

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** NANTICOKE LENNI-LENAPE INDIANS OF NJ, INC

**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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18. *Section 17 - Program Integrity, 2605(b)(10)*
19. *Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters*
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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

* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/Plan/Funding Request?  Explanation:	* 1.d. Version: <input type="radio"/> Initial <input checked="" type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	4a. Unique Entity Identifier (UEI) JSV9FDNH816
		4b. Federal Award Identifier: 24PCNJLIEA	5. Date Received By State:
		6. State Application Identifier:	

### 7. APPLICANT INFORMATION

* a. Legal Name: NANTICOKE LENNI-LENAPE INDIANS OF NJ,INC			
* b. Address:			
* Street 1:	POST OFFICE BOX 544	Street 2:	18 EAST COMMERCE STREET
* City:	BRIDGETON	County:	CUMBERLAND
* State:	NJ	Province:	
* Country:	United States	* Zip / Postal Code:	08302 -
c. Organizational Unit:			
Department Name:		Division Name: The NANTICOKE LENNI LENAPE INDIANS OF NEW JERSEY	

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: Kevin	* Last Name: Street
Title: N/A	Organizational Affiliation: Director
* Telephone Number: 856-455-6910	Fax Number
* Email: kstreet@nltribe.com	

### \* 8. TYPE OF APPLICANT:

J: Indian/Native American Tribal Government (Other than 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:

Low Income Home Energy Assistance Program

### 11. AREAS AFFECTED BY FUNDING:

Tribal Nation Territory

### 12. CONGRESSIONAL DISTRICTS OF APPLICANT:

Two

### 13. FUNDING PERIOD:

a. Start Date: 10/01/2025	b. End Date: 09/30/2026
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### \* 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>	
<b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<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><b>**I Agree</b> <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 Kevin Street	17c. Telephone (area code, number and extension)
17b. Signature of Authorized Certifying Official 	17d. Email Address kstreet@nlltribe.com
17e. Date Report Submitted (Month, Day, Year) 08/25/2025	

## Section 1 - Program Components

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

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

## Section 1 Program Components

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

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

Provide further explanation for the dates of operation, if necessary

Tribal business calendar year will be used to be in sync with tribal business year

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )	Prior year totals
Heating assistance	40.00%	40.00%
Cooling assistance	30.00%	30.00%
Summer crisis assistance	5.00%	5.00%
Winter crisis assistance	5.00%	5.00%
Year-round crisis assistance	5.00%	5.00%
Weatherization assistance	0.00%	0.00%
Carryover to the following federal fiscal year	10.00%	10.00%
Administrative and planning costs	5.00%	5.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%
Used to develop and implement leveraging activities	0.00%	0.00%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative

costs in excess of these limits must be paid from non-federal sources.

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

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

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

**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

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

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

N/A

**Determination of Eligibility - Countable Income**

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

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

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

<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input type="checkbox"/>	Payments from mortgage or Sales Contracts

<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits
	<input type="checkbox"/> Including MediCare deduction <input checked="" type="checkbox"/> Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )
<input checked="" type="checkbox"/>	Retirement / pension benefits
<input checked="" type="checkbox"/>	General Assistance benefits
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input 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 N/A

**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 type="checkbox"/>	Other, please describe

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

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

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

None at this time

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.

We are in the process of creating online services.

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

<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input type="checkbox"/>	Portal application
<input type="checkbox"/>	Other, please describe

**Hidden for Section 1**

## Section 2 - HEATING ASSISTANCE

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

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

#### Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	11	State Median Income	60.00%

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

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

Do you require an Assets test?  Yes  No

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

Renters?  Yes  No

If yes, describe:

Renters Living in subsidized housing?  Yes  No

If yes, describe:

Renters with utilities included in the rent?  Yes  No

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)?  Yes  No

If yes, describe:

Households of elderly are given highest priority and level of assistance for energy and emergency/crisis assistance will be provided to those households with the lowest incomes and highest energy costs or needs in relations to income and family size.

