

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** The Shoshone-Bannock Tribes

**Report Name:** DETAILED MODEL PLAN (LIHEAP) Revision # 2

**Report Period:** 10/01/2019 to 09/30/2020

**Report Status:** Submission Accepted by CO (Revision #2)

### Report Sections

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## Mandatory Grant Application SF-424

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

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

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

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

**7. APPLICANT INFORMATION**

<b>* a. Legal Name:</b> Shoshone Bannock Tribes			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 82-0197554		<b>* c. Organizational DUNS:</b> 793139684	
<b>* d. Address:</b>			
<b>* Street 1:</b>	P.O. BOX 306	<b>Street 2:</b>	306 Pima Drive
<b>* City:</b>	FORT HALL	<b>County:</b>	Bingham
<b>* State:</b>	ID	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	83203 -

**e. Organizational Unit:**

<b>Department Name:</b> 477 Human Service Department	<b>Division Name:</b> Consumer Service Program
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b>	<b>* First Name:</b> Dustin	<b>Middle Name:</b>	<b>* Last Name:</b> Davis
<b>Suffix:</b>	<b>Title:</b> Consumer Service Manager, Shoshone Bannock Tribes	<b>Organizational Affiliation:</b> Tribe	
<b>* Telephone Number:</b> (208) 478-3709	<b>Fax Number:</b> 208-478-3871	<b>* Email:</b> ddavis@sbtribes.com	

**\* 8a. TYPE OF APPLICANT:**  
I: Indian/Native American Tribal Government (Federally Recognized)

**b. Additional Description:**

**\* 9. Name of Federal Agency:**

	<b>Catalog of Federal Domestic Assistance Number:</b>	<b>CFDA Title:</b>
<b>10. CFDA Numbers and Titles</b>	93568	Low-Income Home Energy Assistance

**11. Descriptive Title of Applicant's Project**  
To offer Low Income Home Energy Assistance to enrolled members of the Shonshone Bannock Tribe and other enrolled members of Federally recognized Tribes residing within a fifty mile radius of the Fort Hall Indian Reservation

<b>12. Areas Affected by Funding:</b> Energy assistance and weatherization activities to Federally Recognized Tribes that reside within fifty miles radius of the Fort Hall Reservation			
<b>13. CONGRESSIONAL DISTRICTS OF:</b>			
<b>* a. Applicant</b> 2		<b>b. Program/Project:</b> Low Income Home Energy Assist.	
Attach an additional list of Program/Project Congressional Districts if needed.			
<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2019	<b>b. End Date:</b> 09/30/2020	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
<b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Dustin Davis		<b>18c. Telephone (area code, number and extension)</b> (208) 478-3709	
		<b>18d. Email Address</b> ddavis@sbtribes.com	
<b>18b. Signature of Authorized Certifying Official</b> 		<b>18e. Date Report Submitted (Month, Day, Year)</b> 10/30/2019	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

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

### 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	10/01/2019	04/30/2020
<input checked="" type="checkbox"/> Cooling assistance	07/01/2020	09/30/2020
<input checked="" type="checkbox"/> Crisis assistance	10/01/2019	09/30/2020
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2019	09/30/2020

Provide further explanation for the dates of operation, if necessary

All assistance should be starting on October 1st. Other funding sources will supplement short comings or any delays to energy assistance if needed. End dates will be as such as long as funding is available. Will end early if funding is exhausted.

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	30.00%
Cooling assistance	10.00%
Crisis assistance	25.00%
Weatherization assistance	10.00%
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)	5.00%
Used to develop and implement leveraging activities	0.00%
<b>TOTAL</b>	<b>100.00%</b>

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

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

<input type="checkbox"/> Heating assistance	<input checked="" type="checkbox"/> Cooling assistance
<input type="checkbox"/> Weatherization assistance	<input checked="" type="checkbox"/> Other (specify:) Our crisis funding is year around so it is still active until the end of the fiscal year but if we do have crisis funding that is not utilized before that time can be allocated for wood purchase for the upcoming wood season.

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:

We are not automatically re-enrolling households however we are developing an elderly application to make the process easier for them and streamlining the process for those particular clients.

