

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS

Report Name: DETAILED MODEL PLAN (LIHEAP)

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

Report Status: Submission Accepted by CO

Report Sections

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Mandatory Grant Application SF-424

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

| | | | |
|---|--|--|--|
| <p>* 1.a. Type of Submission: <input checked="" type="radio"/> Plan</p> | <p>* 1.b. Frequency: <input checked="" type="radio"/> Annual</p> | <p>* 1.c. Consolidated Application/Plan/Funding Request? Explanation:</p> | <p>* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update</p> |
| | | <p>2. Date Received:</p> | <p>State Use Only:</p> |
| | | <p>3. Applicant Identifier:</p> | <p>4a. Unique Entity Identifier (UEI) Y9X2KNAG1GD9</p> |
| | | <p>4b. Federal Award Identifier:</p> | <p>5. Date Received By State:</p> |
| | | <p>6. State Application Identifier:</p> | |

7. APPLICANT INFORMATION

* a. Legal Name: Turtle Mountain Band of Chippewa Indians

* b. Address:

| | | | |
|-------------|------------------|----------------------|--------------|
| * Street 1: | 4180 Highway 281 | Street 2: | P.O. BOX 900 |
| * City: | BELCOURT | County: | Rolette |
| * State: | ND | Province: | |
| * Country: | United States | * Zip / Postal Code: | 58316 |

c. Organizational Unit:

| | |
|------------------|----------------|
| Department Name: | Division Name: |
|------------------|----------------|

d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)

| | |
|---|--|
| * First Name: Louis | * Last Name: Frederick |
| Title: Program Director | Organizational Affiliation: Turtle Mountain |
| * Telephone Number: (701) 477-8777 | Fax Number (701) 477-0916 |
| * Email: busterfrederick@hotmail.com | |

* 8. TYPE OF APPLICANT:

I: Indian/Native American Tribal Government (Federally Recognized)

* a. Is the applicant a Tribal Consortium: Yes No

* b. If yes please attach at least one the following documentation:

| | | |
|----------------------------|--|---|
| | Catalog of Federal Domestic Assistance Number: | CFDA Title: |
| 9. CFDA Numbers and Titles | 93.568 | Low-Income Home Energy Assistance Program |

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Turtle Mountain Low-Income Home Energy Assistance Program

11. AREAS AFFECTED BY FUNDING:

ND-001

12. CONGRESSIONAL DISTRICTS OF APPLICANT:

ND-001

13. FUNDING PERIOD:

| | |
|------------------------------|----------------------------|
| a. Start Date: 10/01/2025 | b. End Date: 09/30/2026 |
|------------------------------|----------------------------|

* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

a. This submission was made available to the State under Executive Order 12372

| | |
|---|---|
| Process for review on: | |
| <p>b. Program is subject to E.O. 12372 but has not been selected by State for review.</p> <p>c. Program is not covered by E.O. 12372.</p> | |
| *15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| If Yes, explain: | |
| <p>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)</p> <p>**I Agree <input checked="" type="checkbox"/></p> <p>** 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.</p> | |
| 17a. Typed or Printed Name and Title of Authorized Certifying Official Alice Lunday | 17c. Telephone (area code, number and extension) |
| 17b. Signature of Authorized Certifying Official  | 17d. Email Address alice.lunday@tmbci.org |
| | 17e. Date Report Submitted (Month, Day, Year) 08/29/2025 |

Section 1 - Program Components

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

Section 1 Program Components

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

| 1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.) | | Dates of Operation | |
|---|------------------------------|--------------------|------------|
| | | Start Date | End Date |
| <input checked="" type="checkbox"/> | Heating assistance | 10/01/2025 | 05/31/2026 |
| <input checked="" type="checkbox"/> | Cooling assistance | 10/01/2025 | 09/30/2026 |
| <input checked="" type="checkbox"/> | Summer crisis assistance | 10/01/2025 | 09/30/2026 |
| <input type="checkbox"/> | Winter crisis assistance | | |
| <input type="checkbox"/> | Year-round crisis assistance | | |
| <input checked="" type="checkbox"/> | Weatherization assistance | 10/01/2025 | 09/30/2026 |

Provide further explanation for the dates of operation, if necessary

The Tribal LIHEAP regular heating season program runs from October 1st through May 31 each year. Applications for cooling, crisis and weatherization are available throughout the Fiscal Year and require a separate application for services and are contingent upon available funding.

Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%. | Percentage (%) | Prior year totals |
|--|------------------|-------------------|
| Heating assistance | 70.00% | 60.00% |
| Cooling assistance | 2.00% | 5.00% |
| Summer crisis assistance | 1.00% | 5.00% |
| Winter crisis assistance | 2.00% | 0.00% |
| Year-round crisis assistance | 2.00% | 0.00% |
| Weatherization assistance | 3.00% | 10.00% |
| Carryover to the following federal fiscal year | 10.00% | 10.00% |
| 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% |
| TOTAL | 100.00% | 100.00% |

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

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

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

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

| | | | |
|-------------------------------------|---------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Heating assistance | <input checked="" type="checkbox"/> | Cooling assistance |
| <input checked="" type="checkbox"/> | Weatherization assistance | <input checked="" type="checkbox"/> | Other (specify): Skirting and insulation of mobile homes |

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 checked="" type="radio"/> No |
| SSI | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| SNAP | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Means-tested Veterans Programs | <input type="radio"/> Yes <input checked="" 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

- Once Per Year
- Once every five years
- 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?