Individuals with a disability?  Yes  No

If yes, describe:

Households of disabled are given highest priority and level of assistance for energy and emergency/crisis assistance will be provided to those households with the lowest income and highest energy costs or needs in relations to income and family size.

Young children?  Yes  No

If yes, describe:

Households with young children are given highest priority and level of assistance for energy and emergency/crisis assistance will be provided to those households with the lowest income and highest energy costs or needs in relations to income and family size.

Households with high energy burdens?  Yes  No

If yes, describe:

Households with high energy burdens are given highest priority and level of assistance for energy and emergency/crisis assistance will be provided to those households with the lowest income and highest energy costs or needs in relations to income and family size.

Other?  Yes  No

If yes, describe:

##### Explanations of policies for each "yes" checked above:

Households of Elderly, Disabled and households with young children are given highest priority and level of assistance for energy and emergency/crisis assistance. Assistance will be provided to those households with the lowest incomes and highest energy costs or needs in relations to income, taking into account family size but not to conflict with Assurance 2 wherein households are receiving assistance under state

program under Title IV of SSI under Title XVI, Food Stamps under Food Stamps Act of 1977, or payments under 415, 521, 541 or 542 of Title 38, under the US Code, or under Section 306 of the Veterans and Survivors Pension Improvement Act of 1978, or 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 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 NLLTN gives priority to those households with the highest home energy costs or needs in relation to household income. These vulnerable populations are priority for all program outreach activities.

#### 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.

Emergency assistance benefits are issued with priority households early in the season, with a preseason outreach emphasis on activities to regain prior enrollees, and to outreach new individuals and families through marketing activities through tribal contact listeners, and marketing on social media, at tribal center, and at tribal events and tribal networking with emphasis on noticing families directly, but also working through partner programs with preseason outreach efforts.

##### 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 checked="" type="checkbox"/> Individual bill <input type="checkbox"/> Dwelling type <input checked="" type="checkbox"/> Energy burden (% of income spent on home energy) <input checked="" type="checkbox"/> Energy need <input checked="" type="checkbox"/> Other - Describe:

Benefit Matrix that access household size, Income, and level of poverty

#### 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	\$1,000	Maximum Benefit	\$5,000
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##### 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? Yes No

If yes, describe.

In emergency situation program will help with in-kind benefits not to exceeding \$1,000.00

**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

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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	11	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:

Cooling assistance is available to homes wherein at least one member has a medical necessity condition wherein client requires cooling in accordance with medical necessity as verified by doctor. Priority is given to vulnerable clients.

Individuals with a disability?  Yes  No

If yes, describe:

Cooling assistance is available to homes wherein at least one member has a medical necessity condition wherein client requires cooling in accordance with medical necessity as verified by doctor. Priority is given to vulnerable clients.

Young children?  Yes  No

If yes, describe:

Cooling assistance is available to homes wherein at least one member has a medical necessity condition wherein client requires cooling in accordance with medical necessity as verified by doctor. Priority is given to vulnerable clients.

Households with high energy burdens?  Yes  No

If yes, describe:

Cooling assistance is available to homes wherein at least one member has a medical necessity condition wherein client requires cooling in accordance with medical necessity as verified by doctor. Priority is given to vulnerable clients.

Other?  Yes  No

If yes, describe:

Explanations of policies for each "yes" checked above:

Mainly the elderly, individuals with young children with medical conditions or individuals with disabilities are medically dependent on cool conditions and require cool conditions to remain safe from life threatening conditions in their homes. The cooling benefit is for those with medically determined need by medical necessity.

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

etc.

Cooling assistance is available to homes wherein at least one member has a medical necessity condition wherein client requires cooling in accordance with medical necessity as verified by doctor. Priority is given to applications to vulnerable populations and outreach efforts included to promote early season accessibility to applications for early season intervention for those with medical necessity for cooling in the cooling season. Benefit rate is a \$1,000.00 minimum rate as determined by the NLLT but can extend to \$5,000.00 with Benefit Matrix.