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?

No member of any Federally Recognized Tribe will be discriminated against or denied an application for services because of race, color, disability, creed, national origin, sex, political affiliation, or belief.

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

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

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

Determination of Eligibility - Countable Income

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

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

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 type="checkbox"/>	Contract Income
<input type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input type="checkbox"/>	Strike Pay
<input type="checkbox"/>	Social Security Administration (SSA ) benefits
<input type="checkbox"/>	<input type="checkbox"/> Including MediCare deduction <input type="checkbox"/> Excluding MediCare deduction
<input type="checkbox"/>	Supplemental Security Income (SSI )
<input checked="" type="checkbox"/>	Retirement / pension benefits
<input 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 type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
<input type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input type="checkbox"/>	Alimony
<input type="checkbox"/>	Child support
<input type="checkbox"/>	Interest, dividends, or royalties
<input type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured

<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	<p><b>Other</b></p> <p>Any Per Capita Payment that is distributed from the Shoshone Bannock Tribes or Any other Federally Recognized Tribal Government that another tribal member is a member of. Countable income is only counted if the tribal member has per capita that is over \$2000 plus whatever income that comes in as stated in the transmittal IM 2011-02 Treatment of Per Capita Payments</p> <p>Also count yearly "lease" payments. These are for the land holders of the reservation that receive income over \$2000.</p>

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

## Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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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	State Median Income	60.00%

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

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

**Do you require an Assets test ?**  Yes  No

**Do you have additional/differing eligibility policies for:**

**Renters?**  Yes  No

**Renters Living in subsidized housing ?**  Yes  No

**Renters with utilities included in the rent ?**  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? Veterans**  Yes  No

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

2.2 That the power bill be in the homeowners name or someone that lives in the households name that is an adult. They must be living there and payment are directly to the vendor. 2.3 Elderly are given highest priority for weatherization and heating assistance and a target benefit is given along with a priority system for the wood program which serves low income elders first, disabled, and families with children under 17. Veterans are given top priority preference if they fit in a certain area of the priority system. Example would be if we were serving an elder low income veteran they would be top priority, but if we were serving an disabled low income veteran they would be top priority among other disabled clients but not over low income elder.

**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.**

We have a priority system in place for heating assistance when it comes to the vulnerable populations like elders 62 years and older, disabled, families with young children under 17 & veterans. This is the same for the wood program that we run for this season. Benefit amount will be based upon a energy matrix the state of Idaho uses, additional assistance will be done for priority populations. We will be accepting applications for Elders over 62 in September so they will be served first when the new fiscal year begins. The priority system also extends on to when applications will be reviewed. Applications will be reviewed as follows: Elders submitting in Sept. and Oct. will be reviewed and services will be done. Documented Disabled will be reviewed in Oct. Families with children under 17 in Nov. Then Low Income with none of these priorities will be reviewed in December. Exceptions are made for any Low Income Client that receives a power shutoff or termination that requires assistance in the 48 hour window for non life threatening emergencies.

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

- Income
- Family (household) size

<input checked="" type="checkbox"/> Home energy cost or need:	
<input checked="" type="checkbox"/> Fuel type	
<input checked="" type="checkbox"/> Climate/region	
<input type="checkbox"/> Individual bill	
<input type="checkbox"/> Dwelling type	
<input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)	
<input type="checkbox"/> Energy need	
<input type="checkbox"/> Other - Describe:	
<p>We will be using an energy matrix with priority enhancements this year. This will be based upon the resources that they have in terms of funding coming into the home divided by the fuel type of how much they use during the winter months. That will give us a percentage of a high med or low. Depending on the percentage will be based on how much we can assist with their energy bill. The region that we will be using will be region 2 based upon the State of Idaho Power assistance matrix. Other factor will be the fuel type as well. Household size is depending on LIHEAP eligibility all together and not on energy benefit.</p>	
<p><b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b></p>	
<p><b>2.6 Describe estimated benefit levels for FY 2020:</b></p>	
Minimum Benefit	\$112
Maximum Benefit	\$1,080
<p><b>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p><b>If yes, describe.</b></p>	
<p>The Consumer Service Program offers blankets to low income clients and elderly whenever requested. Space heaters are available to clients in emergency cases. We also provide weatherization DIY packages to clients who participate in our weatherization classes. We will also be providing winter packages like blankets, socks, gloves, and other warming items for elders during our elderly christmas baskets.</p>	
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

