioritized with only those populations of elders, disabled, and minor children.</p> <p>Crisis assistance must have a shut off or threat of a shut off or have a empty or near empty tank when it comes to propane. The heating benefit exhaustion is not considered a crisis indicator because they are usually using Winter energy assistance concurrently with crisis assistance because of the size of the bill.</p> <p>Renter must provide a rent verification if their energy bill is linked to their landlord power bill and is facing an eviction. Medical devices, refrigerated medications, or appliances like HVAC, or AC Units would be considered life-threatening to keep them safe in extreme weather conditions. This can be used in such cases to help repair or replace if needed.</p> <p>Crisis can include situations in which the weather is so cold that failure to heating system can cause pipes to burst. It is a preventative measure to prevent significant damage to the home along with no heat and water. Also this includes life support systems like HVAC, Heat Pump Systems, wood and pellet stoves, AC Units, Fridges, baseboard heaters, ceiling fans, and central air systems if it has failed. These systems are related as long as we can keep the home warm during the winter, cool during the summer in extreme weather cases.</p>			
Determination of Benefits			
4.8 How do you handle crisis situations?			
<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 checked="" type="checkbox"/>	<b>Other - Describe:</b> <p>Expedited applications go through the normal application process but are not limited by the priority system. Shutoffs or termination based upon the definition as mentioned above will expedite the application process. This is only for energy assistance and some weatherization services like life support repairs or replacements.</p> <p>Our intake office will get the application, the bill, the shutoff notice, and the supporting documentation will be sent to a case manager for processing. LIHEAP eligibility will be determined by the case manager and a determination of a benefit will be processed.</p> <p>If a shutoff or termination is a power or natural gas bill. Determination for the benefit is done and a call to the vendor company is made for the clients behalf pledging an amount to get their energy reestablished. propane vendors or other energy vendors that do not honor pledges then a program credit card will be used to pay for the clients account so they can get the energy they need to re-establish their energy.</p> <p>If there is a crisis that involves a major power outage that disrupts power and the weather is very extreme of being hot or cold then crisis assistance can be used to temporarily house clients in hotels. This must be in an affected wide area and not on an individual basis. But they must be clients of the 477 Program and be LIHEAP eligible. Determination for this can be made after the fact due to situation of the crisis and limited ability of the program at the moment of crisis.</p>		
4.9 If you have a separate component, how do you determine crisis assistance benefits?			
<input checked="" type="checkbox"/>	Amount to resolve the crisis. \$1,500		
<input checked="" type="checkbox"/>	<b>Other - Describe:</b> <p>Benefit amount will be up to \$1000 for a non Life-Threatening Crisis with the goal to eliminate the bill and keep them ahead.</p> <p>Benefit amount will be up to \$1500 for a Life-Threatening Crisis with the goal to eliminate the bill and keep them ahead.</p> <p>A 2nd Crisis benefit can be allowed for up to \$1000 for Low-Income clients. This is not to be used concurrently with the first crisis assistance. This is if the program still has funding available later in the fiscal year and we are unable to expend funding before the end of the fiscal year. In extreme cases the crisis benefit can be divided equally by the amount of households we have served with electrical energy assistance. This would be for our local electric vendors in the area (Idaho Power, Rocky Mtn Power, Idaho Falls Utilities).</p>		
Crisis Requirements, 2604(c)			

**4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?**☒ Yes ☐ No Explain.

All applications can be picked up at our current location located at 385 Bannock Trail Rd (Old Casino). they can be either turned in person or dropped off at our drop box located outside our offices if necessary We also have our application online and they can be emailed to the address on the application. They can take a picture of the application and send it to our work cell phone for our front office admin so they can be properly processed.

**4.11 Do you provide individuals who are individuals with a disability the means to:****Submit applications for crisis benefits without leaving their homes?**☒ Yes ☐ No**If No, explain.****Travel to the sites at which applications for crisis assistance are accepted?**☒ Yes ☐ No**If No, explain.**

If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?