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

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

<input checked="" type="checkbox"/> Income	
<input checked="" type="checkbox"/> Family (household) size	
<input checked="" type="checkbox"/> Home energy cost or need:	
<input type="checkbox"/> Fuel type	
<input type="checkbox"/> Climate/region	
<input type="checkbox"/> Individual bill	
<input type="checkbox"/> Dwelling type	
<input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)	
<input checked="" type="checkbox"/> Energy need	
<input checked="" type="checkbox"/> Other - Describe:	

Cooling assistance is a minimum benefit of \$1,000.00 and ranging to \$5,000.00 for medically needy requiring cooling for medical conditions with priority to vulnerable populations: elderly, disabled, families with young children. Benefit eligibility award is determined by income eligibility and medical necessity. Factors of vulnerability factor into Benefit Matrix.

**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	\$1,000	Maximum Benefit	\$5,000
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**3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?  Yes  No**

If yes, describe.

Air conditioners and fans can be given to vulnerable eligible clients to resolve immediate issues wherein temperature has been 92 degrees farenheit and or higher, for more than two consecutive days in a month, and wherein the client has no other means to obtain respite from the heat in their home during the cooling season.

Client may be referred to Crisis Assistance to repair broken units or replace broken units.

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

## Section 4 - CRISIS ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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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	11	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.

Crisis assistance is deemed necessary when a household is in danger of running out of fuel, or has received a shut off notice, and insufficient income available to purchase fuel within the heating season and if outside temperature maintains a temperature at -1°F or below for two consecutive days or more. This type of crisis will be resolved within 48 hours with a promissory note via Vendor agreement, to pay for resolution, not to exceed the maximum allowable benefit limit, within 30 days for all verifiable crisis during the heating season. Cooling Assistance is available for medically vulnerable clients with a medical note at a minimum benefit rate of \$300 during the cooling season based on medical necessity and/or in the event of cooling crisis associated with medical vulnerability and loss of cooling during summer months or the cooling season wherein the temperature exceeds 92 degrees farenheit for two or more consecutive days during the cooling season. Emergency temporary rehousing due to an energy-related emergency may be made by the DCA as may be necessary and approved by DCA staff in conjunction with preventing homelessness due to Energy Emergency.

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

A life-threatening crisis exists when a household has no fuel or has been shut off by their utility company. This type of crisis will be resolved within 18 hours for an eligible household with this type of verifiable crisis through declaration of energy emergency, shall provide assistance to all eligible beneficiaries, to resolve said crisis. All emergency assistance is subject to availability of funds, but may be granted to restore or maintain service in the event of said life-threatening crises. Emergency assistance will be available for all fuel sources except electric and natural gas until March 15th. Utility and gas emergencies will begin March 15th and will be available until April 30th (in conjunction with state moratoriums).

### 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 checked="" type="checkbox"/>	<input checked="" 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"/>
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#### Do you give priority in eligibility to:

Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Young Children?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Must the household have been shut off or have an empty tank?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
--	-------------------------------------	-------------------------------------	-------------------------------------

