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DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: AZ-MN-UT Navajo

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

Report Period: 10/01/2018 to 09/30/2019

Report Status: Submitted (Revision #1)

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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.: 0970-0075
 Expiration Date: 09/30/2020

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 checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	
		4a. Federal Entity Identifier:	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:

Section 1 - Program Components

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Department of Health and Human Services
Administration for Children and Families
Office of Community Services
Washington, DC 20201

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Approval No. 0970-0075
Expiration Date: 09/30/2020

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 in years in which the grantee is not permitted to file an abbreviated plan. 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	10/01/2018	09/30/2019
<input checked="" type="checkbox"/>	Cooling assistance	10/01/2018	09/30/2019
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2018	09/30/2019
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2018	09/30/2019

Provide further explanation for the dates of operation, if necessary

Dates of operation will be based on availability of carryover funds.

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 (%)
Heating assistance	69.00%
Cooling assistance	1.00%
Crisis assistance	1.00%
Weatherization assistance	7.00%
Carryover to the following federal fiscal year	10.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	2.00%
Used to develop and implement leveraging activities	0.00%
TOTAL	100.00%

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

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

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

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

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

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

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

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1		<input type="radio"/> Yes <input type="radio"/> No			

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?

All applicants are treated equally and are required to submit an application annually, to ensure all applicants provide updated information and report changes to their household, income, or address. Processing of an application is completed by utilizing application date and completeness of application with all required documents.

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

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

Determination of Eligibility - Countable Income

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

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

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 checked="" type="checkbox"/>	Unemployment insurance		
<input type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits		
<input type="checkbox"/>	Including MediCare deduction	<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input 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"/>	Supplemental Nutrition Assistance Program (SNAP) benefits		
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input checked="" type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.		
<input type="checkbox"/>	Jury duty compensation		
<input checked="" type="checkbox"/>	Rental income		
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input checked="" type="checkbox"/>	Child support		
<input checked="" type="checkbox"/>	Interest, dividends, or royalties		
<input checked="" type="checkbox"/>	Commissions		
<input checked="" type="checkbox"/>	Legal settlements		
<input checked="" 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 checked="" type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

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 SF - 424 - MANDATORY

Section 2 - Heating Assistance

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

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

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

2.2 Do you have additional eligibility requirements for HEATING ASSISTANCE? Yes No

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

Do you require an Assets test ? Yes No

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 |

Do you give priority in eligibility to:

- | | |
|---------------------------------------|---|
| Elderly? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Disabled? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Young children? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Households with high energy burdens ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Other? | <input type="radio"/> Yes <input type="radio"/> No |

Explanations of policies for each "yes" checked above:

Priority will be given to households who meet the following criteria Elderly/disabled (60 years old and older) receiving disability income, Elderly (60 years old and older), Disabled receiving disability income, and families with young children in the household six (6) years old and younger. Applicants who meet the criteria for priority during the initial assessment will be given an application to apply for LIHEAP services before all non-priority. All applicants who do not meet the criteria for priority are not processed until after all priority 1,2,3 and 4 are processed.

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.

All applications will be based on priority; priority will be given to the most vulnerable population. Priority will be given to households who meet the following criteria Elderly/Disabled (60 years old and older) receiving disability income, Elderly (60 years old and older), Disabled receiving disability income, and families with young children in the household (6 years old and younger). Applicants who meet the criteria for priority during the initial assessment will be given an application to apply for LIHEAP services before all non-priority. All applications who do not meet the criteria for priority are not processed until after all priority 1,2,3 and 4 are processed.

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

- Income**
- Family (household) size**
- Home energy cost or need:**
 - Fuel type**
 - Climate/region**

Individual bill

Dwelling type

Energy burden (% of income spent on home energy)

Energy need

Other - Describe:

Applicants with credit on their accounts will not be eligible for assistance until credit is depleted.