**Benefit Levels, 2605(c)(1)(B)****4.12 Indicate the maximum benefit for each type of crisis assistance offered.**

Winter Crisis \$0.00 maximum benefit

Summer Crisis \$0.00 maximum benefit

Year-round Crisis \$1,500.00 maximum benefit

**4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?**☒ Yes ☐ No If yes, Describe

We offer blankets space heaters, fans, AC Units, emergency housing in a life-threatening crisis, repair/replacement to life support systems.

The HVAC system replacement must be a failed system to their primary system.

The emergency housing must be an elder, or disabled client, or client that rely on medical devices that suffered an power outage beyond their control. The will also include community wide power outages where the weather is extremely heat or cold. This must have a directive from our emergency command for the Sho-Ban tribes in cases of community wide power outages and exteme heat or cold.

**4.14 Do you provide for equipment repair or replacement using crisis funds?**☒ Yes ☐ No

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

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

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Other (Specify):  This would also include emergency electrical to the home in the case that the home needs an assessment before power is returned to the home. Or emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<p>electrical repairs to the home in which the power is the cause of the clients bill to be either high or not working properly in parts of the home. Those cases would be a electrical panal, or residential power pole repair due to exteme weather damage. Emergency electrical is not considered when a complete rewire is requiried for the home. However electrical repairs are allowed if heating or appliances replaced need power to them.</p>			
<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			
<b>If you responded "Yes" to question 4.16, you must respond to question 4.17.</b>			
<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>Energy Vendors under the Idaho Utlities Commission are not allowed to shut off energy to clients who have elders, disabled, or small children in the home from November 1st to March 31st. This is usually for Electric and Gas. Propane are not part of the moratorium and are independent entities.</p>			
<b>4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If yes, describe</b>			
<p>This would only be in cases of community wide power failure that has to deal with extreme weather like hot or cold. This can be only allowed if the Tribal Emergency Systems is activated and an evacuation order is done and ordered by the executive director and the tribal emergency operations management dept. This will also include wildfire situations due to extreme drought.</p>			
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>			



## Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

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

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

#### WEATHERIZATION - Types of Rules

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

- ☒ Entirely under LIHEAP (not DOE) rules
- ☐ Entirely under DOE WAP (not LIHEAP) rules
- ☐ Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
- ☐ Income Threshold
- ☐ Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
- ☐ Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
- ☐ Other - Describe:
- ☐ Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.):
- ☐ Income Threshold
- ☐ Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
- ☐ Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR ) standards.
- ☐ Other - Describe:

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

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

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

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

Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Tribal LIHEAP policies related to renters is if the client is renting, they must provide a letter from the landlord stating why weatherization is not done to the home via the landlord. This is for cases for high cost weatherization projects or heavy labor related project. However, easier and cost effective weatherization projects are allowable that can make a significant impact on a clients energy burden.</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.9a If yes, what is the maximum? \$0	
5.10 Do you use an Average Cost per Unit (ACPU). <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.10a If so, what is the ACPU amount? \$0	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Plastic for windows, electrical repairs, ceiling fan repair/replace, skirting for homes to help with pipe and under trailer insulation, HVAC duct repair/replacement/service, bathroom/kitchen exhaust fans. This will also include wood/pellet stove changeout
<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 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  
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### 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 checked="" 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 type="checkbox"/>            | Email   |
| <input type="checkbox"/>            | Texting   |
| <input checked="" type="checkbox"/> | Events  |
| <input checked="" type="checkbox"/> | Social Media  |
| <input type="checkbox"/>            | Other (specify):  |

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

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

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

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

☐

Joint application for multiple programs (indicate programs included)

☒

Intake referrals to/from other programs (indicate programs included) Southeastern Idaho Community Action Agency (SEICAA) Eastern Idaho Community Action Program (EICAP)

☒

One - stop intake centers

☐

Other - Describe:

The 477 Program is able to defer clients to CAA's for energy assistance if they decide to utilize their services instead of ours or if their bill is higher than what our program is able to handle.

**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

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OMB Clearance No.: 0970-013  
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### 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?	Tribal Government	Tribal Government	Tribal Government	Tribal Government
8.5b Who processes benefit payments to gas and electric vendors?	Tribal Government	Tribal Government	Tribal Government	
8.5c who processes benefit payments to bulk fuel vendors?	Tribal Government	Tribal Government	Tribal Government	
8.5d Who performs installation of weatherization measures?				Tribal Government

**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

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### 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.