Must the household have exhausted their regular heating benefit?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have additional/differing eligibility policies for:</b>			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explanations of policies for each "yes" checked above:</b>			
<p>Priority of benefit is given to vulnerable populations with the greatest energy burden per household size per income eligibility guidelines: income-eligible elderly, disabled, and families with young children wherein heating has been shut-off, or household has received notice of shut-off, or has occurred a crisis, and wherein said household has insufficient income available to purchase fuel or energy amidst a shut off, wherein else a verifiable life-threatening energy crisis has occurred and there is a shut off notice. Emergency assistance can be used for emergency purchase of fuel, wherein eligible client is responsible for fuel purchase and when a tank is empty/near empty or the household has been shut-off or has notice thereof; if a client has exhausted their regular heating benefit or has non-working heating or cooling equipment. Emergency energy assistance for specific services is authorized when a household is without heat or is in danger of being without heat. Payments for said services will be authorized where the eligible client owns and resides in the residence requiring the services with furnace repairs up to \$1,000.00, when the HEA eligible homeowner that pays a fuel supplier for their primary source of heat is in need of repair to prevent homelessness, or wherein assistance cannot be found through other programs or funding sources.</p>			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input type="checkbox"/>	<b>Separate component</b>		
<input checked="" type="checkbox"/>	<b>Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.</b>		
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  Once the client makes a request for crisis assistance, the agent will verify that a LIHEAP application has been processed, verify the emergency, determine vulnerability, and issue the proper benefit		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input checked="" type="checkbox"/>	<b>Amount to resolve the crisis. \$1,000</b>		
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  A maximum benefit is \$1,000.00 is issued as a crisis benefit and emergency heating repairs will be performed for a maximum cost of \$5,000.00 for homeowners who are responsible for paying fuel costs and heating system repair or replacement at maximum allowances for these types of crisis that threaten to cause a life-threatening condition or homelessness. Furnace repairs up to \$1,000.00 are authorized when an HEA eligible homeowner that pays a fuel supplier directly for their primary source of heat is in need of furnace repair to prevent homelessness or where assistance or where assistance for furnace replacement is not available. Fee for restoration of utility service, in the event of shut off, shall not be counted towards maximum emergency assistance amount established by administrators, for the initial purchase of electricity or gas. Emergency assistance for restoration or maintenance of utility service can be granted provided that: (a) the service provided by utility is essential to the maintenance of the household's heating source (b) the household must have received termination of service notice or have been shut off (c) the utility company agrees to restore or maintain services but requests a fee for reconnection (d) if the household is without means to pay reconnection fee (e) the household is directly responsible to the utility for the payment of bill (f) the tribal administrator must verify with the utility company the amount of the available emergency payment will be sufficient to restore or maintain services. If the request for EA comes in during moratorium then the client must show proof of appeal to the board of utilities. If the utility requires a minimum payment in the amount greater than the maximum EA benefit per request to restore or maintain services, prior to issuing EA payment, the household will be required to show proof that the household has funds to pay or has paid the excess amount prior to issuance of the EA payment. If a household which heats by fuel oil must have utility service reconnection to start fuel burner, emergency assistance may be granted for the utility reconnection necessary to restart the fuel burner and for an emergency fuel oil delivery. The total amount of emergency payment in such instance may not exceed the maximum emergency benefit per request.		
<b>Crisis Requirements, 2604(c)</b>			
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>			
<p>All applications will be received on Tribal Grounds, in Tribal Territory through the Tribal enter, with options for submission to be completed in vivo, electronically, by traditional or electronic mail, or with use of necessary office equipment to ensure inbound clients have a means to submit applications to staff for processing.</p>			
<b>4.11 Do you provide individuals who are individuals with a disability the means to:</b>			