## Section 3 - COOLING ASSISTANCE

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

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

### 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	State Median Income	60.00%

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

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

**Do you require an Assets test ?**  Yes  No

**Do you have additional/differing eligibility policies for:**

**Renters?**  Yes  No

**Renters Living in subsidized housing ?**  Yes  No

**Renters with utilities included in the rent ?**  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

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

3.2 For cooling assistance the bill must be in the applicants name or someone that is on their application that is living in the home and must be living in the residence. Also, they have to be an enrolled member of a federally recognized tribe and provide documentation like a certificate of indian blood or tribal ID. Benefit is available form July 1st to September 30th or until funding is exhausted. And priority status is given to the elder over the age of 62, disabled, and families with children under the age of 17, and veterans. They will be given priority status in cases of funding running low so they will be given a chance to apply for services when they need to.

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

We prioritize the vulnerable populations be giving them preferential staufs if they are elders 62 years and older, disbaled that have supporting documentation like a Dr's referral or on SSDI, and if they are family with small children under the age of 17. Furthermore, we are able to do outreach such as home visists and outreach sites to assist with the applciation process and information about our program we are also handicap accessible too. Priority is also given to the vulnerable populations for air conditioners and fans and we have a crew that will do the installation for them as well. We usually will serve the vulnerable poplations first and then non vulnerable populations after. If funding is low then we will authorize benefits to vulnerable clients. If funding is exhausted and we have tribal member assistance we will use that as well.

**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:

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

Income and Family household size are not a factor in determining the benefit of the cooling assistance.

(Determination of Income and Family household size is already determined when they first request energy assistance in the fiscal year. If the application is submitted in October or July the the application is good till September 30th. The client report to us if the status of there income has changed. If it has changed then we will input that new information for eligibility for LIHEAP. Cooling assistance in turn is an assistance that does not use income or family household size to determine a calculation of how much cooling assistance they recieve. That determination is dependent on their bill during the cooling assistance months.)

Due to the low cost of energy assistance during the summer months the benefit will be determined by the clients individual bill. The maximum amount of the benefit is \$250. This benefit is subject to an "up to" amount. This up to amount is dependent on the how much the bill is. If the bill is more than \$250 then the maximum amount will be alloted to the bill. But if the bill is less than \$250 then it will be subject to an up to amount. However it is taken into consideration of when the bill was due. Because we will be dealing with a dated bill. And also barrier removal so additional benefit even up to the max benefit can be used for the bill. E.g. taking care of the current bill and doing additional benefit of what ever is left over to take care of the bill for the next month. Will still have a minimum of \$25 to assist with the bill if it is that low.

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

**3.6 Describe estimated benefit levels for FY 2020:**

<b>Minimum Benefit</b>	\$25	<b>Maximum Benefit</b>	\$250
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**3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?**  Yes  No

**If yes, describe.**

We do provided air conditioners and serve vulnerable populations first then Low Income clients later in the season once we have served the vulnerable populations. Then we do fans as well if requested from the program if clients have already recieved an A/C unit from our program.

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

## Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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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	State Median Income	60.00%

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

Applicants who have a shut off or termination notice are considered a crisis. The application will be expedited, processed, and rectified within 48 hours of initial crisis request. But they must have a completed application and supporting documentation turned in. If the client is missing documentation a site visit to retrieve the documentation is allowed and can be used.

