

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

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

**Grantee Name:** FORT PECK ASSINIBOINE & SIOUX TRIBES

**Report Name:** DETAILED MODEL PLAN (LIHEAP) Revision # 1

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


**Report Status:** Submission Accepted by CO (Revision #1)

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# Mandatory Grant Application SF-424

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b>		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b> <b>SF - 424 - MANDATORY</b>			
<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual	<b>* 1.c. Consolidated Application/ Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Unique Entity Identifier (UEI)</b> UWGWN3HB8Y66	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier:</b>	<b>6. State Application Identifier:</b>
<b>7. APPLICANT INFORMATION</b>			
<b>* a. Legal Name:</b> Assiniboine & Sioux Tribes of the Fort Peck Reservation			
<b>* b. Address:</b>			
<b>* Street 1:</b>	OF THE FT. PECK RESERVATION	<b>Street 2:</b>	P.O. BOX 1027
<b>* City:</b>	POPLAR	<b>County:</b>	
<b>* State:</b>	MT	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	59255 -
<b>c. Organizational Unit:</b>			
<b>Department Name:</b>		<b>Division Name:</b>	
<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> Sheila		<b>* Last Name:</b> Spotted Bull	
<b>Title:</b> Financial Specialist		<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (406) 768-2430		<b>Fax Number</b>	
<b>* Email:</b> sspottedbull@fortpecktribes.net			
<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>			
		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> Fort Peck LIHEAP Program			
<b>11. AREAS AFFECTED BY FUNDING:</b> Fort Peck Reservation			
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b> 02			
<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)	
**I Agree <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official Sheila Spotted Bull	17c. Telephone (area code, number and extension) (406) 768-2430
	17d. Email Address sspottedbull@fortpecktribes.net
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 10/07/2025

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

Provide further explanation for the dates of operation, if necessary

1. Heating: All individual desiring to participate in LIHEAP will fill out an application form to determine eligibilty prior to receiving regular benefits.
2. Cooling Assistance and Summer Crisis: Qulaified households can apply for assistance to help relieve hot temperatures.
3. Winter Crisis: Which we refer to as emergency assistance, repairs/replace furnace, heaters,
4. Year round crisis: ECIP household in a crisis getting disconnected.
5. Weatherization: Assistance with minor home repairs to save energy.

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	60.00%	60.00%
Cooling assistance	5.00%	0.00%
Summer crisis assistance	5.00%	20.00%
Winter crisis assistance	5.00%	0.00%
Year-round crisis assistance	5.00%	0.00%
Weatherization assistance	10.00%	10.00%

Carryover to the following federal fiscal year	0.00%	0.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%
Used to develop and implement leveraging activities	0.00%	0.00%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>

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

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

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

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

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

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

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

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

1.4a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e, do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.

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

If Yes, explain:

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

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

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

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

Determination of Eligibility - Countable Income

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

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

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP

<input checked="" type="checkbox"/>	Wages
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<input checked="" type="checkbox"/>	Self - Employment Income		
<input checked="" type="checkbox"/>	Contract Income		
<input type="checkbox"/>	Payments from mortgage or Sales Contracts		
<input checked="" type="checkbox"/>	Unemployment insurance		
<input type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits		
	<input type="checkbox"/> Including MediCare deduction	<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )		
<input checked="" type="checkbox"/>	Retirement / pension benefits		
<input checked="" type="checkbox"/>	General Assistance benefits		
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.		
<input type="checkbox"/>	Jury duty compensation		
<input checked="" type="checkbox"/>	Rental income		
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input checked="" type="checkbox"/>	Child support		
<input checked="" 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 checked="" type="checkbox"/>	Veterans Administration (VA) benefits		
<input type="checkbox"/>	Earned income of a child under the age of 18		
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.		

<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
<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 checked="" type="radio"/> Yes <input type="radio"/> No	
1.10a If yes, describe the type of online application (Select all boxes that apply)	
<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input 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	
<p>If no, explain which components can and cannot be applied for online.</p> <p>The weatherization and ECIP application are in the office for pick-up. The staff informs the clients of the services thru the weatherization program, this help the staff to sit down and visit with the household on what actually the weatherization component provides to LIHEAP households, we found this was less confusing for our clients.</p> <p>ECIP application are in the office, this is an emergency crisis assistance, the staff sit down or make home visit to help the client in a crisis.</p>	
1.11 Do you have a process for conducting and completing applications by phone <input checked="" type="radio"/> Yes <input 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

Hidden for Section 1

## Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 2 - Heating Assistance

Eligibility, 2605(b)(2) - Assurance 2

2.1 Designate the income eligibility threshold used for the heating component:

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

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

Do you require an Assets test? ☐ Yes ☒ No

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

Renters? ☐ Yes ☒ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☒ No

If yes, describe:

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

If yes, describe:

Renters with utilities included in their rent regular benefits will be based only the household rent. Monthly energy payment will be made to the landlord at 25% of the rental.

Do you give priority in eligibility to:

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

If yes, describe:

Elderly get LIHEAP applications before October 1. Outreach assistance is provided to the elderly.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Outreach is provided to the the disability.

Young children? ☒ Yes ☐ No

If yes, describe:

Children under the age of 5 years old,

Households with high energy burdens? ☐ Yes ☒ No

If yes, describe:

Other? ☐ Yes ☒ No

If yes, describe:

Explanations of policies for each "yes" checked above:

The elderly, Disabled, and any household with children under the age 5, are put on a priority list and all applications will be available through outreach process.

Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(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 style="text-align: center;">Preprinted applications will be sent to all fixed income households (elderly and disabled) at the end of September 2025. This will allow the vulnerable populations to receive LIHEAP benefit quicker.</p>			
<b>2.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>			
<input checked="" type="checkbox"/>	Income		
<input checked="" type="checkbox"/>	Family (household) size		
<input checked="" type="checkbox"/>	Home energy cost or need:		
<input checked="" type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input type="checkbox"/>	Individual bill		
<input type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
<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	\$340	Maximum Benefit	\$1,593
<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>An eligible household will have the option of using a portion of their allocation ( benefit amount ) for low-cost energy saving measure/ devices. For example the household could purchase a small electric heater or warming devices that could be used to warm only the living area of a home, which would reduce energy consumption. the limit would be \$ 75.00 and would be a certificate to the housedhold. This certificate would be redeemed at the vendor for minor weatherization supplies: plastice, lath, caulk, weather strip duct tape and or/heating devices. The value of the certificate would be deducted from the household benefits the balance of which would be sent to the household energy vendor. This require the household to install their own weatherization supplies. If the household only requires a limited amount of plastic, the LIHEAP program will purchase bulk plastic, lath, tape, etc, that will be installed by the Tribal program or the household could install it themselves. Becasue bulk purchase of these materials the cost would be minimal and would not count against the household benefits. A household desire to receive the certificate is indicated by the household check a box on the application</p>			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

## Section 3 - COOLING ASSISTANCE

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

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

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

### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

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

Do you require an Assets test? ☐ Yes ☒ No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☒ No

If yes, describe:

Renters Living in subsidized housing? ☐ Yes ☒ No

If yes, describe:

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

If yes, describe:

Do you give priority in eligibility to:

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

If yes, describe:

If the elder is in stress due to extreme temperature, a source of coolant will be provided such as small window air conditioner can be purchased and the outreach staff will install the unit.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

If the household has a disability and in stress due to the extreme temperatures, a source of coolant will be provided such as small window air conditioner can be purchased and the outreach staff will install the unit.

Young children? ☒ Yes ☐ No

If yes, describe:

If the household has a young child under the age of 5 and in stress due to the extreme temperatures, a source of coolant will be provided such as small window air conditioner can be purchased and the outreach staff will install the unit.

Households with high energy burdens? ☐ Yes ☒ No

If yes, describe:

Other? ☐ Yes ☒ No

If yes, describe:

Explanations of policies for each "yes" checked above:

ECIP application will be filled out on the need for assistance during the extreme temperatures. Outreach will go out and assist the situation, if there is not form of coolant the LIHEAP staff will evaluate the situation and determine which source of coolant will relieve stress in a health situation from the heat.

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

Determination is assist by age, temperature, health issues.

**Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)****3.5 Check the variables you use to determine your benefit levels. (Check all that apply):**

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

**Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)****3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.**

Minimum Benefit	\$200	Maximum Benefit	\$2,200
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**3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? ☒ Yes ☐ No****If yes, describe.**

An elderly/handicapped household may have a medical need for cooling assistance during the very hot days of summer. This would be determined by the LIHEAP staff. This would allow for the purchase of a window air conditioner. If the applicant could have a crisis situation develop due to the summer heat. The amount of emergency assistance paid for a household will be the amount necessary to meet the crisis situation, up to a maximum amount, which is \$2,200.00 per household, per program year. Emergency assistance is available on more than once occasion during the program year, but cannot exceed the maximum annual limit of \$2,200.00 and cooling crisis @ 200.00

If an alternate fuel type must be paid for a household, it will be paid for through the heating ECIP component.

The Cooling Assistance will help household with coolant (air conditioner for the window) repair central air system in the home. The LIHEAP office use the ECIP funds for the component to help relief in the extreme temperatures throughout the summer months. There is no Matrix for this component because it falls under the ECIP, help pay an high utility cost due to running central air or purchasing a small window unit or repair central units.

**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

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

#### Section 4: CRISIS ASSISTANCE

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

Major Disaster Relief or Crisis:

If there is an major disaster like an tornado the community is affected with a crisis under the LIHEAP policy, the tribes could use LIHEAP funds to help deal with crisis situation to assist with home energy related needs resulting from a natural disaster.

Shelter, safe center, transportation, utility reconnection or deposit, repairs, (furnace/air conditioner, window, etc., ) all these components will be referred to the type of disaster or crisis.

There are two types of crisis situation that a common during are regional area winter extreme cold or summer extreme heat wave.

1. Life threatening ECIP must be acted on within 18 hours

There are two types of crisis situation.

1. Life threatening ECIP must be acted on within 18 hours

2. Regular ECIP must be acted on with 24 hours

The household has used all energy benefits and has run out of has 10% or less of propane.

The household has had their utilities, disconnected or will be disconnected with seven days.

The household has had their main source break down and emergency furnace repair/replacement is required.

An elderly/handicapped household may have medical need for cooling assistance during the summer on very hot days. This would be determined by the LIHEAP staff would allow for a purchase of a window air conditioner, if the applicant could have a crisis situation develop due to the summer heat.