Only in cases of rent if the energy bill is linked onto their rent. Then the benefit is paid to the landlord as part of their rent not the utility bill because the name on the bill is the landlord and not the tenant. This is only in cases if the landlord provides an itemized bill, the bill must have the services provided to the client, and provide a renters verification from the landlord. this is the same for multi-utility vendors that have water, septic and other related services.

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

The program will go ahead and call the client to notify them that a benefit was paid on their behalf.

##### 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?

There is no control of how the program will treat the client when it comes to energy assistance. We usually piggyback via the Community Action Partnership Association of Idaho. they usually get the Idaho LIHEAP grant and they work with the Idaho Public Utilities Commission that regulates the cost of energy. energy vendors that are independent of the IUC will be worked with as much as possible, however if abuse of high prices do persist that we will not do business with them and recommend that the client find another vendor to work with that is more reasonable with their energy cost and help them in all the ways possible to get that set up with the new vendor.

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

The tribes privacy rules rules insures clients privacy is respected. The clients meet one on one with the case manager to discuss their benefit and what the program can do for them. All clients are treated with respect, dignity and encourage the client to continue seeking assistance from the program if it is still needed and available.

##### 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.

Unregulated vendors like the propane vendors or the The City of Idaho Falls are our non regulated vendors. They must have have a tax compliant W9 filled out and in our accounting database system. Anyone that is not willing to be under this system is denied payment according to our finance policies.

Futhermore, to better assist our clients with energy vendors that do not honor a pledge system to help stop the disruption of energy we have a program credit card is available to make the payment immediately so delivery service (like propane) can be done as soon as possible.

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

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

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

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

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

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

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

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

The tribes uses a computerized financial accounting system called springbrook, a detailed accounting system and a vendor paying process called laserfiche to process payments to energy vendors. The system is supervised and maintained by an accounting staff comprised of 9 individuals including 4 accountants. The finance department is responsible for over 100 grants and contracts from various state federal agencies, including the Bureau of Indian Affairs, Department of Health & Human Services, Department of Labor & Energy. A year end financial report is compiled and produced by independent auditors. This year we will be hiring a 477 financial technician to make sure we are keeping a closer eye on the LIHEAP grant as part of the 477 grants it has under its program.

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

###### Obligation

Funds that are specific and predetermined to be used beyond the time they are supposed to be expended. Example of obligated funds can be but not limited to: Capital Asset, Equipment, Purchase Orders, Independent Contract Agreement. It is not: wages fringe and Indirect Costs, energy assistance, and non-obligated pre-determined projects or purchases.

###### Expenditures

Expenditures are purchases done within the time frame of which the grant had to be expended.

###### Expenditure timeframe

Expenditure timeframe starts from October 1st till September 30th of the following year. However, 10% of the grant can be carried over for non-obligated spending for the new fiscal year.

###### Administrative costs

Administrative Costs is 20% of the first \$20,000 (or \$4000) plus 10% of the remaining amount of the grant for that year if over \$20,000. Administrative cost is depended on the size of the grant and can fluctuate from year to year.

However, now the LIHEAP grant joined the 477 program it is now under the TANF Guidelines as outlined in LIHEAP IM 2000-12.

##### 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.

We are selected yearly due in part that the LIHEAP grant alone is over the threshold amount for an audit to happen. Now LIHEAP is part of the 477 program this will assure the program is audited on a yearly basis as part of the host of grants under the 477 program.