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

2.6 Describe estimated benefit levels for FY 2018:

Minimum Benefit	\$200	Maximum Benefit	\$700
-----------------	-------	-----------------	-------

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? 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 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 SF - 424 - MANDATORY

Section 3 - Cooling Assistance

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

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

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

3.2 Do you have additional eligibility requirements for COOLING ASSISTANCE? Yes No

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

Do you require an Assets test ? Yes No

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 |

Do you give priority in eligibility to:

- | | |
|---------------------------------------|---|
| Elderly? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Disabled? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Young children? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Households with high energy burdens ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Other? | <input type="radio"/> Yes <input type="radio"/> No |

Explanations of policies for each "yes" checked above:

Priority will be given to households who meet the following criteria Elderly/Disabled sixty (60) years old and older) receiving disability income, Elderly (60 years old and older), Disabled receiving disability income, and families with young children in the household six (6) years old and younger. Applicants who meet the criteria for priority during the initial assessment will be given an application to apply for LIHEAP services before all non-priority. All applicants who do not meet the criteria for priority are not processed until after all priority 1,2,3 and 4 are processed.

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

All applications will be based on priority; priority will be given to the most vulnerable population. Priority will be given to households who meet the following criteria Elderly/Disabled (60 years old and older), Elderly (60 years old and older), Disabled receiving disability income, and families with young children in the household (6 years old and younger). Applicants who meet the criteria for priority during the initial assessment will be given an application to apply for LIHEAP services before all non-priority. All applicants who do not meet the criteria for priority are not processed until after all priority 1,2,3 and 4 are processed.

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):

- Income
- Family (household) size
- Home energy cost or need:
- Fuel type

Climate/region

Individual bill

Dwelling type

Energy burden (% of income spent on home energy)

Energy need

Other - Describe:

Applicants with LIHEAP credit on their account will not be eligible for assistance until LIHEAP credit is depleted.

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

3.6 Describe estimated benefit levels for FY 2018:

Minimum Benefit	\$200	Maximum Benefit	\$600
------------------------	-------	------------------------	-------

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? 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 4 - CRISIS ASSISTANCE

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

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

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

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

4.2 Provide your LIHEAP program's definition for determining a crisis.

A household may be eligible for crisis assistance if there is an imminent loss of heating or cooling energy which is less than five (5%) of fuel supply (e.g. reading of 1/8 tank or less on a standard 275 gallon heating tank; reading of twenty-five (25%) or less on a propane tank; three (3) day or less supply standard applies to other delivered fuel types. Dysfunctional or unsafe primary heating system and no secondary heating system is available. Notice of intent to disconnect utility services if a households main heating or cooling system requires electricity and/or natural gas. Deliberate failure to maintain account up to date does not qualify as a crisis or life threatening crisis.

4.3 What constitutes a life-threatening crisis?

A life threatening crisis is limited to individuals who are exposed to extreme indoor/outdoor temperature that adversely affect their health and/or well-being are within days of running out of fuel/utilities being shutoff. A household member's health and/or well being will likely be endangered if energy assistance is not provided. Utility services are disconnected, if the households heating/cooling system requires electricity. Deliberate failure to maintain account up to date does not qualify as a crisis or life threatening crisis.

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)

4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE? Yes No

4.7 Check the appropriate boxes below and describe the policies for each

Do you require an Assets test ? Yes No

Do you give priority in eligibility to :