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

Define winter forecast:

We look at all scenarios: freezing temperatures 32 degrees or below, we consider the weather forecast, winter storms coming in, the amount of snow fall ( we have to look at getting to our clients homes that live in the country with propane tanks), if a storm is coming in we try to check on our clients and make sure they are ok on propane before the crisis happens)

If client is completely out of propane and it's below freezing temperatures or a winter scenario. Propane is their only source of heat. During this time, our staff can contact the local propane vendor to place a order for propane to be delivered to the client. If it is a weekend the staff phone numbers are posted on Facebook and listed under emergency contact numbers through the tribes system for contact. Weekend deliveries will be based on the vendor. If the vendor can not get to the client with 18 hours, the LIHEAP program will assist with heaters until propane can be delivered.

##### 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	Summer	Year-Round
--	--------	--------	------------

	Crisis	Crisis	Crisis
4.6 Do you have additional eligibility requirements for Crisis Assistance?	<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			
Do you require an Assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you give priority in eligibility to:			
Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Order to receive crisis assistance:			
Must the household have received a shut-off notice or have a near empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have additional/differing eligibility policies for:			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanations of policies for each "yes" checked above:			
<p>Household with elderly, disabled, and children under the age of 5, priority is set on each household needs, if the house is out of propane, LIHEAP office will work with a vendor that is willing to go out on weekends or after hours to assist the crisis. If a storm is coming in the LIHEAP will send out an outreach worker to check the percentage of propane in the tank to make sure the household will not run out of propane. LIHEAP office encourages households with disabled living alone to get set-up with a remote propane reader, the reader is monitored by the percent of propane in the tank without having to go out to the tank and actually read the meter. We do not have a crisis benefits matrix, household crisis is based need to restore or stop a disconnect notice, propane crisis is if the tank is below 10% heating if the household furnace is not working the crisis is based on the repairs.</p>			
<b>Determination of Benefits</b>			
4.8 How do you handle crisis situations?			
<input checked="" type="checkbox"/>	Separate component		
<input type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	<b>Other - Describe:</b> <p>There are two types of crisis situations, the most serious is a life threatening ECIP and the second is a regular ECIP. The life threatening ECIP must be acted on within 18 hours. The regular ECIP is not life threatening and this ECIP must be acted on with 24 hours.</p> <p>The following situations will allow for emergency assistance:</p> <ol style="list-style-type: none"> <li>Household has used all benefits and has run out of propane or has less than 10% of propane in their tank.</li> <li>Household has had their utilities disconnected or will be disconnected within seven days.</li> <li>The household has had their electricity (electric heat) disconnected or will be disconnected within seven days.</li> <li>The household has had their main heating source (furnace) break-down and emergency furnace repair/</li> </ol>		

	<p>replacements is required.</p> <p>5. An elderly/handicapped household may have a medical need for cooling assistance during the very hot days of summer. This would be determined by the LIHEAP staff. This would allow for the purchase of a window air conditioner, if the applicant could have a crisis situation develop due to the summer temperatures (heat).</p> <p>The amount of emergency assistance paid for a household will be the amount necessary to meet the crisis situation, up to a maximum amount, which is \$2,200.00 per household, per program year. Emergency assistance is available on more than one occasion during the program year, but can not exceed the maximum annual limit of \$2,200.00 and cooling crisis at \$200.00.</p> <p>If an alternate fuel type must be paid for a household, it will be paid for through the heating ECIP component.</p>	
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>		
<input checked="" type="checkbox"/>	Amount to resolve the crisis. \$2,200	
<input type="checkbox"/>	<p><b>Other - Describe:</b></p> <p>An elderly/handicapped household may have a medical need for cooling assistance during the very hot days of summer. This would be determined by the LIHEAP staff. This would allow for the purchase of a window air conditioner. If the applicant could have a crisis situation develop due to the summer heat. The amount of emergency assistance paid for a household will be the amount necessary to meet the crisis situation, up to a maximum amount, which is \$2,200.00 per household, per program year. Emergency assistance is available on more than once occasion during the program year, but cannot exceed the maximum annual limit of \$2,200.00 and cooling crisis @ 200.00 If an alternate fuel type must be paid for a household, it will be paid for through the heating ECIP component.</p>	
<b>Crisis Requirements, 2604(c)</b>		
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>		
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>		
<p>Provide intake service through home visits or by telephone for the physically infirm (i.e. elderly or disabled.) The LIHEAP staff will provide communication assistance as needed to serve person with limited English speaking proficiency, impaired hearing, vision, speech or who are illiterate. This assistance will enable application to learn about the program, know their rights, and understand what is needed to determine eligibility. Place posters/flyers in local and county social services offices, offices of aging, employment offices, VA, etc., Publish articles in the local newspaper, facebook, tribal website or broadcast media announcements. Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.</p>		
<b>4.11 Do you provide individuals who are individuals with a disability the means to:</b>		
<b>Submit applications for crisis benefits without leaving their homes?</b>		
<input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>If No, explain.</b>		
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>		
<input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>If No, explain.</b>		
<b>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</b>		
<b>Benefit Levels, 2605(c)(1)(B)</b>		
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>		
Winter Crisis	\$0.00	maximum benefit
Summer Crisis	\$0.00	maximum benefit
Year-round Crisis	\$2,200.00	maximum benefit
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>		
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>If yes, Describe</b>		
<p>We have heaters in the office if needed we can loan to the household if their heat is out. We purchase bulk plastic, lath, and etc that will be installed by the Tribal program.</p>		
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>		
<input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>If you answered "Yes" to question 4.14, you must complete question 4.15.</b>		