<p><b>Submit applications for crisis benefits without leaving their homes?</b></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>																																											
<p><b>If No, explain.</b></p> <p>All applications can be completed and submitted electronically, by traditional or electronic mail to ensure inbound clients have a means to submit applications for processing.</p>																																											
<p><b>Travel to the sites at which applications for crisis assistance are accepted?</b></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>																																											
<p><b>If No, explain.</b></p> <p>The staff uses every means necessary to reach applicants with emergency needs.</p>																																											
<p><b>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</b></p>																																											
<p><b>Benefit Levels, 2605(c)(1)(B)</b></p> <p><b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b></p> <table border="1"> <tr> <td>Winter Crisis</td> <td>\$5,000.00 maximum benefit</td> </tr> <tr> <td>Summer Crisis</td> <td>\$5,000.00 maximum benefit</td> </tr> <tr> <td>Year-round Crisis</td> <td>\$5,000.00 maximum benefit</td> </tr> </table>				Winter Crisis	\$5,000.00 maximum benefit	Summer Crisis	\$5,000.00 maximum benefit	Year-round Crisis	\$5,000.00 maximum benefit																																		
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<p><b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No <b>If yes, Describe</b></p> <p>Staff can provide in-kind services to those without immediate means to afford access to air conditioners and fans, in the instance to avert temperature-related dangerous weather exposures for those found eligible and vulnerable, without means to immediately resolve temperature-related crisis situation. Eligible client must certify their statement of emergency or crisis to participate.</p>																																											
<p><b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If you answered "Yes" to question 4.14, you must complete question 4.15.</p>																																											
<p><b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b></p> <table border="1"> <thead> <tr> <th></th> <th>Winter Crisis</th> <th>Summer Crisis</th> <th>Year-round Crisis</th> </tr> </thead> <tbody> <tr> <td>Heating system repair</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Heating system replacement</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Cooling system repair</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Cooling system replacement</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Wood stove purchase</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pellet stove purchase</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Solar panel(s)</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Utility poles / gas line hook-ups</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Other (Specify):</b>  Cooling Assistance is available at a minimum benefit rate of \$1,000.00 dollars and ranging to \$5,000.00 during the cooling season for household's whom at least one member requires cool conditions to prevent life-threatening circumstances as verified through medical documentation that states member has such medical need; assistance based on availability of funds; ARP funds Third LIHEAP Award: third LIHEAP Award can be used to offset client accounts with equitable distribution of unexpected grant funds.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>					Winter Crisis	Summer Crisis	Year-round Crisis	Heating system repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heating system replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cooling system repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cooling system replacement	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utility poles / gas line hook-ups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Other (Specify):</b>  Cooling Assistance is available at a minimum benefit rate of \$1,000.00 dollars and ranging to \$5,000.00 during the cooling season for household's whom at least one member requires cool conditions to prevent life-threatening circumstances as verified through medical documentation that states member has such medical need; assistance based on availability of funds; ARP funds Third LIHEAP Award: third LIHEAP Award can be used to offset client accounts with equitable distribution of unexpected grant funds.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**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.**

The moratorium protects the following specific categories of clients from having their utilities shut off between November 5th through March 15th- TANF, SNAP, LIHEAP, PAAD, USF and the program assists clients who can establish economic hardship. Special dispensing of LIHEAP funds in conjunction with the US Department of Health and Human Services (HHS), Administration for Children and Families(ACF), Office of Community Services (OCS), Division of Energy Assistance(DEA). The government has released funds for the Low Income Home Energy Assistance Program (LIHEAP) for the fiscal year (FY) 2025. LIHEAP grant recipients can use this funding for regular LIHEAP energy assistance, including crisis intervention. The LIHEAP special funding will be applied to found eligible clients cooling cost in a one-time "special pament" extension of benefit for this year.

**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

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

## Section 5: WEATHERIZATION ASSISTANCE

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

#### 5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

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

### WEATHERIZATION - Types of Rules

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

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

N/A

LIHEAP component assigned to program partner Native American Advancement Corp. will manage Weatherization, referrals to program partner for Weatherization services based on eligibility, wherein need can be established. Funds to redistribute to Heating, Cooling and Crisis.

- 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:

N/A - Same as above

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

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

**5.8 Do you give priority in eligibility to:**

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

Referrals for weatherization will go to the Native American Advancement Corp. who provides services for weatherization to low income families across the same service area.

**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? \$0

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 type="checkbox"/> Energy related roof repair
<input type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input type="checkbox"/> Furnace/heating system modifications/repairs	<input type="checkbox"/> Windows/sliding glass doors
<input type="checkbox"/> Furnace replacement	<input type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/repairs	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input type="checkbox"/> Compact fluorescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Referrals to Native American Advancement Corp.

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

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

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

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

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

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

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

- 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):

The Tribal Nation will post flyers at locations where people frequent advertising that LIHEAP will be coming to their area soon to accept applications. Outreach efforts will include community partnering with fire houses, churches and other community partner locations to recruit tribal listservs, networking outreach, communications and marketing efforts will include special public service announcements for energy assistance opportunities as provided by the Tribal Nation, on social media, websites, newsletters and other publications that will be available or distribution at tribal events, locations, programs and meetings and provided to program partners.