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

Life-Threatening crisis is an emergency situation where this is a crisis but a life and death situation where energy is required in the house to be sustained to keep the client alive based on a life threatening medical illness that can turn terminal if energy is not maintained in the home. If its keeping energy to the home or keeping the power on so that the medical equipment is in working order or for the client. This life-threatening crisis will be taken care of within 18 hours of receiving the request

**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? Veterans**  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 received an eviction notice ?**  Yes  No

<b>Must heating/cooling be medically necessary?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Must the household have non-working heating or cooling equipment?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Other?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you have additional / differing eligibility policies for:</b>	
<b>Renters?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Renters living in subsidized housing?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Renters with utilities included in the rent?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>In cases of crisis we utilize the priority system for clients that are elders over the age of 62, Clients that have a documented disability, and clients that have children under the age of 17. Their paperwork and request will get expedited faster than other clients that are not in a non life-threatening crisis. If funding is low then we start to prioritize the benefits to the elders, disabled, and families that have children under 17 first.</p> <p>Clients who are veterans will be treated the same and have their benefits expedited in a timely manner.</p> <p>In order to receive crisis assistance they must received a shut off notice or a near empty tank, or they must have had their energy disrupted or depleted there energy resources, The house hold can use their crisis assistance in tandem with heating assistance if threat of shut or termination, Renters with subsidized housing that have their energy bill in the landlords name due to failed payments can use crisis assistance if they bring in an eviction notice (But we would able to assist with what is owed energy wise based upon the breakdown of the energy bill and other segments of the rental. Crisis can be used in cases if the client relies on medical equipment or medication that relies on power. Crisis can be used in cases that their is a disruption in their heating and cooling equipment were energy sources are used.</p> <p>The additional eligibility policies for renters is that they must have a renters verification filled out by the said landlord, and if it is subsidized housing a breakdown of what is owed and shown that the landlord has been taking care of the energy bill.</p> <p>This is the same for renters that have a utilities bill with their rent that is part of their rent. They will have to show a breakdown of what is energy and what is not part of their energy bill.</p> <p>With the subsidized housing in the local area their gas bill is at times connected with rental bill. Clients will usually face an eviction notice because the housing authority does not want to risk the heat going off in thier home risking frozen and broken pipes. We will use LIHEAP crisis assistance to go ahead and pay for their rental because of the tie in with the natural gas bill. The eviction notice of the bill is usually tied in with the energy assistance that is owed.</p> <p>Crisis can be used for replacement of HVAC systems like furnaces, wood stoves, and baseboard heaters in the event of a sudden failure. Furnaces connected to central air units are considered repairable since the central air is part of the furnace system. However central air is not repairable if it is standalone system due to the cost of the replacement. However it will be taken into consideration if the client is an elder or disabled with medical needs. These replacements are considered life support systems that are needed for the household to protect against extreme heat or cold.</p>	
<b>Determination of Benefits</b>	
<b>4.8 How do you handle crisis situations?</b>	
<input type="checkbox"/>	<b>Separate component</b>
<input checked="" type="checkbox"/>	<b>Fast Track</b>
<input checked="" type="checkbox"/>	<p><b>Other - Describe:</b></p> <p>Application is expedited bypassing the 477 eligibility, orientation and goes directly to the one on one process. They will meet with the Household Budget counselor that handles energy assistance or the Consumer Service Manager. Assess the situation and call in a benefit directly to the energy vendor. Then the payment and process coordinator will go ahead and make the payment that same day or the next day.</p> <p>(Because the Consumer Service Program is part of the 477 program our front offices are combined to not only to do energy assistance and weatherization but also education, employment and training (EET), Temporary Assistance for Needy Families (TANF), General Assistance (GA), Tribal Youth Education (TYEP), and Vocational Rehabilitation (VocRehab). Our front offices serve as a central point where a client requests multiple services from the 477 program. When they complete the application it is filtered through Multi-Information System Officer to determine if they are eligible for other 477 services. Because the clients that we deal with could be eligible for multiple services like GA, TANF, or EET they go through a 477 eligibility process to see if the program can assist with more than just energy assistance. Please note this is only for 477 eligibility. LIHEAP eligibility is strictly determined by the Consumer Service Program because they have their own eligibility requirements to review in the clients application.)</p> <p>If there is a crisis that involves a major power outage that disrupts power and the weather is very cold or very hot then crisis assistance can be used to temporarily house clients in hotels. But they must be clients of the Consumer Service Program and must meet eligibility requirements</p> <p>If the client loses their primary source of heating or cooling, crisis assistance can be used to replace those systems in order to keep the residence life support in place.</p> <p>Heating or cooling appliances can also be purchased as well to keep the home during the winter and cool during the summer. Examples can be but limited to: Space heaters, fans, A/C units.</p>

Crisis can be used in cases of emergency repair to life support systems in cases of failure and when the weather conditions are very poor or extreme.