4.15 Check appropriate boxes below to indicate type(s) of assistance provided.			
	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 type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☒ Yes ☐ No

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

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

Montana Dakato UtilitiesPolicy:

Discontinuance of Services- Residential Customers

To prevent undue hardship to our customers and to avoid bodily injury or property damage, service will not be terminated for nonpayment when freezing weather conditions exist. It is further the policy of the company that residential heating service shall not be disconnected for nonpayment during the heating season defined as November 1 to April to a residence where the company has notified, or has reasonable cause to be aware, that the residence is occupied by any of the following:

- A family with preschool age children
- The elderly (60 years or older)
- The sick or handicapped
- The indigent who are in the process of obtaining public assistance

Approval of the region manger or the manager's designee is required anytime services is to be terminated during the heating season. Such termination must be preceded by personal contact with the customer.

The company may disconnect services for nonpayemnt to residential customers during the non heating season provided such disconnection is made in accordance with the application Public Service Commission rules and regulations. Prior to disconnection for nonpayment, company personnel should make effort to collect the delinquent in full or make acceptable arrangements for payment of the delinquent utility service bills.

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

If yes, describe

Incase of any natural disaster the LIHEAP funds will be used to assist the household that are eligibility through the LIHEAP Program in crisis that would be allowed under the funding source.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

5.8 Do you give priority in eligibility to:

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



Other?	<input type="radio"/> Yes <input type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Rental units are not eligible for weatherization services unless they are a long term renter. A house is considered a long term renter if they have lived in the unit for a period of 5 years or more. The landlord must prove they can not afford to assist the home with needs.</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.9a If yes, what is the maximum? \$9,000	
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 type="checkbox"/> Weatherization needs assessments/audits	<input 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 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 type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input type="checkbox"/> Compact florescent light bulbs	<input type="checkbox"/> Other - Describe:
<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

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OMB Clearance No.: 0970-013  
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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 checked="" 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 type="checkbox"/>            | Mass mailing(s) to prior-year LIHEAP recipients.  |
| <input checked="" type="checkbox"/> | Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. |
| <input type="checkbox"/>            | Execute interagency agreements with other low-income program offices to perform outreach to target groups.                              |
| <input checked="" type="checkbox"/> | Web Posting   |
| <input checked="" type="checkbox"/> | Email   |
| <input checked="" type="checkbox"/> | Texting   |
| <input 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

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OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

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

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

☐

Joint application for multiple programs (indicate programs included)

☒

Intake referrals to/from other programs (indicate programs included) Referral from Tribal Elderly Program, TANF, Social Services, Tribal/State Program on assistance to help a household apply for assistance through the LIHEAP Program

☐

One - stop intake centers

☐

Other - Describe:

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

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

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

**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.

Before LIHEAP will make any payment on behalf of eligible household to an energy vendor will sign a vendor agreement, which is a written assurance that the vendor will do certain things as a prerequisite to receiving energy funds.

For the household whose vendor WILL NOT sign the vendor agreements, their energy benefits will be sent directly to the household will be informed by the Direct Payment Form.

1. To charge the eligible household in the normal billing process.
2. To charge no more that the regular price which the non-LIHEAP customer would be charged.
3. Not to discriminate against the eligible household in conditions of sale, credit, delivery or price.
4. No household receiving assistance will be treated any differently from other households because of receiving assistance.
5. Benefits received in the name of a household will be used only to pay the household's energy bill and will not be used for any other person/household.
6. If the household should close-out their account with the vendor, any remaining funds will be returned to the LIHEAP program.
7. The vendor will maintain the confidentiality of any household participating in the LIHEAP program.8. Provide copy of business license on an annual basis.

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

The LIHEAP client receives a Cerifications of Assistance form. On the form it has the benefits amount and the vendor in which the benefits has been mailed to.

##### 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?

Through the vendor agreemen, the vendor agrees to the following.

1. To charge the eligible household in the normal billing process.
2. To charge no more than the regular price which the non-LIHEAP customer would be charged.
3. Not to deicriminate against the eligible household in conditions of sale, credit, delivery, or price.
4. No household receiving assistance will be treated any differently from other household because of receiving such assistance.
5. Benefits receiving in the same household will be used only to pay that household energy bill and will not be used for any other person/ household.
6. If the household close out their account with the vendor, any remaining funds will be returned to the LIHEAP program.
7. The vendor will maintain the confidentiality of any household participating in the LIHEAP program.
8. Provide copy of business license on an annual basis.

**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?**

Covered in the vendor agreement.

**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.**

Only unregulated vendors are wood vendors, these are monitored by the LIHEAP staff to assure household receives correct amount and quality of wood.

**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

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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?

###### FINANCIAL ACCOUNTING PRACTICES

1. Will all funds awarded under this program be maintained in a manner that they will be accounted for separately and distinctly from other sources of revenue/funding? Provide a brief description of the applicant's policies and procedures that ensure funds will be tracked appropriately.

-Funds are accounted for separately. Each grant is given a distinct fund number and only expenditures and revenues for that grant are run to this fund number. Each expenditure is processed on a voucher which requires the fund number for the grant, and which expenditure line items it is for. i.e. - office supplies, salary, fringe, travel, IDC, contractual etc.