Elderly? Yes No

Disabled? Yes No

Young Children? Yes No

Households with high energy burdens? Yes No

Other? Yes No

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank? Yes No

Must the household have been shut off or have an empty tank? Yes No

Must the household have exhausted their regular heating benefit? Yes No

Must renters with heating costs included in their rent have Yes No

received an eviction notice ?	
Must heating/cooling be medically necessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must the household have non-working heating or cooling equipment?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other? depletion of the households heating source (e.g. Wood, Coal or Pellets)	<input checked="" type="radio"/> Yes <input type="radio"/> No
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
Explanations of policies for each "yes" checked above:	
<p>An applicant must meet all eligibility criteria. Deliberate failure to maintain account up to date or has a credit/positive balance does not qualify as a crisis. Provide documentation of disconnection, depletion of energy source or require repairs or replacement. Documents fulfilling this requirement may include, referrals from individuals or programs (such as community health representative, home care provider, social worker, statement from fuel vendor indicating tank and near depletion or non-delivery due to non-payment or inability to pay and/or statement of inoperable furnace or unsafe stove. Eligibility is determined within 18-48 hours, a home visit will be conducted to verify/determine type of crisis. Applicants who apply for crisis assistance will be referred to other available resources to seek additional services. Applicants who are determined eligible for crisis assistance and are at risk of disconnection or depletion of energy source or require repairs and replacement can be provide with blankets, space heater or fans.</p>	
Determination of Benefits	
4.8 How do you handle crisis situations?	
<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:
4.9 If you have a separate component, how do you determine crisis assistance benefits?	
<input type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	Other - Describe: Crisis benefit amounts is determined where the safety and well-being of a vulnerable household member is at risk as a result of disconnection of energy services, depletion of energy supplies, inoperable furnace, unsafe stove, natural disaster or declaration of state of emergency etc. The benefit amount is determined by household size, income, energy source and shall not exceed DFS payment benefit matrix amount.
Crisis Requirements, 2604(c)	
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?	
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.	
Applications are available to anyone wishing to obtain one, partnership with other programs that provide services to household in remote areas may also assist potential applicants in applying.	
4.11 Do you provide individuals who are physically disabled the means to:	
Submit applications for crisis benefits without leaving their homes?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
Travel to the sites at which applications for crisis assistance are accepted?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?	
Benefit Levels, 2605(c)(1)(B)	
4.12 Indicate the maximum benefit for each type of crisis assistance offered.	

Winter Crisis	\$0.00 maximum benefit		
Summer Crisis	\$0.00 maximum benefit		
Year-round Crisis	\$1,500.00 maximum benefit		
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?			
<input checked="" type="radio"/> Yes <input type="radio"/> No If yes, Describe			
If an applicant is determined eligible for crisis assistance due to inoperable heating/cooling services they will be provided with blankets, space heaters, fans to meet their heating/cooling needs.			
4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.			
	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?			
<input type="radio"/> Yes <input checked="" type="radio"/> 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.			
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

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

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency.

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

WEATHERIZATION - Types of Rules

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

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

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

Income Threshold

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

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

Other - Describe:

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

Income Threshold

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

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

Other - Describe:

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

Renters Yes No

Renters living in subsidized housing? Yes No

5.8 Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Renters: Eligible household who rent will be provided weatherization only if the landlord provides written authorization for the minor repairs/improvements.</p> <p>Renters living in subsidized housing: Eligible households who are applying for weatherization assistance and are living in subsidized housing must obtain prior authorization and approval from the housing agency. Weatherization assistance includes Minor Home Repair, AC unit, and Wood/Pellet Stove.</p> <p>Dwellings which do not meet the criteria for weatherization assistance will be given the option to receive other types of energy assistance e.g. cooling or heating assistance.</p> <p>Priority will be given to households who meet the following criteria Elderly/Disabled (60 years old and older) receiving disability income, Elderly (60 years old and older), Disabled receiving disability income, and families with young children in the household (6 years old and younger).</p>	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10 If yes, what is the maximum? \$1,500	
Types of Assistance, 2605(c)(1), (B) & (D)	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: wood/coal or pellet stove, cost-effective energy related minor home repairs, HVAC
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>	

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

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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/flyers 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.
- Other (specify):

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

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

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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
<input checked="" type="checkbox"/>	Intake referrals to/from other programs
<input type="checkbox"/>	One - stop intake centers
<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 8 - Agency Designation,, 2605(b)(6) - Assurance 6

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

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

<input checked="" 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"/>	Welfare Agency
<input type="checkbox"/>	Other - Describe:

Alternate Outreach and Intake, 2605(b)(15) - Assurance 15

If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE?

8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?

8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Tribal Government	Tribal Government	Tribal Government	Tribal Government
8.5b Who processes benefit payments to gas and electric vendors?	Tribal Government	Tribal Government	Tribal Government	
8.5c who processes benefit payments to bulk fuel vendors?	Tribal Government	Tribal Government	Tribal Government	
8.5d Who performs installation of weatherization measures?				Other

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?

N/A

8.7 How many local administering agencies do you use? N/A

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 grantee 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

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

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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.