**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"/>	<b>Other - Describe:</b>  The client will receive a one time crisis benefit to help avoid energy disruption. In most cases this will be based upon funding. Up to \$500 one time only will be benefited to the client regardless of priority status or not. Life Threatening situation will be a one time amount that is limited up to \$1000. Written justification must be done by the manager along with documentation stating the life threatening situation.

**Crisis Requirements, 2604(c)**

**4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?**

Yes  No **Explain.**

We have a new location located by the new casino since our building collapsed and had to relocate. All applications can be submitted at that site. Building nickname is the Old Casino. Also, the Consumer Service Program is also located at Bldg 39 in the tribal campus. If the Old Casino is not able to take applications then they can be received there.

We also will have satellite outposts set up at far reaching districts where commuting becomes a barrier to the clients. We can also except applications and requests via email, or fax.

**4.11 Do you provide individuals who are physically disabled the means to:**

**Submit applications for crisis benefits without leaving their homes?**

Yes  No **If No, explain.**

**Travel to the sites at which applications for crisis assistance are accepted?**

Yes  No **If No, explain.**

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

**Benefit Levels, 2605(c)(1)(B)**

**4.12 Indicate the maximum benefit for each type of crisis assistance offered.**

Winter Crisis	\$0.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$1,000.00 maximum benefit

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

Yes  No **If yes, Describe**

We offer blankets, space heaters, fans, air conditioners, and emergency housing in a life-threatening crisis. Repairs to life support systems are also offered but must show a case of life support system failure. Example of this would be an HVAC system.

The emergency housing must meet the criteria: 1 They must be a priority population like an elder 62 years and older, disabled, or families with children 17 and under. 2 they must have a HVAC unit that has failed them. 3 the weather must be in a condition that cause them irreparable harm.

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

Yes  No

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

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

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes  No

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

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

Idaho has a Natural Gas Company and Idaho Power have a moratorium during the winters months of November-February that will not shut off the clients if they are an elder, have a disability, have small children in the home, or have medical condition cleared by a doctor.

We highly encourage our clients to make some type of payments on their bill while it is in the moratorium period. We try to host DIY weatherization classes before the beginning of the moratorium period to prepare for the winter season.

**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  
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August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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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	State Median Income	60.00%

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

5.3 If yes, name the agency.

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? Veterans	<input checked="" type="radio"/> Yes <input type="radio"/> No

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.

The additional policies that we have for renters is that the client that is renting the place must provide us a letter from the landlord stating why weatherization is not done to the home. That the landlord is complying with the Fort Hall Land Use Policy Commission Renter guidelines that the place is habitable for tenants. Renters who have subsidized housing and have not recieved assistance through the Fort Hall Housing Authority will be eligible for weatherization assistance once the Housing Authority confrirms that they have not received any assistance that the tenant is requesting. But this would be in cases if the weatherization request is a high dollar or heavy labor related project. This would be like insulation, window/door replacement, and appliance replacement. Easier and cost effective weatherization projects like saving water, or plastic over the windows and seals through the doors would be an allowable cost that this program can do, but a letter will still need to be provided thought. This is for low income renters and renters are living subsidized housing.

Weatherization is based upon the priority system were we serve the most vulnerable of populations. We serve first low income elders over 62, low income disabled with a documented disability, low income families with children under 17, and low income that don't have any of those criteria. Veterans that request weatherization will be top priority but they cannot go above a priority that they are in depending the priority system. Example would be a low income disabled veteran would be top priority in the disable priority section, but they would not be above an low income elder.