- Gross Income
- Net Income
- Other - Describe

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

- Wages
- Self - Employment Income
- Contract Income

| | |
|---|--|
| <input checked="" 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"/> <input checked="" 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 type="checkbox"/> | Rental income |
| <input type="checkbox"/> | Income from employment through Workforce Investment Act (WIA) |
| <input type="checkbox"/> | Income from work study programs |
| <input type="checkbox"/> | Alimony |
| <input checked="" type="checkbox"/> | Child support |
| <input type="checkbox"/> | Interest, dividends, or royalties |
| <input type="checkbox"/> | Commissions |
| <input type="checkbox"/> | Legal settlements |
| <input type="checkbox"/> | Insurance payments made directly to the insured |
| <input type="checkbox"/> | Insurance payments made specifically for the repayment of a bill, debt, or estimate |
| <input 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 |

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.

1.10 Do you have an online application process Yes No

1.10a If yes, describe the type of online application (Select all boxes that apply)

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing. |
| <input type="checkbox"/> | A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing. |
| <input type="checkbox"/> | One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing. |
| <input type="checkbox"/> | Online application that is also mobile friendly |
| <input checked="" type="checkbox"/> | Other, please describe A PDF version of the application is available online on the tribal website. All applications are required to be dropped off at the LIHEAP intake office, along with all supporting documentation, for processing by LIHEAP staff. |

Please include a link(s) to a statewide application, if available:

1.10b Can all program components be applied for online? Yes No

If no, explain which components can and cannot be applied for online.

Cooling, emergency crisis and weatherization components require a separate application and cannot be applied for online. These components must be applied for at the LIHEAP intake office located at Tribal Headquarters. Additionally, all heating benefits must be exhausted to qualify for emergency crisis benefits for additional funds to cover heating costs.

1.11 Do you have a process for conducting and completing applications by phone Yes No

1.12 Do you or any of your subrecipients require in person appointments in order to apply Yes No

If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.

In-person appointment are required to ensure applicants are provided with fair rights and hearing information and to provide timely assistance to priority eligibility low-income households with older adults, individuals with disabilities, and young children. Applications are available throughout the Fiscal Year and all applicants are required to present their application, along with all supporting documentation, in person at the LIHEAP intake office for processing. Applications will be processed in a timely manner within (45) calendar days.

1.13 How can applicants submit documentation for verification? Select all that apply:

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | In-person |
| <input type="checkbox"/> | Mail |
| <input type="checkbox"/> | Email |
| <input type="checkbox"/> | Portal application |
| <input checked="" type="checkbox"/> | Other, please describe Applications are available through outreach partners such as the Tribal Food Distribution Center, Tribal Housing Authority, Tribal Public Utilities, BIA Social Services, and the Turtle Mountain Community College. These programs are located throughout the tribal community and offer different types of assistance to the public. |

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 2 - Heating Assistance

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

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

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

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

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

Do you require an Assets test? Yes No

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

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

Households residing in subsidized housing who pay rent with home energy costs included are not eligible for LIHEAP.

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:

Older, elderly adults 65 years or older will be provided priority in eligibility with early intake of their applications starting at the beginning of September for heating assistance. Eligibility and notification of approval will be provided within 30 days. All other regular, not priority households applying for LIHEAP heating assistance will start at the beginning of October.

Individuals with a disability? Yes No

If yes, describe:

Individuals with disabilities will be provided priority in eligibility with early intake of their applications starting at the beginning of September for heating assistance. Eligibility and notification of approval will be provided within 30 days. All other regular, not priority households applying for LIHEAP heating assistance will start at the beginning of October.

Young children? Yes No

If yes, describe:

Household with young children, under age 6, will be provided priority in eligibility with early intake of their applications starting at the beginning in September for heating assistance. Eligibility and notification of approval will be provided within 30 days. All other regular, not priority households applying for LIHEAP heating assistance will start at the beginning of October.

Households with high energy burdens? Yes No

If yes, describe:

Other? Dual sources of Heat allowable Yes No

If yes, describe:

Eligible priority clients who have been determined in need of skirting and insulation for

mobile homes are given priority and those eligible households determined to be in need of furnace repairs or replacements will also be provided priority to ensure the residence/home is kept warm in the winter. All eligible clients may be allowed to use approved heating benefit amount for dual heat sources. Secondary source of heat must be used in a primary living space in the home. The dual heat sources must be selected on the application to allow LIHEAP program staff to work with energy vendors and track funds.

Explanations of policies for each "yes" checked above:

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

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

Vulnerable populations will have priority of heating assistance with early application period starting at the beginning of September. All other non-priority population application period will start in October. Eligibility and notification of approval will be provided to vulnerable populations within 45 days. Household with the lowest incomes will receive a higher benefit amount.