Due to the remote and rural environment on the Navajo Nation, home heating assistance payments for wood, coal and or pellets may be payable to the head of household. The head of household is required to submit an original, itemized receipt which will verify the total assistance amount was utilized to purchase wood, coal and/or pellets for home heating. **Receipts and purchases** of wood/coal and or pellets must be submitted and received by Department of Family Services within ninety (90) days from the date of the assistance check. Acceptable forms for receipts is the LIHEAP verification for wood/coal assistance and/or an itemized Vendor/Business receipt that must include Name, Address, phone number and amount paid. If the head of household does not submit receipt: submits receipt beyond the ninety (90) days; submit receipts for less than the total assistance amount; or submits receipt where purchases are not made within the ninety (90) days from the date of the assistance check, clientele will not be eligible for assistance in the next fiscal year. In addition it will be documented and filled in the clientele's case file. *Clientele with outstanding receipts for prior years' assistance are required to return receipts for the full amount of assistance to be eligible for future assistance.*

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

A letter of notification will be mailed to the head of households' address indicating approval amount and assistance type. If a vendor is to be paid directly a notation of the vendor will be provided on the letter of notification.

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 will be developed with the local energy suppliers on how assistance is applied to an energy type.

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?

For payments made to vendors for home heating, cooling, weatherization and crisis assistance, the designated worker will follow up with the head of household and if necessary, the vendor concerning the assistance and services provided to the household. Orientations and meetings will be held with utility companies, propane companies, and wood/coal/pellet vendors to orientate them on LIHEAP and explain requirements and expectations.

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.

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

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

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

All transactions will be processed through the Financial Management Information System (FMIS), the Navajo Nation's automated financial accounting system. Each year, account numbers are assigned to record financial transactions for LIHEAP funds. The FMIS provides Navajo Nation Programs the ability to properly account the track LIHEAP expenditures.

Audit Process

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

Yes No

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency 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 Grantee as part of compliance process.
- Grantee conducts fiscal and program monitoring of local agencies/district offices

Compliance Monitoring

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply

Grantee employees:

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

Local Administering Agencies / District Offices:

- On - site evaluation
- Annual program review

Monitoring through central database

Desk reviews

Client File Testing / Sampling

Other program review mechanisms are in place. Describe:

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

The Division of Social Services has a Contract Compliance Section that monitors and reviews all Programs under DSS, Including Department of Family Services. These reviews are conducted annually.

10.7. Describe how you select local agencies for monitoring reviews.

Site Visits:

All are reviewed

Desk Reviews:

All are reviewed.

10.8. How often is each local agency monitored ?

Annually.

10.9. What is the combined error rate for eligibility determinations? OPTIONAL

10.10. What is the combined error rate for benefit determinations? OPTIONAL

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0

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

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

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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.**

- 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:

11.2 What changes did you make to your LIHEAP plan as a result of this participation?

No Changes.

Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only

11.3 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	12/27/2017	Sheepsprings Chapter, Sheepsprings, NM
2	12/28/2017	Rock Point Chapter, Rock Point, AZ
3	01/03/2018	Shiprock Chapter, Shiprock, NM
4	01/03/2018	Many Farms Chapter, Many Farms, AZ
5	01/05/2018	Nageezi Chapter, Nageezi, NM
6	01/09/2018	Low Mountain Senior Center, Low Mountain, AZ
7	01/11/2018	Hard Rock Chapter, Hard Rock, AZ
8	01/11/2018	Cottonwood Senior Center, Cottonwood, AZ
9	01/11/2018	Pinon Chapter, Pinon, AZ
10	01/16/2018	Blue Gap/Tachee Chapter, Blue Gap, AZ
11	01/23/2018	Forest Lake Chapter, Forest Lake, AZ
12	01/24/2018	Black Mesa Chapter, Black Mesa, AZ
13	01/25/2018	Many Farms Senior Center, Many Farms, AZ
14	01/31/2018	Pueblo Pintado Chapter
15	12/28/2017	Lukachukai Chapter
16	01/03/2018	Many Farms Chapter

11.4. How many parties commented on your plan at the hearing(s)? 99

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

Who are wood/coal vendors? Where can we purchase wood/coal? Where do we submit receipts? Cost of Electric and wood/coal is beginning to increase? Can the award amounts increase due to the raising cost of services. Thank you for providing assistance to low income individuals.

11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?

No Changes.

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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 3

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.

When an application is denied, the applicant is provided written notification of the decision, informed of their appeal/grievance rights and provided an opportunity to dispute the decision.