**Benefit Levels**

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

5.10 If yes, what is the maximum? \$0

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

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Plastic covering for window, minor electrical reparis (thermostats, outlets, contract services like electrical assesments, skirting for homes to help with pipe insulation, HVAC duct repair/replacement,

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

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

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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):

We will have a booth set up at local community events and health fairs throughout the year talking about the LIHEAP program and weatherization, and energy assistance program. We host a of weatherization classes going out to the districts before winter comes to talk about weatherization and how to weatherize your home and home energy savings costs. We will also be doing outreach at the five local districts to talk about what we will be doing for the upcoming year and any changes that the local districts may need to be aware of. We also keep the community updated about any changes to the program like stop in services or the beginning of services in our local newspaper in their reservation briefs.

**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 checked="" type="checkbox"/>	Joint application for multiple programs
<input checked="" type="checkbox"/>	Intake referrals to/from other programs
<input checked="" type="checkbox"/>	One - stop intake centers
<input checked="" type="checkbox"/>	Other - Describe:

The Consumer Service Program and TANF/GA are both under the 477 Human Services Program for the Shoshone Bannock Tribes and we collaborate with this program in order that the clients has the services they need to receive the benefits. The 477 Program is a one stop intake for multiple programs for multiple avenues for assistance.

We reach out to the local SEICAA programs in the local area to help assist with weatherization requests to the home if our program is unable to do the work for that said home.

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

**Section 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 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?				Tribal Government

**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?**

The Shoshone-Bannock Business Council has created the Consumer Service Department to be the administrator of the LIHEAP program. The process is we must meet the standards and assurances of the grant. Once those things are in place the Business Council will vote on the creation of that department.

**8.7 How many local administering agencies do you use? One and that is the Consumer Service Program**

**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	<input checked="" type="radio"/> Yes <input type="radio"/> No
Cooling	<input checked="" type="radio"/> Yes <input type="radio"/> No
Crisis	<input checked="" type="radio"/> Yes <input type="radio"/> No
Are there exceptions?	<input checked="" type="radio"/> Yes <input type="radio"/> No

**If yes, Describe.**

If there energy bill is linked on to their rent then the benefit is paid to the land lord as part of their rent not the utility bill because the name on the bill is the landlord and not the tennant.

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

The clients must attend a program orientation and meet with myself or the Household Budget Counselor to review the benefits that are allowable for energy assistance and/or weatherization. If it is a crisis or life-threatening case they will meet with the Consumer Service Manager directly when their file is pulled and completed that same day to inform them that they have a benefit paid on their behalf. If their is a case that we are unable to reach them we will call them directly to let them know what they have ad an assistance benefited to them. In most cases of a non crisis event a client will come in on appointment and we will let them know about the benefit awarded to them and go ahead and make the pledge to energy vendor while in our office.

(Notification to the client about the amount of assistance paid to their energy bill is done verbally via in person or by phone call)

**9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?**

To verify payments to the vendors, a energy vendor agreement is sent to all energy vendors that we deal with are associated with the Idaho Public Utilities Commission and they usually regulate on what the cost of the energy payment is. This year the Consumer Service Program has adopted an energy vendor agreement that is similarly used by the state of Idaho and has modified it to reflect the Shoshone Bannock Tribes: 477 Consumer Service Program. Energy vendors that are independent of the Idaho Utilities Commission will also be sent an energy vendor agreement as well as to make sure that all low income clients are treated equally.

**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?**

We usually have privacy rules that insure that the clients privacy is respected. The clients are met on on one with the case amange in their office to talk about what their situaiton is and what we can do to assist that client awith their specific need in relation to their energy bills. All clients are treated with dignity and respect and that they are told of their rights when they come into our office. The Consumer Service Program will work with the local energy vendors that all LIHEAP eligible clients are treated with respect in regards with working with energy vendors to make sure that their situation is alleviated.

**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.**

Most the energy vendors are regulated under the Idaho Utilities Commission. The unregulated vendors would be our own services like the wood program and the cooperatives like the propane companies. Usually our assurances with the non regulated customers is that they are a tax paying company that is found in our accounting database system. Anyone that is not willing be under this system is denied any payment. This must be updated yearly through our finance department by providing W-9 information that is mandatory.