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

- | |
|--|
| <input checked="" type="checkbox"/> Income |
| <input checked="" type="checkbox"/> Family (household) size |
| <input checked="" type="checkbox"/> Home energy cost or need: <input 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: |

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

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

| Minimum Benefit | \$500 | Maximum Benefit | \$2,000 |
|-----------------|-------|-----------------|---------|
|-----------------|-------|-----------------|---------|

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? Yes No

If yes, describe.

Eligible clients who have been determined in need of skirting and insulation for mobile homes are allowed benefit amount up to \$3,000.00 and those eligible households determined to be in need of furnace repairs or replacements will also be provided priority with benefit amounts up to \$10,000.00 to ensure the residence/home is kept warm in the winter. Space heaters and blankets are also allowable heating activities, as needed.

All eligible clients may be allowed to use approved heating benefit amount for dual heat sources. Secondary source of heat must be used in a primary living space in the home. The dual heat sources must be selected on the application to allow LIHEAP program staff to coordinate with the home energy providers and to keep accurate records of the applied benefit amount payments to each 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 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
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 3 - Cooling Assistance

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

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

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|---------------------|-----------------------|-----------------------|
| 1 | All Household Sizes | 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:

Older, elderly adults 65 year or older will be provided priority in eligibility with early intake of their applications starting at the beginning of May for cooling assistance. Eligibility and notification of approval will be provided within 30 days. All other regular, not priority households applying for LIHEAP cooling assistance will start at the beginning of June.

Individuals with a disability? Yes No

If yes, describe:

Individuals with disabilities will be provided priority in eligibility with early intake of their applications starting at the beginning of May for cooling assistance. Eligibility and notification of approval will be provided within 30 days. All other regular, not priority households applying for LIHEAP cooling assistance will start at the beginning of June.

Young children? Yes No

If yes, describe:

Household with young children, under age 6, will be provided priority in eligibility with early intake of their applications starting at the beginning in May for cooling assistance. Eligibility and notification of approval will be provided within 30 days. All other regular, not priority households applying for LIHEAP cooling assistance will start at the beginning of June.

Households with high energy burdens? Yes No

If yes, describe:

Other? Yes No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

Vulnerable populations will have priority of cooling assistance with early application period starting at the beginning of May. All other non -priority population application period will start in June. Eligibility and notification of approval will be provided to vulnerable populations within 30 days.

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

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

| | |
|---|--|
| <input checked="" type="checkbox"/> Income | |
| <input checked="" type="checkbox"/> Family (household) size | |
| <input checked="" type="checkbox"/> Home energy cost or need: | |
| <input checked="" type="checkbox"/> Fuel type | |
| <input type="checkbox"/> Climate/region | |
| <input 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 | \$500 | Maximum Benefit | \$2,000 |
|-----------------|-------|-----------------|---------|
|-----------------|-------|-----------------|---------|

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

If yes, describe.

Eligible clients who have been determined in need of cooling system repairs, replacements, fans, or air window units are allowed benefit amounts up to \$4,500.00 to ensure the residence/home is kept cool in the summer.

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
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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.

Energy Crisis is defined as a weather -related (including natural disasters), or supply shortage emergencies, or other household energy-related emergencies, such as non-working heating unit, shut off notices, dealer will not deliver, eviction notice due to non-payment for electric, empty propane tank, LP tank less than 20% remaining, program benefits are exhausted, window/portable air unit replacements or repairs of existing units or furnace unit replacements or repairs of existing units.

4.3 What constitutes a life-threatening crisis?

Life-threatening Crisis is defined as a household in arrears with its electricity or fuel provider and is at imminent risk of disconnection, or has already been disconnected, and is unable to resolve the account without assistance or no income (loss of job, family sickness, family death or home burnout).

A household facing any of the crisis situation listed above, during time of extreme weather (extreme heat or cold) is defined as facing a life-threatening situation.

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours

4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours

Crisis Eligibility, 2605(c)(1)(A)