-Revenue is also accounted for separately, when a reimbursement is requested a copy of the amount requested and the fund are noted so when funds are received they are credited to the correct grant/fund.

2. Does the applicant have written accounting policies and procedures? How often are these policies and procedures updated? Provide a brief list of the topics covered in the applicant's policies and procedures.

-The Fort Peck Tribes has a Financial Policy and Procedure in place. It was updated in March 30, 2018, and is continuously updated to ensure compliance with the OMB Super Circular. The Financial Policy and Procedure's cover the Budget Process, Payroll, Accounts Payable, Cash Control, Procurement, Property and Management, Computer Use, Match Req./In-Kind, Personnel Office, Travel & Local Mileage, IDC, and Business Ethic & Conflict of Interest Policy.

3. Is the applicant's financial management system able to track actual expenditures and outlays with budgeted amounts for each grant or subgrant? Provide a brief summary of the organization's process for tracking expenditures, including tracking budgeted versus actual amounts.

- As stated in answer to question #1, each expenditure is specifically charged/expended from each fund. When an expenditure needs to be paid the program may/may not need to submit a request for a Purchase Order to pay the expenditure. The Director of the program which implements the grant is responsible to make sure all requisitions are allowable by the grant. Once entered the director approves the requisition and then it is reviewed by the CFO or Finance Manger to ensure that all policy and procedures were



followed (quotes, RFQ/RFP have been done if needed). The final approve is that of the Chairman, Vice-Chair or Tribal Operations Officer. Once all 3 approvals have been made the requisition is turned into a purchase order. The program fills out a voucher and

submits it to Accounts Payable, who check to make sure that the fund has sufficient funds in the grant/contract and object line, a purchase order (if needed) and a copy of the invoice/statement for the charges. The voucher is processed once these items are found to be correct for that specific fund. If there are any questions the voucher is returned to the program to get all needed documentation. Upon working with a vendor the Fort Peck Tribes checks through Sam.gov for any suspension or disbarment of vendors, a business license search or background check may also be done depending on the type of work done by the vendor. (Construction, medical staff, etc)

4. Does the applicant have procedures in place for minimizing the time between transfer of funds from the United States Treasury and disbursement for project activities? Provide a short summary of the applicant's policy for requesting payments for grant awards.

- Requests for reimbursement are typically done on a bi-weekly basis, except at the end of the fiscal year then it may be on a monthly basis as reporting requirements and year end close out make it difficult to request for reimbursement on a bi-weekly basis.

5. Does the applicant have effective internal controls in place to ensure that federal funds are used solely for authorized purposes? Provide a brief description of the applicant's internal controls that will provide reasonable assurance that the award funds will be managed properly.

-There are currently 3 Contracts and Grants Specialist that monitor specific grants and 1 Finance Manager who oversees all the Contracts and Grants for the Fort Peck Tribes.

Any questionable expenditures are questioned by either the Contracts and Grants Department, Central Finance Department or the CFO while in the requisition or voucher process.

6. Does the applicant have a documented records retention policy? If so, briefly describe the policy and confirm that the policy complies with federal regulations. Information on Record Retention and Access can be found at 2 CFR 200.333-337.

Tribal Resolution #28-918-2016-07 adopted the Tribes Records Management Policy (TRMP) which is in compliance with Title 2 CFR §200.333-337 (2014) and Recordkeeping, Title 25 CFR§(2015).

The TRMP establishes (1) an efficient Tribal-wide record management system for maintaining, identifying, retrieving, preserving and destroying records; (2) ensures that records are adequately protected; (3) preserves Tribal history; (4) ensure that records that are no longer needed or of no value are destroyed at the appropriate time, and (5) comply

with applicable local, state, and federal laws and regulations to ensure adherence to grant and contract terms and conditions.

7. Does the applicant organization have policies and procedures in place to manage subawards and monitor activities of subrecipients as necessary to ensure that subawards are used for

authorized purposes, in compliance with laws, regulations, and terms and conditions of the award; and that established subaward performance goals are achieved (2 CFR 200.330-332)? Please provide a brief description of the organization's policies and procedures on subrecipient management and monitoring.

The Fort Peck Tribes have several awards that are passed through to both Tribally-Chartered entities and various independent contractors. The Tribes' grant or project managers work very closely with the individuals that oversee the funding at the sub-recipient level to ensure that funds are expended in accordance with approved grant award budget; federal/state agency regulations; and both the Uniform Guidance and OMB Circular A-87, where applicable. Furthermore, the grant and project managers ensure that the entities have the proper internal controls in place too properly record and report the financial activity of the program. At times, this is verified through the review of accounting records and other source documentation provided by the sub-recipient. Finally, the grant or project managers ensure that the goals and objectives of the work plan are met and properly identified in any progress or programmatic reports to the various agencies. In accordance with the Uniform Guidance, the total amount passed-through to sub-recipients is properly reported on the Schedule of Expenditures of Federal Awards (SEFA) on an annual basis.

8. Does the applicant organization currently have in place a policy in regards to legal review of contracts to ensure compliance of vendors?

Yes, the Fort Peck Tribes have a policy for all contracts. There is a check list for contractors

to ensure that policies are followed and all documentation is attached. The contracts are reviewed and approved by legal, they sign off on the contract and then the Tribal Executive Board approves the contract by resolution and then a requisition is submitted by the program.