**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?**

The Tribes use a computerized financial accounting system called springbrook. The system is supervised and maintained by an accounting staff comprised of nine individuals, including four accountants. The finance department is currently responsible for over 100 grants and contracts from various state and Federal agencies, including the Bureau of Indian Affairs. Department of Health & Human Services, Department of Labor & Department of Energy. A year end financial report is compiled and produced by independent auditors.

**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

<input checked="" type="checkbox"/> Annual program review
<input checked="" type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing / Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
A quarterly review of budgets, goal completion, and program review is conducted by the Consumer Service Manager and the Finance Department
<b>10.7. Describe how you select local agencies for monitoring reviews.</b>
<b>Site Visits:</b> The Fort Hall Business Council is responsible for selecting any agency to complete a monitor review.
<b>Desk Reviews:</b> Desk Reviews are completed internally by the Management Information Officer, Consumer Service Manager, and The 477 Human Services Director
<b>10.8. How often is each local agency monitored ?</b> Quarterly or as needed if there is a issue that must be addressed
<b>10.9. What is the combined error rate for eligibility determinations? OPTIONAL</b> Optional
<b>10.10. What is the combined error rate for benefit determinations? OPTIONAL</b> Optional
<b>10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0</b>
<b>10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0</b>
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

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

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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:

The program has gone out to 1 of the 5 local districts on the Fort Hall Indian Reservation Gibson Lodge. The other 4 Lodges were closed due to inactivity or no representative council members there. A questionnaire has been developed to get numbers for the surveys.

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

We are continuing the DIY weatherization classes and will be increasing benefit limits due to the matrix increase from the previous year.

**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	08/19/2019	Gibson District Meeting

**11.4. How many parties commented on your plan at the hearing(s)?** 17

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

The comments that we have received was to better coordinate wood deliveries and also to increase the benefit amounts to the energy assistance.

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

Benefits will increase for upcoming winter season and a more incentivized off season wood harvest program for the upcoming 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 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? 0

12.2 How many of those fair hearings resulted in the initial decision being reversed? N/A

12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

Updated the Clients Rights and Responsibilities to make the Denial and Delay services more explicit for the clients to know their rights.

12.4 Describe your fair hearing procedures for households whose applications are denied.

See attachment, "Program Responsibilites and Right to Appeal 10-30-19"

12.5 When and how are applicants informed of these rights?

They are informed of their rights during orienation, and also during their one on one meetings with the Consumer Service Program Manager or Household Budget Counselor, and also given the Program responsibilites and right to appeal paper with their application.

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

When a crisis situation is presented, the issues are addressed immediately and services are initiated to minimize or eliminate the crisis or dangerous situation. These are cases in life threatening situation were the client may have a medical issues and there lives are compromised because of it. But this would be in cases of weatherization. The clients are notified that weatherization is a lengthy process and that it is something that cannot be acted upon as soon as the request is submitted. Energy assistance is acted upon in a timely manner due to the relationship that we have with the energy vendor and purchasing ability of my payment coordinator. Reasons for a delay is on part of the client for incomplete application.

12.7 When and how are applicants informed of these rights?

During the orientation and when they meet with their case manager. We will go over the rights and responsibilities of the client and the program. They are also given this paper when they do there application

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

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

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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?**

With Assurance 16 funding we are hosting a set of weatherization classes and energy informationals. With these classes we would like to see our weatherization clients learn how to DIY weatherization to their houses. Get valuable information from energy vendors about weatherization and energy efficiency. Furthermore, work with other programs to pool resources of what other programs that are out there to do weatherization. Teach clients about Financial literacy and budgeting by hosting workshops.

We are also planning on hosting a weatherization workshop for elders during the annual christmas basket giveaway. Along with christmas basket that is supplied with blankets, gloves, and any other items that can keep a client warm we will be hosting a weatherization class on how to weatherize your home during the winter months.