| | Winter Crisis | Summer Crisis | Year-Round Crisis |
|--|--------------------------|--------------------------|-------------------------------------|
| 4.6 Do you have additional eligibility requirements for Crisis Assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> |
| Must the household have been shut off or have an empty tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have exhausted their regular heating benefit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must renters with heating costs included in their rent have received an eviction notice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--|--------------------------|-------------------------------------|
| Must heating/cooling be medically necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have non-working heating or cooling equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have additional/differing eligibility policies for: | | | |
| Renters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters living in subsidized housing? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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>Priority in eligibility for crisis assistance is provided to older, elderly adults over the age of 65, individuals with disabilities/handicapped, and households with young children, under age 6. Crisis applications for these vulnerable populations will receive priority of services.</p> <p>Other: To receive additional benefits for the heating assistance component a household must have exhausted their heating assistance benefit. However, in the event a household experiences an emergency or life-threatening crisis and is determined to have non-working heating equipment a crisis benefit may be issued to repair or replacement heating equipment to ensure the residence/home is kept warm.</p> <p>To receive crisis assistance of the cooling component a household must submit a separate crisis assistance application. If the household experiences an emergency or life-threatening crisis and is determined to have non-working cooling equipment or no cooling equipment a crisis benefit may be issued to repair, replace or provide window air unit to ensure the residence/home is kept cool.</p> <p>Renters living in subsidized housing with energy heating costs included in the rent do not qualify for emergency crisis assistance.</p> | | | |
| Determination of Benefits | | | |
| 4.8 How do you handle crisis situations? | | | |
| <input checked="" type="checkbox"/> | Separate component | | |
| <input type="checkbox"/> | Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames. | | |
| <input type="checkbox"/> | Other - Describe: | | |
| 4.9 If you have a separate component, how do you determine crisis assistance benefits? | | | |
| <input checked="" type="checkbox"/> | Amount to resolve the crisis. \$8,500 | | |
| <input type="checkbox"/> | Other - Describe: | | |
| Crisis Requirements, 2604(c) | | | |
| 4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No Explain. | | | |
| <p>Application for energy crisis assistance is located at the Turtle Mountain Tribal Headquarters, which is centrally located and handicapped accessible. Crisis applications are also available at partnering low-income program satellite offices the LIHEAP staff is scheduled to intake program and crisis applications. In home crisis application intake is provided for disabled/handicapped (home-bound) clients, as requested.</p> | | | |
| 4.11 Do you provide individuals who are individuals with a disability the means to: | | | |
| Submit applications for crisis benefits without leaving their homes? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If No, explain. | | | |
| <p>If individuals with disabilities (home bound/physically disabled) cannot travel to the office, the client may contact the LIHEAP office to schedule a home visit from a program LIHEAP staff to travel to their home to assist with crisis application, obtain required documentation and signatures.</p> | | | |
| Travel to the sites at which applications for crisis assistance are accepted? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If No, explain. | | | |
| <p>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</p> | | | |
| <p>We do not provide transportation for individual clients with disabilities the means to travel to the site at which applications for crisis assistance is accepted. If individuals with disabilities (homebound/physically disabled) cannot travel to the office, the client may contact the LIHEAP office to schedule a home visit from a program LIHEAP staff to travel to their home to assist with crisis application, obtain required documentation and signatures.</p> | | | |
| Benefit Levels, 2605(c)(1)(B) | | | |
| 4.12 Indicate the maximum benefit for each type of crisis assistance offered. | | | |

| | |
|-------------------|----------------------------|
| Winter Crisis | \$0.00 maximum benefit |
| Summer Crisis | \$0.00 maximum benefit |
| Year-round Crisis | \$8,500.00 maximum benefit |

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

Yes No If yes, Describe

Emergency crisis assistance is provided for supply shortage emergencies, or other household energy-related emergencies, such as non-working heating unit, shut off notices, dealer will not deliver, eviction notice due to non-payment for electric, empty propane tank, LP tank less than 20% remaining, program benefits are exhausted, window/portable air unit replacements or repairs of existing units or furnace unit replacements or repairs of existing units and water heater.

Household in arrears with its electricity or fuel provider and is at imminent risk of disconnection, or has already been disconnected, and is unable to resolve the account without assistance or no income (loss of job, family sickness, family death or home burnout).

A household facing any of the crisis situation listed above, during time of extreme weather (extreme heat or cold) is defined as facing a life-threatening situation.

All above contingent on program funding and need.

4.14 Do you provide for equipment repair or replacement using crisis funds?

Yes No

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

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

| | Winter Crisis | Summer Crisis | Year-round Crisis |
|-----------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Heating system repair | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Heating system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cooling system repair | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cooling system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Wood stove purchase | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar panel(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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.

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

In the event a natural disaster, we intend to utilize LIHEAP crisis funds to address disaster related crisis situations and work with energy vendors to restore client energy services and provide services to clients who are temporarily displaced due to a natural disaster

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
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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:

Eligible clients who have been determined in need of skirting and insulation for mobile homes are allowed benefit amount up to \$3,000.00 and those eligible households determined to be in need of heating or cooling repairs or replacements are allowed benefit amounts up to \$10,000.00 to ensure the residence/home is kept warm in the winter and cool in the summer. Monitoring for weatherization will be performed by LIHEAP staff.

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

- | | |
|--------------------------------|---|
| Older Adults? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Individuals with a disability? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

| | |
|---------------------------------------|---|
| Young Children? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| House holds with high energy burdens? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Other? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

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.

5.7 For renters and renters, not living in subsidized housing, but have utilities included in the rent are eligible for weatherization assistance and must provide a statement from the landlord/property owner, allowing permission to do work on the rented unit.

5.7 For renters living in subsidized housing (HUD/Section 8/Tribal or State or County Rental Units) are not eligible for weatherization assistance. The subsidized housing (HUD/Section 8/Tribal or State or County Rental Units) are responsible for the up keep and maintenance of their individual rental units.