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

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

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

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

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

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

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

<input type="checkbox"/>	Joint application for multiple programs (indicate programs included)
<input checked="" type="checkbox"/>	Intake referrals to/from other programs (indicate programs included) Native American Advancement Corp.
<input type="checkbox"/>	One - stop intake centers
<input checked="" type="checkbox"/>	Other - Describe:

EA Program will coordinate activities under statute 260(a) to assure integrity of low -income energy related programs. Referrals for weatherization programming will be made to Native American Advancement Corp. to assure services provision intended to mitigate EA hardships for income eligible clients. Clients who are assessed for by Social Services for SNAP & PAAD are automatically assessed for eligibility and then processed for LIHEAP. Clients who are found to be income eligible for weatherization, or other entitlements and benefits will be referred accordingly to partners as needed and eligibilities permit.

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

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

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

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

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

#### Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state Grant recipients and the Commonwealth of Puerto Rico)

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

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input type="checkbox"/>	State Department of Welfare (administers TANF, SNAP, and/or Medicaid)
<input type="checkbox"/>	Economic Development Agency
<input checked="" type="checkbox"/>	Other - Describe: Native Community Center

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?

Printed list of social agencies in the territory upon application list posted on wall

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

Printed list of social agencies in the territory upon application list posted on wall

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

Printed list of social agencies in the territory upon application list posted on wall

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

8.5d Who performs installation of weatherization measures?				Non-Applicable
--	--	--	--	----------------

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

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

8.6 What is your process for selecting local administering agencies?

Attached Benefit Matrix for Heating/Cooling/Crisis. We are the only Tribal Nation with one tribal center located 18 East Commerce St. , Bridgeton, NJ, 08302. Tribal clients come to center and fill out LIHEAP applications

8.7 How many local administering agencies do you use? 1

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

N/A

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

8.10a If yes, please explain.

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

8.10c If yes, please explain.

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

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

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

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

Renters with heat included in their rent receive a single-party check

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

Automatic notifications are generated by the database system and sent to the clients once the application is processed and found to be eligible. The notice includes the amount of benefit to be issued.

##### 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?

Vendor agreements ensure that the provision of vendor payments remain at the option of the Tribal Nation in consultation with local grantees and may be contingent on unregular vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits seeking to reduce home energy costs, minimize the risk of home energy crisis, and encouraging the regular payments by individuals receiving financial assistance for home energy costs.

##### 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?

Vendor agreements assure that the home energy supplier will provide assurance that any agreement entered into with a home energy supplier will contain provisions to assure that no household receiving assistance under the title will be treated adversely because of such assistance under applicable provisions of state law or public regulatory requirements

##### 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.

N/A

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

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

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

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

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OMB Clearance No.: 0970-013  
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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?

The state ensures that the fiscal control and accounting procedures that have been established have been maintained by providing fiscal control and fund accounting procedures that will be established as may be necessary to assure proper disbursal of an accounting for federal funds paid to the state under Assurance 10 Title, including procedures for monitoring the assistance provider under this title, and provides that the state will comply with provisions of chapter 75 of title 31 US code or the single audit act. The department contracts with an auditing firm to audit fiscal and programmatic functions, as per "Monitoring Procedures". The Tribal Nation will use internal review, LIHEAP performance monitoring , department oversight and case reviews.

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

##### Obligation

fixed cost of general accounting procedures. Rental expense, electric, internet, employee tax, insurances, equipment immortization

##### Expenditures

general office supplies, chairs, desks, copier etc.

##### Expenditure timeframe

expectations during the LiHeap FY

##### Administrative costs

the cost is well over the 7% allotment

### 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.

The Single Audit Act requires an annual audit of non-federal entities, including Tribes, that expend 750,000 or more of Federal Financial Assistance in a fiscal year. Our 501(c)3 does not spend 750,000 in federal funds in a year. By definition of the Single Audit Act , we are not subject to audit.