The Fort Peck Tribes will provide the fiscal control and fund account (program, procedures necessary to assure the proper disbursement of an accounting for fiscal federal funds paid to the Tribes under this title, monitoring, and audit) to support the LIHEAP staff eligibility decisions, the following records will be kept: applications, income verification documents, signed statements, letters received and sent appeals. To justify payment for household to fuel vendors, the following procedures will be followed. After a household has been determined to be eligible for assistance, the vendor specified on the application will receive the benefits paid in the household name (minus the \$75.00 packet( weatherization if the household reuestis it) The vendor has already agreed to use the households benefits of offset the energy expense of the household until the benefit are expanded.

The Fort Peck Tribes will provide the fiscal control and fund account (program, procedures necessary to assure the proper disbursement of an accounting for fiscal federal funds paid to the Tribes under this title, monitoring, and audit) to support the LIHEAP staff eligibility decisions, the following records will be kept: applications, income verification documents, signed statements, letters received and sent appeals. To justify payment for household to fuel vendors, the following procedures will be followed. After a household has been determined to be eligible for assistance, the vendor specified on the application will receive the benefits paid in the household name (minus the \$75.00 packet( weatherization if the household chooses this services) The vendor has already agreed to use the households benefits of offset the energy expense of the household until the benefit are expanded.

All LIHEAP records ( case files and fiscal ) will be kept in a central location, the Fort Peck Tribes Community Services Program office in Poplar, Montana. The LIHEAP Coordinator will be responsible for the verification relating to program eligibility. The coordinator will also have a record of the benefits allowed for each eligible household.

CSP bookkeeping staff will be responsible for the fiscal recording keeping i.e, payment vendors, cancelled checks, etc. The bookkeeping staff will have a record of benefits paid/owed for each eligible household. The central office in contracts staff will also prepare the financial statements; the Federal Cash Transaction Report (PMS 272) which is prepared on prepared on a quarterly basis and the Financial Status Report. For inter-office use a monthly financial statement is prepared.

Program record-keeping and reporting requirements will be monitored by the Fort Peck Tribes Community Services Program Director.

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

##### **Obligation**

An obligation is a legally binding commitment that creates a legal liability for the government to pay for goods, services, or projects.

<p>Purchasing goods or services, an program incurs an obligations when it enters into an agreement to purchase goods or services.</p> <p>Obligated within a specified period, such as fiscal period or reporting period.</p>										
<p><b>Expenditures</b></p> <p>Expenditures are the amount of funding the program pays out during it's fiscal year.</p>										
<p><b>Expenditure timeframe</b></p> <p>Expenditures timeframe: The purpose of timeframe is to stay on schedule of plan of operation, stages to implement task that can be completed within the fiscal year or report period.</p>										
<p><b>Administrative costs</b></p> <p>Administrative cost are those expenditures that incurred by the grant recipients or sub recipients in support of the day to day operations of the program/grant. These expense are not directly tied to client support services.</p>										
<p><b>Audit Process</b></p>										
<p><b>10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?</b></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>										
<p><b>10.2a - if yes, describe your auditor selection process.</b></p> <p>The Fort Peck Tribes puts out a RFP for auditing services. The contracting firm will be contracted for five years to provide an annual auditing services for the Fort Peck Tribes on a annual basis.</p>										
<p><b>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.</b></p>										
<p>No Findings <input checked="" type="checkbox"/></p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Finding</th> <th style="width: 10%;">Type</th> <th style="width: 30%;">Brief Summary</th> <th style="width: 10%;">Resolved?</th> <th style="width: 40%;">Action Taken</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Finding	Type	Brief Summary	Resolved?	Action Taken	1				
Finding	Type	Brief Summary	Resolved?	Action Taken						
1										
<p><b>10.4. Audits of Local Administering Agencies</b></p>										
<p>What types of annual audit requirements do you have in place for local administering agencies/district offices? Select all that apply.</p>										
<p><input checked="" type="checkbox"/> Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133</p>										
<p><input type="checkbox"/> Local agencies/district offices are required to have an annual audit (other than A-133)</p>										
<p><input type="checkbox"/> Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.</p>										
<p><input type="checkbox"/> Grant recipient conducts fiscal and program monitoring of local agencies/district offices</p>										
<p><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</p>										
<p><b>Compliance Monitoring</b></p>										
<p><b>10.5. Describe your monitoring process for compliance at each level below. Check all that apply.</b></p>										
<p>Grant recipients have a policy in place for appropriate separation of duties and internal controls.</p>										
<p><input checked="" type="checkbox"/> Internal program review</p>										
<p><input checked="" type="checkbox"/> Departmental oversight</p>										
<p><input type="checkbox"/> Secondary review of invoices and payments</p>										
<p><input type="checkbox"/> Other program review mechanisms are in place. Describe:</p>										
<p>To review possible problems areas, such as coordination, outreach certification, levels of assistance, agreements with the home energy suppliers, notices, verifications of income and timeliness of assistance, these will be checked for errors in the following manner: CSP Director/ alternate, will randomly pull 20 case files, at months end for the first two months of the program year and 10 case files each 60 days ( at months end) through July , to verify exactness of possible problem areas.</p> <p>To review possible problems areas, such as coordination, outreach certification, levels of assistance, agreements with the home energy suppliers, notices, verifications of income and timeliness of assistance, these will be checked for errors in the following manner: CSP Director/ alternate, will randomly pull 20 case files, at months end for the first two months of the program year and 10 case files each 60 days ( at months end) through July , to verify exactness of possible problem areas.</p> <p>The program Director/alternate will prepare the payment sheets, at which time the benefits amount is checked to be sure it is appropriate based on the fuel type income and number of individuals in the household.</p>										