5.8 Priority in eligibility for weatherization assistance is provided to program eligible older, elderly adults, individuals with disabilities, and households with young children. Weatherization applications for these vulnerable populations will receive priority of services.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? Yes No

5.9a If yes, what is the maximum? \$10,000

5.10 Do you use an Average Cost per Unit (ACPU). Yes No

5.10a If so, what is the ACPU amount? \$0

Types of Assistance, 2605(c)(1), (B) & (D)

5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)

| | |
|--|---|
| <input type="checkbox"/> Weatherization needs assessments/audits | <input checked="" type="checkbox"/> Energy related roof repair |
| <input checked="" type="checkbox"/> Caulking and insulation | <input checked="" type="checkbox"/> Major appliance repairs |
| <input checked="" type="checkbox"/> Storm windows | <input checked="" type="checkbox"/> Major appliance replacement |
| <input checked="" type="checkbox"/> Furnace/heating system modifications/repairs | <input checked="" type="checkbox"/> Windows/sliding glass doors |
| <input checked="" type="checkbox"/> Furnace replacement | <input checked="" type="checkbox"/> Doors |
| <input checked="" type="checkbox"/> Cooling system modifications/repairs | <input checked="" type="checkbox"/> Water Heater |
| <input type="checkbox"/> Water conservation measures | <input checked="" type="checkbox"/> Cooling system replacement |
| <input type="checkbox"/> Roof top solar | <input checked="" type="checkbox"/> Community solar projects |
| <input type="checkbox"/> Compact fluorescent light bulbs | <input checked="" type="checkbox"/> Other - Describe: Skirting with insulation and labor for mobile homes. |

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

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

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

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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:

- Place posters/fliers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- Publish articles in local newspapers or broadcast media announcements.
- Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- Mass mailing(s) to prior-year LIHEAP recipients.
- Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- Web Posting
- Email
- Texting
- Events
- Social Media
- Other (specify):

LIHEAP staff will partner and coordinate with other local programs serving low-income households to establish a system for referrals, to inform the public of available LIHEAP services and to coordinate LIHEAP application intake at other satellite offices such as the Food Distribution Program on Indian Reservation (FDPIR) program and the Bureau of Indian Affairs (BIA) Social Services and Tribal Housing Authority.

The LIHEAP office staff conducts mass mailing applications to prior year clients before the beginning of new 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 7 - Coordination, 2605(b)(4) - Assurance 4

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Joint application for multiple programs (indicate programs included) |
| <input checked="" type="checkbox"/> | Intake referrals to/from other programs (indicate programs included) FDPIR, BIA Social Services, and Tribal Housing Authority |
| <input checked="" type="checkbox"/> | One - stop intake centers |
| <input checked="" type="checkbox"/> | Other - Describe: |

LIHEAP staff will partner and coordinate with other local programs serving low-income households to establish a system for referrals, to inform the public of available LIHEAP services and to coordinate LIHEAP application intake at other satellite offices such as the Food Distribution Program on Indian Reservation (FDPIR) program and the Bureau of Indian Affairs (BIA) Social Services and Tribal Housing Authority.

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
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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?

Not Applicable.

8.3 How do you provide alternate outreach and intake for cooling assistance?>

Not Applicable.

8.4 How do you provide alternate outreach and intake for crisis assistance?

Not Applicable.

| 8.5 LIHEAP Component Administration. | Heating | Cooling | Crisis | Weatherization |
|--|---------|---------|--------|----------------|
| 8.5a Who determines client eligibility? | | | | |
| 8.5b Who processes benefit payments to gas and electric vendors? | | | | |
| 8.5c who processes benefit payments to bulk fuel vendors? | | | | |

| | | | | |
|--|--|--|--|--|
| 8.5d Who performs installation of weatherization measures? | | | | |
|--|--|--|--|--|

Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.

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

8.6 What is your process for selecting local administering agencies?

Not Applicable.

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?

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

Not Applicable.

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.

Not Applicable.

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.

Not Applicable.

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
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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.

Payments are made directly to the home energy suppliers once services are rendered. During the summer season, portable and window air conditioning units are issued directly to program clients who are in need of air conditioning equipment.

Exception for Renters: The only exception for payments is made directly to the Turtle Mountain Housing Authority on behalf of eligible clients whose heating costs is included as part of their rent. LIHEAP staff coordinates with the Turtle Mountain Housing Authority regarding renters whose heating is included as part of their rent.

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

Program eligible clients are informed by mail of the approved heating benefit allocation awarded for the heating season. The LIHEAP staff will notify the energy vendor of each eligible household service address, and benefit amount and send energy vendor a daily transmittal of eligible approved clients with specific benefit amounts. Per fiscal year, payments are recorded internally in each client's individual file on a client payment history form to track clients awarded allocation amounts, issued payments and balances. Clients may obtain a copy of the recorded transactions as needed. Clients also receive a monthly energy bill from the energy vendor detailing payments that were issued on their behalf from the LIHEAP program. Once the client is near to exhausting allocated benefit amount a letter will be mailed to the client with guidance on the process to apply for emergency crisis assistance.

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?

To ensure that the home energy suppliers will not 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 language is included in the vendor agreement between the Tribal LIHEAP and each home energy supplier.

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?

To ensure that no household receiving assistance under this title will not be treated adversely because of their receipt of LIHEAP assistance language is included in the vendor agreement between the Tribe and each home energy supplier.