The applicant has twenty (20) working days from the date the notice is mailed to appeal the decision by making a written request for an informal hearing to the Field office supervisory within their agency. Upon receipt of the appeal letter, an informal hearing shall be scheduled within ten (10) working days from the date the appeal is received.

If the applicant is dissatisfied with the informal hearing decision, the applicant may appeal the decision by submitting a written letter for a formal hearing to the Financial Assistance Program Supervisor within twenty (20) working days of receiving notice of the informal hearing decision. Upon receiving a request for a formal hearing, a formal hearing will be scheduled within ten (10) working days. The formal hearing decision is the final decision in the administrative appeal process.

12.5 When and how are applicants informed of these rights?

Applicants are informed of their rights during the application process and when action is made on their application (denial or approval) through a letter of notification.

12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner.

If an applicant is not acted on in a timely manner the applicant may submit a written complaint to the Financial Assistance Program Supervisor. The field office supervisor will have five (5) working days after receiving a complaint to provide a written response.

12.7 When and how are applicants informed of these rights?

Applicants are informed during the application process. They will also be provided this information upon inquiry at the local DFS office.

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

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

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

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

Distribution of informational flyer's and energy saving kits are provided during the outreach activities, orientation and presentation of reducing your home energy need.

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

Funds will be budgeted in a separate sub-code for tracking purpose to ensure no more than 2% is used.

13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.

Activities have not been reported for the previous year.

13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.

No direct benefits were provided.

13.5 How many households applied for these services? 0

13.6 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

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Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

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

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

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

Section 15 - Training

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Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

<input checked="" type="checkbox"/> Policies communicated through vendor agreements
<input type="checkbox"/> Policies are outlined in a vendor manual
<input type="checkbox"/> Other - Describe:
15.2 Does your training program address fraud reporting and prevention? <input checked="" type="radio"/> Yes <input type="radio"/> No
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)

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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 performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

The program will review and implement the performance measures in the upcoming fiscal year.

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

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

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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 Grantee 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:

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

- Printed outreach materials
- Addressed on LIHEAP application
- Website
- Other - Describe:

17.2. Identification Documentation Requirements

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

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

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	Certificate of Indian Blood (CIB) or tribal ID. (Names must match Social Security card and Government-issued Identification card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Describe any exceptions to the above policies.

17.3 Identification Verification

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

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff (for tribal grantees only)
- Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)

Other - Describe:

Verify SSN by name with ID and CIB, all documents should have matching names.

17.4. Citizenship/Legal Residency Verification

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.

- Clients sign an attestation of citizenship or legal residency
- Client's submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card

Other - Describe:

17.5. Income Verification

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

- Require documentation of income for all adult household members
 - Pay stubs
 - Social Security award letters
 - Bank statements
 - Tax statements
 - Zero-income statements
 - Unemployment Insurance letters

Other - Describe:

Computer data matches:

- Income information matched against state computer system (e.g., SNAP, TANF)
- Proof of unemployment benefits verified with state Department of Labor

<input type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input type="checkbox"/> Other - Describe:
17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> 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.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input type="checkbox"/> Data exchange with utilities that verifies:
<input type="checkbox"/> Account ownership
<input type="checkbox"/> Consumption
<input type="checkbox"/> Balances
<input type="checkbox"/> Payment history
<input type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input type="checkbox"/> Direct payment to households are made in limited cases only
<input type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure

<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
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 checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
17.10. Investigations and Prosecutions	
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.	
<input 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 Grantee conduct investigation of fraud complaints from public
<input type="checkbox"/>	Grantee 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 type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input 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.**
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.**
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.**

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment,

Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

- 1. By signing and/or submitting this application or grant agreement, the grantee 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 grantee 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 grantees other than individuals, Alternate I applies.**
- 4. For grantees who are individuals, Alternate II applies.**
- 5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee 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 grantee's 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 grantee 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. Grantees' 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 grantee 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 grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).**

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee 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 grantee's 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 grantee's 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 grantee 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 (Street address, city, county, state, zip code)

BLDG #2296 Morgan Blvd
*** Address Line 1**

Address Line 2

Address Line 3

Window Rock * City	AZ * State	86515 * Zip Code
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Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee 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 grantees 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 disbursement 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.