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

### 10.4. Audits of Local Administering Agencies

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

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

<b>Compliance Monitoring</b>
<b>10.5. Describe your monitoring process for compliance at each level below. Check all that apply.</b>
Grant recipients have a policy in place for appropriate separation of duties and internal controls.
<input checked="" type="checkbox"/> Internal program review <input checked="" type="checkbox"/> Departmental oversight <input checked="" type="checkbox"/> Secondary review of invoices and payments <input type="checkbox"/> Other program review mechanisms are in place. Describe:  N/A
<b>Local Administering Agencies/District Offices:</b>
<input type="checkbox"/> On - site evaluation <input type="checkbox"/> Annual program review <input type="checkbox"/> Monitoring through central database <input type="checkbox"/> Desk reviews <input type="checkbox"/> Client File Testing/Sampling <input type="checkbox"/> Other program review mechanisms are in place. Describe:  N/A
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
<p>The LIHEAP program monitor conducts thorough on-site examinations and inspections of applicant files to ensure compliance with program policies and procedures. In addition to the program monitor inspections, DCA procures an independent accounting firm to review both fiscal and programmatic areas, including program income eligibility of all LIHEAP subrecipients in accordance with applicable regulatory requirements. Such monitoring reviews are conducted using a risk-based approach. If any eligibility issues are identified during the monitoring reviews, DCA will resolve such issues appropriately and expeditiously. Moreover, if systemic issues exist concerning an agency's fiscal or programmatic practices, DCA requires that the agency in question take corrective actions immediately. a) DCA's program monitor follows-up on any and all identified deficiencies, either fiscal or programmatic, by requesting that the sub recipient agency develop a corrective actions plan within 30 days of receiving notice of any finding or deficiencies. The Tribal Nation will use internal review, LIHEAP performance monitoring, departmental oversight and case reviews.</p>
<b>10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.</b>
<b>Site Visits:</b> A LIHEAP Field Representative /Monitor may or may not conduct regular bi-monthly monitoring to all agencies. The Tribal Nation will use internal review, LIHEAP performance monitoring, department oversight and case reviews.
<b>Desk Reviews:</b>
<b>10.8. How often is each local agency monitored? <i>Please attach a monitoring schedule if one has been developed.</i></b> Other
<b>10.9. How many local agencies are currently on corrective action plans? 0</b>
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

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

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

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

Development of the LIHEAP plan is occurring through tribal citizenship meetings once a month and senior lunches provided every Wednesday of the month. Tribal council meetings with participation from membership.

##### 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	08/13/2025	Senior Luncheon - 75 Westcott Station Rd., Bridgeton, NJ, 08302

##### 11.3. How many parties commented on your plan at the hearing(s)? 3

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

Tribal members commented on the good news of energy assistance to the tribe. A tribal member questioned duplicate services as provided by NAAC and the Tribal Nation. A discourse held open dialogue. A tribal council member and office administrator attended conference with ACF and learned that grant can be administered by chosen categories and this lead to resolution of quandary regarding duplication of services. This information, and other service oriented matters have been addressed at tribal meetings to include membership in development of programming. The State/Tribal Memorandum of Understanding was submitted to council to review. Council accepted the memorandum and members are happy with the relationship.

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

Commentary was able to inform the Model Plan development.

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

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

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

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

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

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

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

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

N/A

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

The client may request an administrative review through the Tribal Nation administration, the Tribal Nation will review the complaint and if the client is not satisfied with the decision, the Tribal Nation will submit the complaint to the DCA. The DCA will review the complaint and if the client is denied, the client can request a fair hearing, and DCA then files complaint with the Office of Administrative Law, which conducts the fair hearing. DCA, Tribal Nation and client will attend hearing. The state agrees to provide an opportunity for a fair hearing to individuals whose claims for assistance under the plan describe in subsection (c) are denied or are not acted upon with reasonable promptness.