Any problems discovered will immediately be brought to the attention of the LIHEAP Coordinator. Corrective action will be initiated within two working day by the LIHEAP Coordinator

**Local Administering Agencies/District Offices:**

☐ On - site evaluation

☐ Annual program review

☐ Monitoring through central database

☐ Desk reviews

☐ Client File Testing/Sampling

☐ Other program review mechanisms are in place. Describe:

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

We do not have a local agency monitoring for LIHEAP program.

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

**Site Visits:**

We do not have a local agency monitoring review, as explained in 10.5 with the internal program review and department oversight.

**Desk Reviews:**

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

Annually

**10.9. How many local agencies are currently on corrective action plans? zero**

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

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

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

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

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

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

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

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

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

Staff went out into the communities with a survey on the LIHEAP Program, attached flyer and survey.

LIHEAP went to each community and held meetings with each community. We did a survey in each community and we documented 314 responses. We asked questions such as

Have you received LIHEAP Benefits for the fiscal year 2024-2025?

Was the application process complicated?

Is the LIHEAP Staff helpful?

Did you know that LIHEAP is a federal grant?

Did you know the three components of LIHEAP (Regular, ECIP and Weatherization Benefits)?

Did you know that LIHEAP is a supplement?

Would you like to see any changes in LIHEAP in the future?

Most of the clients replied Yes, they did receive LIHEAP Benefits and the application process was not complicated. Majority said LIHEAP staff was helpful and about half of the clients knew it was federal funded and was a supplement program.

The majority of the comments in the minutes is that they wish there was more funding to LIHEAP so the clients can get more benefits. Big discussions on supplements as well. There was a few comments that wish the benefits were larger because they end up having to pay the MDU Bill on their own and that is when we (LIHEAP staff) explained the supplement part. We only help to alleviate the hardships in the winter months and we do not pay bills year round. Some clients understood, but a couple clients was not happy with that as they live on fixed or low income. This lead to the discussions of the other components of ECIP and Weatherization benefits.

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		
11.3. How many parties commented on your plan at the hearing(s)?		
11.4 Summarize the comments you received at the hearing(s).		
11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?		
<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 12 - Fair Hearings,2605(b)(13) - Assurance 13

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

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

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? none

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?

None

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

LIHEAP will provide a fair hearing to any household whose:

1. Application is denied
2. Application is neither denied nor approved within the LIHEAP specific time standard for processing applications;
3. Payment is less than the household believes it should be;
4. Payment will be for an amount less than that specified in the notification of assistance form.

The hearing for above will be meet these standards;

1. Will be held in a place reasonably convenient to the claimant;
2. The claimant is afforded an opportunity to review the case file;
3. The hearing officers are members of the Fort Peck Tribes Grievance Committee and are not involved in the decision being appealed and their decisions is final;

4. The following rights are guaranteed the claimant;

- a. Permit a representative to accompany them to the hearing;
  - b. Allowed to present oral and written statements and other evidence;
  - c. Have witnesses subpoenaed;
  - d. Cross examine witness;
  - e. Bring a interpreter if needed;
5. Testimony is given under oath;
  6. The hearing are recorded and the decision based on the record.

The Fort Peck LIHEAP will observe the following time limit for hearings;

1. Hearing, after sending a notice of negative action, must be requested no later than 60 days after sending a notice of payment of denial;
2. 10 days after sending a notice of termination.

The time limit from hearing request to action is ;

1. Within 30 days after the request;
2. Before decreasing or terminating payment, if that is the issue;

As soon as a fair hearing is requested, the Fort Peck LIHEAP will reserve the necessary funds to assure that funds are available to pay successful appeals. If through the appeal, the decision is reversed, the benefit will be obligated to the household. If the appeal is denied, the reserved funds will be released to be used for other household.

The household applying for energy assistance through LIHEAP will be informed of their appeal rights by signing the declaration page on the application.

**12.5 When and how are applicants informed of these rights?**

The household is applying for energy assistance through LIHEAP will be informed of their appeal rights during completion of the declaration application for assistance by signing the application.

When a household becomes eligible for assistance under LIHEAP, the household will receive a " Notification of Assistance" form. The Notification of Assistance form provides the household benefits amount, where the benefits will be sent, and the appeal right of the application

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



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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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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?

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

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

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

13.5 How many households received these services?

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

## Section 14 - Leveraging Incentive Program ,2607A

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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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.

##### 1. Cold Weather

This activity is where the LIHEAP staff has communicated orally and/or in writing about how to meet the emergency home energy needs of specific, individuals households. For the duration of the LIHEAP program, this communication takes place before assistance is provided to each household. Developed from this communication was a leveraging activity, which we have termed the "Cold Weather" program. The Fort Peck Tribes provided non-federal Tribal funds that would be used for emergency assistance to program participants. The Fort Peck Tribes provides an individual to administer this assistance to eligible clients.