Plan Attachments

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

List of Cell Level Attachments

	File Name	Location
1	LIHEAP-16 assurances letter.pdf	Plan Attachments <ul style="list-style-type: none">• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.
2	LIHEAP matrix FY 2019.pdf	Plan Attachments <ul style="list-style-type: none">• Heating component benefit matrix, if applicable
3	LIHEAP matrix FY 2019.pdf	Plan Attachments <ul style="list-style-type: none">• Cooling component benefit matrix, if applicable



THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

July 23, 2018

U.S. Department of Health and Human Services
Administration for Children and Families
Office of Community Services
Division of State Assistance
ATTN: Lauren Christopher, Director
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

Dear Director Christopher,

I, Russell Begaye, President of the Navajo Nation, delegate my authority to the Contracting Officer of the Navajo Nation Office of Management and Budget — Contracts and Grants Section, to certify to the 16 assurances outlined in the Low Income Home Energy Assistance Act of 1981, as amended, and otherwise perform all necessary functions to properly administer the Low Income Home Energy Assistance Program.

Sincerely,

A handwritten signature in black ink that reads "Russell Begaye".

Russell Begaye, President

THE NAVAJO NATION

Attachments: FY 2019 LIHEAP Detail Plan
 FY 2019 Benefit Matrix
 FY 2019 National Poverty Guidelines

XC: File
 Department of Family Services - DFS



Low Income Home Energy Assistance Program FY2019 LIHEAP Benefit Matrix

Home Heating			
WOOD/COAL/PELLETS	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$400	\$300	\$200
4-6	\$500	\$400	\$300
7+	\$600	\$500	\$400

Home Heating			
ELECTRICITY ONLY	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$400	\$300	\$200
4-6	\$500	\$400	\$300
7+	\$600	\$500	\$400

Home Heating			
PROPANE ONLY	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$500	\$400	\$300
4-6	\$600	\$500	\$400
7+	\$700	\$600	\$500

Home Heating			
NATURAL GAS ONLY	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$500	\$400	\$300
4-6	\$600	\$500	\$400
7+	\$700	\$600	\$500

Home Heating			
ELECTRICITY AND GAS	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$500	\$400	\$300
4-6	\$600	\$500	\$400
7+	\$700	\$600	\$500

Home Cooling			
ELECTRICITY ONLY	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$400	\$300	\$200
4-6	\$500	\$400	\$300
7+	\$600	\$500	\$400

Crisis Assistance	
Benefit Amount Based on HHSPG Level	
Home Heating	*Refer to Home Heating Assistance Table
Home Cooling	* Refer to Home Cooling Assistance Table
Wood/Coal Stove or Cooling Unit	Actual cost up to \$1000
Furnace Repair/Replacement	Actual cost up to \$1000
HVAC Repair/Replacement	Actual Cost up to \$1500
Minor Home Repair	Actual cost up to \$1500

Weatherization and Energy Efficiency Repair & Improvement	
BENEFIT AMOUNT BASED ON HHSPG level	
Wood/Coal Stove or Cooling Unit	Actual cost up to \$1000
Furnace Repair/Replacement	Actual cost up to \$1000
HVAC Repair/Replacement	Actual cost up to \$1500
Minor Home Repair	Actual cost up to \$1500

**Categorically Eligible is at the 100% HHSPG Level*

**Applicants with credit on their account will not be eligible for assistance until credit is depleted*

****Effective 10/01/2018***



Low Income Home Energy Assistance Program FY2019 LIHEAP Benefit Matrix

Home Heating			
WOOD/COAL/PELLETS	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$400	\$300	\$200
4-6	\$500	\$400	\$300
7+	\$600	\$500	\$400

Home Heating			
ELECTRICITY ONLY	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$400	\$300	\$200
4-6	\$500	\$400	\$300
7+	\$600	\$500	\$400

Home Heating			
PROPANE ONLY	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$500	\$400	\$300
4-6	\$600	\$500	\$400
7+	\$700	\$600	\$500

Home Heating			
NATURAL GAS ONLY	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$500	\$400	\$300
4-6	\$600	\$500	\$400
7+	\$700	\$600	\$500

Home Heating			
ELECTRICITY AND GAS	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$500	\$400	\$300
4-6	\$600	\$500	\$400
7+	\$700	\$600	\$500