12.5 When and how are applicants informed of these rights?

Client is informed of rights at intake, and in written format in client notices

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

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

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

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

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

13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?

N/A

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

N/A

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

N/A

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

N/A

13.5 How many households received these services? 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 14 - Leveraging Incentive Program ,2607A

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

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

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

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

Yes  No

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

N/A

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	1		

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

## Section 15 - Training

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

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 15: Training

##### 15.1 Describe the training you provide for each of the following groups:

###### a. Grant recipient Staff:

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

###### How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

N/A

###### 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:

N/A

###### 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:

N/A

**15.2 Does your training program address fraud reporting and prevention?**

Yes  
 No

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

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

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

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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.

We are to establish a better time line for the reporting of the performance measures, train more than one individual and have a review date prior to the required posting date.

**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:

DHHS Fraud Hotline Number posted on all advertising materials; Fraud warnings located in application material.

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

- Printed outreach materials
- Posted in local administering agencies offices.
- Addressed on LIHEAP application
- Website
- Other - Describe:

##### 17.2. Identification Documentation Requirements

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

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

				Required	Requested	Required	Requested
1		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>17.3. Citizenship/Legal Residency Verification</b>							
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 checked="" type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen <input 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 checked="" type="checkbox"/> Other - Describe: <p style="margin-left: 20px;">Tribal ID or Tribal Enrollment Number and or Tribal Enrollment Records will verify identity of tribal members.</p>							
<b>17.4. Income Verification</b>							
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 type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Computer data matches: <input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF) <input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor <input type="checkbox"/> Social Security income verified with SSA <input type="checkbox"/> Utilize state directory of new hires <input type="checkbox"/> Other - Describe:							
<b>b. Describe any exceptions to the above policies.</b>							
<b>17.5 Identification Verification</b>							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<input type="checkbox"/> Verify SSNs with Social Security Administration <input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency <input type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) <input type="checkbox"/> Match with state Department of Labor system <input type="checkbox"/> Match with state and/or federal corrections system <input type="checkbox"/> Match with state child support system <input type="checkbox"/> Verification using private software (e.g., The Work Number) <input type="checkbox"/> In-person certification by staff (for tribal Grant recipients only) <input checked="" type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only) <input checked="" type="checkbox"/> Other - Describe: <p style="margin-left: 20px;">Tribal ID, or Tribal enrollment Number, and or Tribal Enrollment Records will verify identity of tribal members</p>							

**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.

- Policy in place prohibiting release of information without written consent
- Grant recipient LIHEAP database includes privacy/confidentiality safeguards
- Employee training on confidentiality for:
  - Grant recipient employees
  - Local agencies/district offices
- Employees must sign confidentiality agreement
  - Grant recipient employees
  - Local agencies/district offices
- Physical files are stored in a secure location
- Electronic files are protected in a secure location.
- Other - Describe:

**17.7. Verifying the Authenticity**

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

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

**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.

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

**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 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 type="checkbox"/> Other - Describe:

#### 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 checked="" type="checkbox"/> Refer to state Inspector General
<input checked="" type="checkbox"/> Refer to local prosecutor or state Attorney General
<input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
<input type="checkbox"/> Grant recipient attempts collection of improper payments. If so, describe the recoupment process
<input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input checked="" type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/> Other - Describe:

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

## Section 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.* )**

18 East Commerce St.

**\* Address Line 1**

Address Line 2

Address Line 3

Bridgeton	NJ	08302
<b><u>* City</u></b>	<b><u>* State</u></b>	<b><u>* Zip Code</u></b>

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

**Alternate II. (Grant recipients Who Are Individuals)**

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

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

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

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

## Section 20: Certification Regarding Lobbying

### Section 20: Certification Regarding Lobbying

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

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

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

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

### Statement for Loan Guarantees and Loan Insurance

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

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

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

## Assurances

### Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

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



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

## Plan Attachments

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