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

We usually submit a budget for the year of the activities we plan on doing for Assurance 16 activities. Most cases we usually budget 5% of the cost for those activities and has a designated specific line item in our finance ledger and is set at the 5% allowable cost for this line item. If there is a situation that this may go over ti can be cost shared with other 477 Human Services programs or the CSBG grant because it is also a community activity. This also provide secondary or tertiary activities like venue, refreshments, and promotion. In our budget we usually allocate less than 5% of our LIHEAP cost in Assurance 16 activities. Our budgets are planned month in advanced and changed and modified to reflect what the current award is.

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

The impact of the activities that we hosted last year was that we able to give out 50 DIY weatherization packets out to client interested in our DIY weatherization class. It was a very popular and informational class. This year we will be focusing on other areas of energy like bringing out vendors like HVAC, wood stove, and also more power vendors as wll.

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

We are hoping with the direct benefits to people that participate in assurance 16 will be that they are using the knowledge given to them to lower their energy bill. We are planning on doing a questionnaire for Assurance 16 weatherization applicants to see if the materials that we are using are making a significant impact, that information will be used for next years data

**13.5 How many households applied for these services? 50**

**13.6 How many households received these services? 50**

**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.

N/A

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

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

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

## Section 15 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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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

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

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

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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.

**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:  
  
The Shoshone Bannock Tribe has developed an incident report for clients, vendors and alike to report suspected fraud of all services recieved from the Consumer Service Program. So far we have had to use this fraud reporting at least a couple times but was successful in reprimanding clients who have abused the 477 program services.

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 type="checkbox"/> Required	<input type="checkbox"/> Required	<input checked="" type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Social Security Number (Without actual Card)	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input checked="" type="checkbox"/> Requested
	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required

Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Requested	Requested	Requested
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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 if they don't have a tribal ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Medicaid/Medicare Card with Social Security Number listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Tribal Identification Card with Social Security Card listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

It was recently brought to my attention from time to time we have clients that only have a medicaid/medicare card with the SSN on their and that is the only thing that they have. It was told that their SSC are not used so much after they become over 62.

Under 477 guidelines a government document with a SSN listed on there like a Tribal ID would be acceptable as proof of a SSN. But we still requested everyone have a SSC or we could not accept it. We are putting it under review of the grantor to see if a tribal ID with SSC be acceptable proof of a SSN or SSC substitute.

**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:

**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

<input checked="" type="checkbox"/> Bank statements
<input checked="" type="checkbox"/> Tax statements
<input checked="" type="checkbox"/> Zero-income statements
<input checked="" type="checkbox"/> Unemployment Insurance letters
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Computer data matches:
<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input type="checkbox"/> Other - Describe:
<b>17.6. Protection of Privacy and Confidentiality</b>
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input 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:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:

<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities
<input type="checkbox"/>	Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval
<input checked="" type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy
<input 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 checked="" 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 type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:

**17.10. Investigations and Prosecutions**

Describe the 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 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 checked="" type="checkbox"/>	Grantee attempts collection of improper payments. If so, describe the recoupment process
	The client will be mailed a letter detailing inconsistencies with their application and their assistance awarded. They will have 10 working days to explain these inconsistencies. If these inconsistencies are in relation to an internal issue with the program they will not be held accountable and will be taken care of internally. If the client is to be at fault of frauding the program they will be required to pay back the benefit with 45 days. If they fail to make this payment with the allowable time and they are a member of the Shoshone Bannock Tribe their per-capita will be garnished until the full amount is paid. If they are a member of another tribe they will be routed to the tribal court to recoup the fraudulent payment. Furthermore they will be suspended a period of one year from utilizing services from the Consumer Service Program.
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 Calendar Year once paid in full
<input checked="" type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/>	Other - Describe:

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



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

**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 point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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

1. By signing and/or submitting this application or grant agreement, the 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)**

Shoshone Bannock Tribes

\* **Address Line 1**

P.O. Box 306

Address Line 2

85 West Agency Road Bldg #82

Address Line 3

Fort Hall

\* **City**

Idaho

\* **State**

83203

\* **Zip Code**

**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"><li>• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</li></ul>
<ul style="list-style-type: none"><li>• Heating component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Cooling component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Minutes, notes, or transcripts of public hearing(s).</li></ul>