Home Cooling			
ELECTRICITY ONLY	BENEFIT AMOUNT BASED ON NPG level		
Household Size	<100%	<125%	<150%
1-3	\$400	\$300	\$200
4-6	\$500	\$400	\$300
7+	\$600	\$500	\$400

Crisis Assistance	
Benefit Amount Based on HHSPG Level	
Home Heating	*Refer to Home Heating Assistance Table
Home Cooling	* Refer to Home Cooling Assistance Table
Wood/Coal Stove or Cooling Unit	Actual cost up to \$1000
Furnace Repair/Replacement	Actual cost up to \$1000
HVAC Repair/Replacement	Actual Cost up to \$1500
Minor Home Repair	Actual cost up to \$1500

Weatherization and Energy Efficiency Repair & Improvement	
BENEFIT AMOUNT BASED ON HHSPG level	
Wood/Coal Stove or Cooling Unit	Actual cost up to \$1000
Furnace Repair/Replacement	Actual cost up to \$1000
HVAC Repair/Replacement	Actual cost up to \$1500
Minor Home Repair	Actual cost up to \$1500

**Categorically Eligible is at the 100% HHSPG Level*

**Applicants with credit on their account will not be eligible for assistance until credit is depleted*

****Effective 10/01/2018***

List of Form Level Attachments

	File Name
1	LIHEAP-Public Hearing minutes.pdf
2	NPG FY2019 LIHEAP.pdf

LIHEAP Public Hearing- Low Mountain 1/09/2018
10am-3pm

Low Mountain Residents: Questions and recommendations.

Questions about applications:

No Comments.

Concerns:

Cost of wood, electric was too high. Wood vendors didn't want to sign receipts. Consumers weren't aware of 90 days to return receipts. They didn't know who or where to return receipts to.

Local Chapter didn't want to have LIHEAP Hearing in the chapter and had to be moved to senior center.

Recommendations:

Local Vendors

Can the wood or coal be brought to chapter because grandkids and kids are taking the elder money?

Increase: Wood and coal amount \$500.00.

Increase: Propane amount. \$500.00 (3.55 a gallon current/not sufficient enough.)

2018 LIHEAP Public Hearing Report



Introduction

Public Hearings took place at the following Chapters: Low Mountain, Hardrock, Blue Gap, Forest Lake, and Black Mesa. Energy Saver Kits in the box, and LIHEAP Bags were given out at each public hearing. All Chapter public hearing clients had no questions about the application. Pinon chapter residents attended Orientation at the Field Office, in lieu of the public hearing. Orientations were held to accept 10-20 applicants at a time in the morning, and afternoon (this was based on the lobby max occupancy). Orientation was used to ensure that the applicants understood how to fill out the applications, the policies and procedures. Especially that receipts would be required to be turned in within 90 days of the check being issued. This is in hopes that clients this application year, will adhere to the timeline, and that there will be no confusion as to when and where to turn in receipts.

LIHEAP Public Hearings – Public Comments

1. Low Mountain Chapter 1/09/2018.

Concerns

- Cost of wood currently has increased per load so consumers are not able to get as much wood.
- Cost of electricity is higher.
- Clients stated that wood vendors did not want to sign receipts, were afraid of claiming it for income.
- Clients were not aware of the 90 days that receipts needed to be submitted by.
- Clients stated that they did not know where to return receipts to.
- Low Mountain Chapter house did not want to have the LIHEAP hearing held in their facility, so the hearing was moved to the Senior Center.

Recommendations

- Can wood and/or coal be brought to the Chapter house by local vendors, or can the Chapter sell wood/coal. (Grandkids/ Kids are taking all the elder's money.)
- Increase Wood and Coal amount from \$400.00 to \$500.00, vendors costs have gone up.
- Increase propane amount, 3.55 a gallon currently is not sufficient enough.

- Chapter house needs to allow GA/LIHEAP use their facility.
- Did not like waiting in line before 8am.

Recommendations

- Increase award amounts of wood/ coal/ propane.

Recommendations for 2019

This PSW will work with the SCWs in contacting all Chapters to reserve space for the Public Hearings. The Pinon Field office will continue to do Orientations before accepting applications.

Elizabeth Etsitty, MSW, PSW.