9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?

Yes No

If so, describe the measures unregulated vendors may take.
Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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?

To ensure proper fiscal accounting and tracking of funds the Tribe has adopted internal Tribal Accounting and LIHEAP policies and procedure requirements for fiscal accounting and tracking of funds.

The LIHEAP Program Director, along with the Grants Compliance department track grant awards, including grant terms and conditions to ensure grant awards are properly administered. The LIHEAP office staff establishes a file for each client that includes a client payment history form to track awarded allocation amounts, issued payments and balances.

The Tribal Finance Department has fiscal controls in place with accounting software to track program revenues and expenditures. Per fiscal year, each LIHEAP grant award is assigned a general ledger account code by the Tribal Finance Fund Manager that allows tracking and recording of financial revenues and expenditures.

To track vendor (benefit) refunds the program staff will record the refund in the clients file and then process a vendor refund form, along with the refund check to the Tribal Finance Department. Tribal Finance Accounts receivable department will record the refund into the finance accounting system to the appropriate fiscal year.

The Tribal Finance Department assigns fund managers to perform LIHEAP fiscal reports and the LIHEAP Director is assigned to perform performance reporting, in accordance with grant terms and conditions.

10.1a Provide your definitions of the following:

Obligation

Obligations means the formal, binding agreement or acknowledgment of a liability to pay a certain amount or to do a certain thing for a particular person or set of persons. When referencing a recipient's or subrecipient's use of funds under a Federal award, means orders placed for property and services, contracts and subawards made, and similar transactions that require payment.

Expenditures

Expenditures means charges made by a tribal program, tribal entity, or the Tribal Council to a project or program for which a Federal, state, or tribal award has been received. Such expenditures shall be reported and managed for Generally Accepted Accounting Purposes as:

- (1) The charges may be reported on a cash or accrual basis, as long as the methodology is disclosed and is consistently applied.
- (2) For reports prepared on a cash basis, expenditures are the sum of:
 - (i) Cash disbursements for direct charges for property and services;
 - (ii) The amount of indirect expense charged;
 - (iii) The value of third-party in-kind contributions applied; and
 - (iv) The amount of cash advance payments and payments made to subrecipients.
- (3) For reports prepared on an accrual basis, expenditures are the sum of:
 - (i) Cash disbursements for direct charges for property and services;
 - (ii) The amount of indirect expense incurred;
 - (iii) The value of third-party in-kind contributions applied; and
 - (iv) The net increase or decrease in the amounts owed by the non-Federal entity for:
 - (A) Goods and other property received;
 - (B) Services performed by employees, contractors, subrecipients, and other payees; and
 - (C) Programs for which no current services or performance are required such as annuities, insurance claims, or other benefit payments.

Expenditure timeframe

Expenditure Timeframe or Period of performance means the total estimated time interval between the start of an initial Federal award and the planned end date, which may include one or more funded portions, or budget periods. Identification of the period of performance in the award which shall include the start and end date and does not commit the awarding agency to fund the award beyond the currently approved budget period.

Administrative costs

Administrative Costs or "Indirect Costs or expense" means those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. To facilitate equitable distribution of indirect expenses to the cost objectives served, it may be necessary to establish a number of pools of indirect (F&A) costs. Indirect (F&A) cost pools must be distributed to benefitted cost objectives on bases that will produce an equitable result in consideration of relative benefits derived.

Audit Process**10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?**

Yes No

10.2a - if yes, describe your auditor selection process.

Auditor selection process is determined by an auditor's license and independence rules, including general audit experience and auditing of Native American tribal organizations. The Tribal Chief Finance Officer and Legal Counsel seek auditing services and present options for auditing services to the Tribal Government for approval and execution of a contract for auditing services.

10.3. Describe any audit findings of the grant recipient (i.e. State/Tribe/Territory) rising to the level of material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year.**No Findings**

| Finding | Type | Brief Summary | Resolved? | Action Taken |
|---------|-----------|--|-------------|--------------------------|
| 1 | reporting | Department does not have an internal control system designed to ensure all reports are being submitted by the required date. | In Progress | procedure/policy changes |

10.4. Audits of Local Administering Agencies

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

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

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

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

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

Local Administering Agencies/District Offices:

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

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

The LIHEAP program maintains policies and procedures for internal controls. These policies and procedures are reviewed and updated annually.

The Tribal LIHEAP Staff, Grants Compliance Officer, in conjunction with the Tribal Finance Officer shall provide program oversight and monitoring of the LIHEAP policies and procedures, finances, reporting and conduct periodic reviews.

In efforts to prevent LIHEAP waste, fraud, and abuse the following tribal staff will perform the following assessment and monitoring activities. At the time of application, the Tribal LIHEAP staff shall review all applications and documentation to ensure all required documentation is provided and filed in each client's case files and are maintained in a secure location. The Tribal Finance Staff shall review and verify all adequate documentation is provided, before any payment is issued to an energy/utility vendor on behalf of the program client(s). The Tribal Grants Compliance Department shall periodically monitor, inspect, and document program applications, records and documents, client case files, vendor payment and policy.