##### 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.



<input type="checkbox"/>	Grant recipient conducts fiscal and program monitoring of local agencies/district offices
<input type="checkbox"/>	Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
Compliance Monitoring	
10.5. Describe your monitoring process for compliance at each level below. Check all that apply.	
Grant recipients have a policy in place for appropriate separation of duties and internal controls.	
<input checked="" type="checkbox"/>	Internal program review
<input checked="" type="checkbox"/>	Departmental oversight
<input checked="" type="checkbox"/>	Secondary review of invoices and payments
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:
Local Administering Agencies/District Offices:	
<input checked="" type="checkbox"/>	On - site evaluation
<input checked="" type="checkbox"/>	Annual program review
<input checked="" type="checkbox"/>	Monitoring through central database
<input checked="" type="checkbox"/>	Desk reviews
<input checked="" type="checkbox"/>	Client File Testing/Sampling
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.	
<p>Each September our finance department starts the year end review over all the budgets the tribes utilized for the fiscal year. They will go ahead and review if there are any discrepancies. if there are any discrepancies that are found we will go ahead and have them corrected.</p>	
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.	
<p><b>Site Visits:</b></p> <p>The finance department will select the grants for program reviews. Usually they have to reach a dollar threshold to be audited for review. Since LIHEAP is part of the 477 program it is usually under a yearly monitoring review.</p>	
<p><b>Desk Reviews:</b></p> <p>Desk Reviews are completed by the TANF/GA Manager (Currently the admin of the LIHEAP grant) and the 477 Huan Services Director.</p>	
10.8. How often is each local agency monitored? <i>Please attach a monitoring schedule if one has been developed.</i>	
Annually	
10.9. How many local agencies are currently on corrective action plans? N/A	
<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 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

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OMB Clearance No.: 0970-013  
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### 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:

Meaningful public comment is collected around the 5 districts on the reservation in the month of July and August. Note, we were unable to attend Lincoln Creek District but we presented at Ft. Hall Lodge twice.

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	07/28/2025	Ft. Hall Lodge Meeting
2	08/18/2025	Gibson Lodge Meeting
3	08/21/2025	Ross Fork Lodge Meeting
4	08/25/2025	Ft. Hall Lodge Meeting
5	08/27/2025	Bannock Creek Lodge Meeting

11.3. How many parties commented on your plan at the hearing(s)? 4

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

One of comments was that we limit the amount of services being provided for energy assistance. Another comment was that it was smart on how we are doing emergency services and keeping it active as long as . Another recommended that we try to help more people with weatherization. They were thankful for the services that were being done.

Out of the 5 lodges visited there were roughly 60 people that attended. They asked questions about the status of funding for LIHEAP next year, and they thanked us for the services that we provide to the people.

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

Crisis assistance will be used if there is a shut of or a threat of a shut off compared to what we done in years past as an additional option. Assistance for winter energy assistance will start on Nov 1st instead of mid November.

**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

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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.

See attachment: "Program Responsibilities and Right to Appeal"

12.5 When and how are applicants informed of these rights?

They are informed to these rights when they are required to go to orientation.

**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

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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?**

With Assurance 16 funding we are hosting a set of weatherization classes and energy informationals. With these classes we host DIY weatherization classes for their home. Also help co-host resource fairs with other programs that can provide them with information about resources around the area. Then teach clients about financial literacy and tips to help save money and be better consumers.

We put out information on energy savings in our annual elder christmas basket event. Where we provide them with information and items that they can use to keep themselves warm during the wintertime and to weatherize their home to save on energy.

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

We submit a yearly budget template for the year of the activities we plan on doing for Assurance 16 activities. Most cases we usually budget 5% of the cost for those activities and has a designated specific line item for this. This is also cost shared with other budgets like our tribal funds or the CSBG funds under the 477 program.

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

The impact of the activities we provide is the outreach and knowledge that we provide to the public on how to save money on their energy bills and how to weatherize their homes instead of waiting for our program to provide that service to them.

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

There isn't any direct benefits provided to those households that benefit from Assurance 16. We use these funds as promotion about LIHEAP and what it can offer. Weatherization classes, informationals, resources fairs, and financial literacy. The goal of the benefits and outcomes from these activities being better consumers with energy assistance and lessening the financial burden of high power bills. .

**13.5 How many households received these services? 40**

**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

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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:

☒ Employees are provided with policy manual

☒ Other, describe:

The weatherization crew about the policies and details of the weatherization program and how it operates. Financial Literacy training so we have admin crew certified to teach financial literacy classes. Fraud protection for staff and clients in cases of fraud. We will be training 477 staff about LIHEAP client services for energy assistance.