Elizabeth Etsitty, MSW.

Principal Social Worker

Pinon Department of Family Services

2/16/18

Date

Shiprock Region Public Hearing for LIHEAP

We did not have an agenda, we just went by our PowerPoint

Sheepsprings Chapter Public Hearing (LIHEAP)

December 27, 2017



We had 35 people sign in for the hearing.

English version of LIHEAP: Michelle Lee, Counselor

Navajo version of LIHEAP: Jean Tsinnijinnie, Sr. Caseworker

There were no recommendation.

Rock Point Chapter Public Hearing (LIHEAP)

December 28, 2017

We had 54 people sign in.

English version: Michelle Lee, Counselor

Navajo version: Corrine Deal, Sr. Caseworker and Jean Tsinnijinnie, Sr. Caseworker

No recommendation at this location also.

Shiprock Chapter Public Hearing (LIHEAP)

January 3, 2018

We had 95 people sign in for the hearing.

English: Michelle Lee, Counselor

Navajo: Corrine Deal, Sr. Caseworker

There were no recommendation.

Nageezi Chapter Public Hearing (LIHEAP)

January 5, 2018

We had 34 people sign in for the hearing.

No recommendation at this location also.

Comment: The public did not have any recommendation, they just wanted to apply for the assistance. That was their main focus. After every presentation we ask if they have any questions or concerns, nothing.

NOTE: What we did at these Public Hearing is as follow:

1. Have the hearing (go over the program & process first)
2. Have their copies made and make sure they had their documents.
3. Give them the application (have them fill it out).
4. Interview them.

The following staff were at the hearing to help out:

Jean Tsinnijinnie, SCW
Corrine Deal, SCW
Davin Paul, SCW
Laverne Nakai, CMS

Watona Kellywood, Counselor
Michelle Lee, Counselor
Vickie McDonald, AIHC
Virginia Hoskie, CMS

The Energy Kits, LIHEAP bags and calendars were passed out during the Public Hearing to those that attended.

We did not serve or have any snacks for the public to have during the hearing.

We will be doing another hearing on February 6, 2018 at Shiprock Chapter House from 9:00 am to 4:00 pm. For those that missed out the first time around.

Prepared by: ^{JT} Jean Tsinnijinnie, SCW, January 8, 2018
505-368-1186

**LIHEAP Public Hearing- Hardrock 1/11/2018
10am-3pm**

Hardrock Residents: Questions and recommendations.

Questions about applications:

No Comments from community. Water and Energy Saving Kit was passed out to consumers.

Concerns:

No Comments

Recommendations:

Need more Water Saving Kits.



Low Income Home Energy Assistance

National Poverty Income Guidelines (NPG)

Fiscal Year 2019

NPG Family Unit Size	100% of NPG		125% of NPG		150% of NPG	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	\$12,140	\$1,012	\$15,175	\$1,265	\$18,210	\$1,518
2	\$16,460	\$1,372	\$20,575	\$1,715	\$24,690	\$2,058
3	\$20,780	\$1,732	\$25,975	\$2,165	\$31,170	\$2,598
4	\$25,100	\$2,092	\$31,375	\$2,615	\$37,650	\$3,138
5	\$29,420	\$2,452	\$36,775	\$3,065	\$44,130	\$3,678
6	\$33,740	\$2,812	\$42,175	\$3,515	\$50,610	\$4,218
7	\$38,060	\$3,172	\$47,575	\$3,965	\$57,090	\$4,758
8	\$42,380	\$3,532	\$52,975	\$4,415	\$63,570	\$5,298
9	\$46,700	\$3,892	\$58,375	\$4,865	\$70,050	\$5,838
10	\$51,020	\$4,252	\$63,775	\$5,315	\$76,530	\$6,378
11	\$55,340	\$4,612	\$69,175	\$5,765	\$83,010	\$6,918
12	\$59,660	\$4,972	\$74,575	\$6,215	\$89,490	\$7,458
13	\$63,980	\$5,332	\$79,975	\$6,665	\$95,970	\$7,998
14	\$68,300	\$5,692	\$85,375	\$7,115	\$102,450	\$8,538
For Each additional person add	\$4,320	\$360	\$5,400	\$450	\$6,480	\$540

**Effective 10/01/2018*