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

Site Visits:

The LIHEAP program maintains policies and procedures for internal controls. These policies and procedures are reviewed and updated annually.

The Tribal LIHEAP Staff, Grants Compliance Officer, in conjunction with the Tribal Finance Officer shall provide program oversight and monitoring of the LIHEAP policies and procedures, finances, reporting and conduct periodic reviews.

In efforts to prevent LIHEAP waste, fraud, and abuse the following tribal staff will perform the following assessment and monitoring activities. At the time of application, the Tribal LIHEAP staff shall review all applications and documentation to ensure all required documentation is provided and filed in each client's case files and are maintained in a secure location. The Tribal Finance Staff shall review and verify all adequate documentation is provided, before any payment is issued to an energy/utility vendor on behalf of the program client(s). The Tribal Grants Compliance Department shall periodically monitor, inspect, and document program applications, records and documents, client case files, vendor payment and policy.

Desk Reviews:

Not applicable.

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

10.9. How many local agencies are currently on corrective action plans? 0

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

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

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

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

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

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

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

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

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).

See attachment.

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

None

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Section 12: Fair Hearings, 2605(b)(13) - Assurance 13

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 0

12.2 How many of those fair hearings resulted in the initial decision being reversed? 0

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

None

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

All LIHEAP applicants are entitled to request a fair hearing regarding the decision made on their application for services for denial or timeliness. A fair hearing may be requested in person, in writing or by telephone. Hearing must be requested in writing within (60) calendar days from the date of the approval/denial letter from the agency. In case of denial, the agency decision letter must clearly explain the reason for denial and include the fair hearing procedures. Within (5) working days of receiving a fair hearing request, the LIHEAP office shall provide the fair hearing request, along with a copy of the energy assistance application packet to the Hearing Board. A Hearing Board consisting of non-applicant tribal employees will be created each season to address hearings. Applicants will be notified in writing from the LIHEAP Director within (7) working days by U.S. mail of a scheduled fair hearing date and time. Hearing requests can only be denied by the Hearing Board. All decisions of the Hearing Board will be provided to the applicant and the LIIHEAP office to be kept in a case file for (5) years. All decisions of the Hearing Board are final. If applicants choose to withdrawal fair hearing request, they must do so in writing to the LIHEAP office.

12.5 When and how are applicants informed of these rights?

Applicants are informed of these rights at the time of application (included on application) and included on all public information and fair hearing procedures are posted at the LIHEAP intake office and on the tribal website.

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

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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?

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

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Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

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

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

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

Section 15 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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: Webinars and Conferences

Employees are provided with policy manual

Other, describe:

Program Policy Manuals are provided to all LIHEAP staff members.

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?

- Yes
- No

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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.

Not applicable.

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:

The tribe has approved, by tribal resolution, fraud policy and procedure with guidance on how to report fraud, waste and abuse and is available to employees, staff, and the public. The approved LIHEAP policies also include these tribal fraud policies and procedures.

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:

The Tribe has an official Face Book Page that is utilized for tribal program advertisements of events, activities, and press releases.

17.2. Identification Documentation Requirements

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

| Type of Identification Collected | Collected from Whom? | | | |
|--|--|------------------------------------|---|--|
| | Applicant Only | All Adults in Household | All Household Members | |
| Social Security Card is photocopied and retained | <input type="checkbox"/> Required | <input type="checkbox"/> Required | <input checked="" type="checkbox"/> Required | |
| | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested | |
| Social Security Number (Without actual Card) | <input type="checkbox"/> Required | <input type="checkbox"/> Required | <input type="checkbox"/> Required | |
| | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested | <input checked="" type="checkbox"/> Requested | |
| Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | <input checked="" type="checkbox"/> Required | <input 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 | Tribal ID (Adults)/Tribal Enrollment Form (Child) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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. | | | | | | | |
| <input type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen <input checked="" type="checkbox"/> Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen. <input type="checkbox"/> Non-Citizens must provide documentation of immigration status <input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport <input type="checkbox"/> Non-Citizens are verified through the SAVE system <input checked="" type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card <input type="checkbox"/> Other - Describe: | | | | | | | |
| 17.4. Income Verification | | | | | | | |
| What methods does your agency utilize to verify household income? Select all that apply. | | | | | | | |
| <input checked="" type="checkbox"/> Require documentation of income for all adult household members <input checked="" type="checkbox"/> Pay stubs <input checked="" type="checkbox"/> Social Security award letters <input checked="" type="checkbox"/> Bank statements <input checked="" type="checkbox"/> Tax statements <input checked="" type="checkbox"/> Zero-income statements <input checked="" type="checkbox"/> Unemployment Insurance letters <input checked="" type="checkbox"/> Other - Describe: | | | | | | | |
| Signed bank statement letter from the bank confirming direct deposit, general assistance award letter, unemployment weekly check deposits to the bank, employee print out from business payroll department confirming gross earnings. | | | | | | | |
| <input type="checkbox"/> Computer data matches: <input type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF) <input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor <input type="checkbox"/> Social Security income verified with SSA <input type="checkbox"/> Utilize state directory of new hires <input type="checkbox"/> Other - Describe: | | | | | | | |
| b. Describe any exceptions to the above policies. | | | | | | | |
| 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: |
| 17.6. Protection of Privacy and Confidentiality |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| <input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent |
| <input 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: |
| 17.7. Verifying the Authenticity |
| What policies are in place for verifying vendor authenticity? Select all that apply. |
| <input checked="" type="checkbox"/> All vendors must register with the State/Tribe. |
| <input 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 checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above: |
| Vendor agreement must be signed annually. The Tribal Employment Rights Office (TERO) department requires yearly license (new or renewals) for all businesses conducting business within the boundaries of the reservation. |
| 17.8. Benefits Policy - Gas and Electric Utilities |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| <input type="checkbox"/> Applicants required to submit proof of physical residency |
| <input checked="" type="checkbox"/> Applicants must submit current utility bill |
| <input checked="" type="checkbox"/> Data exchange with utilities that verifies: |
| <input checked="" type="checkbox"/> Account ownership |
| <input checked="" type="checkbox"/> Consumption |
| <input checked="" type="checkbox"/> Balances |
| <input checked="" type="checkbox"/> Payment history |
| <input checked="" type="checkbox"/> Account is properly credited with benefit |
| <input type="checkbox"/> Other - Describe: |
| <input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities |
| <input type="checkbox"/> Centralized computer system automatically generates benefit level |
| <input type="checkbox"/> Separation of duties between intake and payment approval |
| <input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments |
| <input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy |
| <input type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |
| <input type="checkbox"/> Direct payment to households are made in limited cases only |
| <input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure |

| |
|--|
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input checked="" type="checkbox"/> Other - Describe: The energy vendors send the monthly household bill in an electronic spreadsheet directly to the Tribal LIHEAP Director, and LIHEAP remits payment to the vendor on behalf of the LIHEAP client. Program clients residing in subsidized housing with energy heating costs as part of their rent, benefit payments for energy bill invoices are presented by the Turtle Mountain Housing Authority on behalf of the client/renter to the LIHEAP office for benefit payments. |
| 17.9. Benefits Policy - Bulk Fuel Vendors |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. |
| <input checked="" type="checkbox"/> Vendors are checked against an approved vendors list |
| <input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors |
| <input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery |
| <input type="checkbox"/> Two-party checks are issued naming client and vendor |
| <input type="checkbox"/> Direct payment to households are made in limited cases only |
| <input checked="" type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client |
| <input type="checkbox"/> Conduct monitoring of bulk fuel vendors |
| <input type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient. |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input checked="" type="checkbox"/> Other - Describe: Applicant provide an energy bill at the time of application or the energy provider contacts the LIHEAP office and verifies, by email, to the LIHEAP office the account number of the client. |
| 17.10. Investigations and Prosecutions |
| Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. |
| <input 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 checked="" type="checkbox"/> Grant recipient attempts collection of improper payments. If so, describe the recoupment process Grant recipients found to have committed fraud will be investigated by the Tribal Fraud Reporting Unit for determination of corrective action, recouping and repayment of funds, in accordance with tribal Policies and Procedures. |
| <input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? |
| <input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated |
| <input type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP |
| <input checked="" type="checkbox"/> Other - Describe: Vendors found to have committed fraud will be investigated by the Tribal Fraud Reporting Unit for determination of corrective action, recouping and repayment of funds, in accordance with tribal Policies and Procedures. |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |

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

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. BrBbr.
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 and 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

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 point 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.*)

4180 Highway 281

*** Address Line 1**

Address Line 2

Address Line 3

Belcourt
*** City**

ND
*** State**

58316
*** Zip Code**

Check if there are workplaces on file that are not identified here.

Alternate II. (Grant recipients Who Are Individuals)

- (a) The Grant recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

The submitter of this application certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

Assurances

Assurances

(1) use the funds available under this title to--

(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);

(B) intervene in energy crisis situations;

(C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and

(D) plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;

(2) make payments under this title only with respect to--

(A) households in which one or more individuals are receiving--

(i) assistance under the State program funded under part A of title IV of the Social Security Act;

(ii) supplemental security income payments under title XVI of the Social Security Act;

(iii) food stamps under the Food Stamp Act of 1977; or

(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

(B) households with incomes which do not exceed the greater of -

(i) an amount equal to 150 percent of the poverty level for such State; or

(ii) an amount equal to 60 percent of the State median income;

(except that a State may not exclude a household from eligibility in a fiscal year solely on the basis of household income if such income is less than 110 percent of the poverty level for such State, but the State may give priority to those households with the highest home energy costs or needs in relation to household income.

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income

energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

(6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -

(A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

(B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;

(7) if the State chooses to pay home energy suppliers directly, establish procedures to --

(A) notify each participating household of the amount of assistance paid on its behalf;

(B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local Grant recipients and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and

(B) the State will treat owners and renters equitably under the program assisted under this title;

(9) provide that--

(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

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

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

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

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

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

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

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

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



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

Plan Attachments

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