**b. Local Agencies:**

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

How often?

☐ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☐ On-site training

How often?

☐ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☐ Employees are provided with policy manual

☐ Other, describe:

**c. Vendors**

☒ Formal training conference

How often?

☒ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☐ Policies communicated through vendor agreements

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

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

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

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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

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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:

In reporting of Fraud this is either reported indirectly via a phone call or in person about fraudulent behavior of people or staff abusing the services. The 477 Director will assign a program manager to investigate the accusation and make a determination if the accusation is credible. This includes fraud of the application, energy fraud, or wrongful benefit payment fraud.

If there is a case of fraud the client will be written a letter telling them they will have 10 working days to respond to the letter stating what happened and their right to appeal. They will be sent informatino verifying the fraud. If they respond to the letter bring in supporting evidence to support no fraud has happened then the case is closed. However, if the client fails to meet with the Director then they are suspended from the program and their per-capita garnished for the benefit amount awarded to them. if there is cases that a client is frauding an energy vendor or a local CAA, then we will notify that vendor or CAA immediately and request they look into this matter on their end. If this is a staff member they will be put on investigative leave to gather evidence substantiate the accusation of fraud against the program. if the evidence was substantiated a formal reprimand will be done depending on severity of the accusation.

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

☐

Printed outreach materials

☐

Posted in local administering agencies offices.

☒

Addressed on LIHEAP application

☐

Website

☐

Other - Describe:

### 17.2. Identification Documentation Requirements

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

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

Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input 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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:  
Birth Certificates are usually required for dual type of 477 assistance like Temporary Assistance for Needy Families.

**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:

☒ Income information matched against state computer system (e.g., SNAP, TANF)

☒ Proof of unemployment benefits verified with state Department of Labor

☒ Social Security income verified with SSA

☐ Utilize state directory of new hires

☒ Other - Describe:  
Social security income is verified through their monthly Social Security Letter. TANF is verified through either the state or tribal TANF data base (Part of the 477 Program). This is not computerized but verified through letters.

**b. Describe any exceptions to the above policies.**

Exceptions to the above policies are going to be elders 62 on up. From time to time we run into elders who no longer need their Social security Card and it is either lost and not retrieved. they can request a replacement, however they have a Medicare or Medicaid Card or it is listed on their Social Security statement they get from Social Security. They also have their Social Security number on a verified government ID (Tribal ID) which can pass through a TSA checkpoint when traveling.

The other exception is letter from the social security office if they are applying for a SSC replacement if they lost it. it will be noted and part of the application and no future assistance will done until we have their replaced SS Card. This method is used for applicants facing a shut off termination or threat of a shut off or termination, and they are applying through the program for the first time.

**17.5 Identification Verification**

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

<input type="checkbox"/>	Verify SSNs with Social Security Administration
<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input type="checkbox"/>	Match with state Department of Labor system
<input type="checkbox"/>	Match with state and/or federal corrections system
<input type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal Grant recipients only)
<input checked="" type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input type="checkbox"/>	Other - Describe:
<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 type="checkbox"/>	Employee training on confidentiality for:
<input 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 type="checkbox"/>	Other - Describe:
<b>17.7. Verifying the Authenticity</b>	
What policies are in place for verifying vendor authenticity? Select all that apply.	
<input checked="" type="checkbox"/>	All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/>	Vendors are verified through energy bills provided by the household
<input checked="" type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/>	Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>	
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.	
<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/>	Applicants must submit current utility bill
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities

<input 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 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 type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendors list
<input type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input checked="" type="checkbox"/>	Two-party checks are issued naming client and vendor
<input type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.10. Investigations and Prosecutions</b>	
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.	
<input type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input checked="" type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
<input type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 year
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/>	Other - Describe:
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

**Section 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.* )**

306 Pima Drive  
**\* Address Line 1**

Ft. Hall, Idaho 83203  
**Address Line 2**

83203-0306  
**Address Line 3**

Fort Hall  
**\* City**

ID  
**\* State**

83203  
**\* 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>