There was intergration between the LIHEAP program and the cold weather program that worked in this way. The individual was referred by the LIHEAP staff to the cold weather program. An application for assistance was submitted to "Cold Weather" and the household had to meet the requirements of the Cold Weather program and verified by the administrator.

##### 2. Tribal Funds Energy Payment

Another leveraging activity, is when it is determined that the funds available through LIHEAP are insufficient to meet the needs of the Tribal Elders, this leveraging activity will take place. The Community Services Program Director will make a request for emergency funds to the Fort Peck Tribes (resource). The Fort Peck Tribes will provide non-federal Tribal funds to be used for emergency assistance, if they have Tribal funds available.

This resource is not available to the household when assistance is available from the LIHEAP heating component. To receive these emergency leveraged benefits, the application completes an application at the LIHEAP office and will receive an amount of assistance which is dependent upon the availability of funds. The assistance will be either an order of propane or payment to the energy vendor to prevent a shut off of natural gas or electricity.

This leveraging activity is a financial contribution that may become available.

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	Cold Weather Funds Tribal Funds	Tribal Funds Tribal Funds	LIHEAP Staff can do a referral to the Cold Weather program to help assistance with furnace repairs. LIHEAP staff will assistance with the one page application for qualified enrolled elders sixty years and older with the Fort Peck Tribes. Qualified applicants will receive a 200.00 payment towards energy vendor.

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

## Section 15 - Training

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

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

b. Local Agencies:

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

How often?

☐ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☐ On-site training

How often?

☐ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☐ Employees are provided with policy manual

☐ Other, describe:

c. Vendors

☐ Formal training conference

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ Policies communicated through vendor agreements

☐ Policies are outlined in a vendor manual

☐ Other, describe:

15.2 Does your training program address fraud reporting and prevention?	
<input checked="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

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

#### Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

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

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

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

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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:

There are notices posted in various locations in the service area ( Tribal Building, Senior centers, LIHEAP office ) that inform the public that they can report the LIHEAP office, and suspected instance of LIHEAP fraud, waste or abuse. These notices contain a phone number to call to report any LIHEAP fraud. The posters explain any reports of LIHEAP fraud can be reported anonymously to the LIHEAP staff.

At program meeting, staff reviewing situations to watch for where fraud may occur, i.e., household may submit application later in the program year, in the spouses name; need to watch rental units where landlord may evict them after they receive their energy benefits and rent to another household, who also applies for energy assistance, etc.,

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:

There is notices posted in various locations in the service area (Tribal Building, Senior centers, LIHEAP office) that inform the public that they can report the LIHEAP office and suspected instance of LIHEAP fraud, waste or abuse. These notices contain a phone number to call to report any LIHEAP fraud. The posters explain any reports to the LIHEAP fraud can be reported anonymously to the LIHEAP staff.

At program meeting, staff reviewing situations to watch for where fraud may occur, i.e, household may submit application later in the program year, in the spouses name; need to watch rental units where landlord may evict them after they receive their energy benefits and rent to another household who also applies for energy assistance, etc.

### 17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested

Social Security Number (Without actual Card)	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	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:

**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:  
Veteran income and annuities.

☐ 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:  
The Fort Peck Tribes has no access to State computer data system. All LIHEAP applications must bring in a actual form for the above information.

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

None, we currently request all proof of income in a legal form.

**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 checked="" type="checkbox"/> In-person certification by staff (for tribal Grant recipients only)
<input checked="" type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input 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 type="checkbox"/> Employees must sign confidentiality agreement
<input 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 type="checkbox"/> Data exchange with utilities that verifies:
<input type="checkbox"/> Account ownership
<input type="checkbox"/> Consumption
<input type="checkbox"/> Balances
<input type="checkbox"/> Payment history
<input type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input 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 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 type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input 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 type="checkbox"/>	Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input 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 checked="" type="checkbox"/>	Other - Describe:  All propane vendors have agree through the vendor agreement, to use the household benefits to offset the energy expense of the household until the benefits are expanded. The propane vendor send the LIHEAP program a receipt for all propane delivered. These receipts total the amount of benefits the LIHEAP program has paid for the household, which is verification that the household received the benefits they were entitled to.
<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 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 type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input checked="" type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input checked="" type="checkbox"/>	Other - Describe:  Investigate complaint of fraud. All reports are keep in a record form and list of outcome of investigation. If the fraud has occurred report is submitted to Tribal Law Enforcement for possible prosecution.
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

**Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters**

**Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions**

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or

voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

#### **Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions**

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions**

##### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later

determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

#### **Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

**(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.**

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

**Section 19: Certification Regarding Drug-Free Workplace Requirements**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central pint is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

**Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)**

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

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

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

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

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

#### **Certification Regarding Drug-Free Workplace Requirements**

##### **Alternate I. (Grant recipients Other Than Individuals)**

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

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

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

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

(2) The Grant recipients policy of maintaining a drug-free workplace;

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

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

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

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

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

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

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a

central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

**Place of Performance ( *That this must be physical address. No PO Boxes allowed.* )**

PO BOX 1027 <b>* Address Line 1</b>		
501 Medicine Bear Road Address Line 2		
Address Line 3		
Poplar <b>* City</b>	Montana <b>* State</b>	59255 <b>* Zip Code</b>

**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>