

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** DELAWARE TRIBE OF OKLAHOMA

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

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

**Report Status:** Saved -- Validated (Revision #2)

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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> The Delaware Tribe of Indians			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 73-0948981		<b>* c. Organizational DUNS:</b> 120635318	
<b>* d. Address:</b>			
<b>* Street 1:</b>	DELAWARE TRIBE OF INDIANS	<b>Street 2:</b>	170 NE BARBARA
<b>* City:</b>	BARTLESVILLE	<b>County:</b>	Washington
<b>* State:</b>	OK	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	74006 -

**e. Organizational Unit:**

<b>Department Name:</b> Liheap	<b>Division Name:</b>
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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> Allan	<b>Middle Name:</b> Ray	<b>* Last Name:</b> Barnes
<b>Suffix:</b>	<b>Title:</b> Tribal LIHEAP Coordinator	<b>Organizational Affiliation:</b> Delaware Tribe of Indians	
<b>* Telephone Number:</b> 918 337 6573	<b>Fax Number:</b> 918 337 6591	<b>* Email:</b> abarnes@delawaretribe.org	

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

**b. Additional Description:**

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

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

**11. Descriptive Title of Applicant's Project**  
LIHEAP PROGRAM

**12. Areas Affected by Funding:**  
LIHEAP

<b>13. CONGRESSIONAL DISTRICTS OF:</b>			
<b>* a. Applicant</b> 1		<b>b. Program/Project:</b> LIHEAP	
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>		<b>18c. Telephone (area code, number and extension)</b>	
		<b>18d. Email Address</b>	
<b>18b. Signature of Authorized Certifying Official</b>		<b>18e. Date Report Submitted (Month, Day, Year)</b>	
<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	10/15/2019	03/15/2020
<input checked="" type="checkbox"/> Cooling assistance	05/15/2020	09/15/2020
<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

Crisis assistance will be provided to those in imediate need to prevent disconnection  
Weatherization assistance will be provided as requested if funds available

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	40.00%
Cooling assistance	35.00%
Crisis assistance	10.00%
Weatherization assistance	5.00%
Carryover to the following federal fiscal year	5.00%

Administrative and planning costs	5.00%			
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%			
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"/>			
<input type="checkbox"/>	Weatherization assistance <input checked="" type="checkbox"/>			
	Cooling assistance			
	Other (specify): summer crisis			
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? <input type="radio"/> Yes <input checked="" type="radio"/> No				
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.				
	Heating	Cooling	Crisis	Weatherization
TANF	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SSI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SNAP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No				
If Yes, explain:				
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?				
SNAP Nominal Payments				
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> 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?  Eligibility for this program requires a utility bill with proof of Household residency and verification of Household members and verifiable income.				
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 type="checkbox"/>	Gross Income			
<input checked="" 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"/>			
<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 checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits		
<input checked="" type="checkbox"/>	Including MediCare deduction	<input type="checkbox"/>	Excluding MediCare deduction
<input checked="" 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 checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input checked="" type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input checked="" type="checkbox"/>	Child support		
<input checked="" type="checkbox"/>	Interest, dividends, or royalties		
<input checked="" type="checkbox"/>	Commissions		
<input 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 checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

## Section 2 - HEATING ASSISTANCE

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

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? Renter with utility included**  Yes  No

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

Renters that have utilities included in their rent will not qualify for this program unless a billing showing a qualified applicants name is on that utility bill or a copy of the Lease agreement is provided with a statement from the from the Lessor and then payment will be made only to Vendor. Typically with High energy burdens are associated with medical equipment usage ie. full-time oxygen. Priority is given to our Elderly and disabled families including Grandparents raising Grandchildren.

**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.**

Applicant's income must comply with the 2020 State Median Income poverty income guidelines for their family size. Each eligible applicant is allowed a maximum of \$400 for heating assistance.

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, amount of Utility Bill, taking into account the family size, except that the state may not differentiate in implementing this section between the households described in 2.1

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

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

<input checked="" 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 checked="" type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(b)			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for FY 2020:			
Minimum Benefit	\$25	Maximum Benefit	\$400
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
Benefits may be used to reimburse the purchase of emergency space heaters or fans. Repair of central heating and a/c unit is allowable with proper documentation ie. estimate of repair, if crisis funds are available, within maximum benefit guidelines. Replacement of a central unit will not be considered.			
<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 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN 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?                                      | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Renters Living in subsidized housing ?        | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Renters with utilities included in the rent ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

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

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

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

Applicant who's utility's are included in their rent will not be eligible unless a Utility Bill can be provided in a qualified applicants name or a lease agreement is provided stating Billing to remain in Landlords name and then payment will only be made to Utility company.

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

Applicants's income must comply with the 2020 State Median Income poverty income guidelines for their family size. Each eligible applicant is allowed a maximum of \$400 for cooling assistance.

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 2.1

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

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

- |                                     |                           |
|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Income                    |
| <input checked="" type="checkbox"/> | Family (household) size   |
| <input checked="" type="checkbox"/> | Home energy cost or need: |
| <input checked="" type="checkbox"/> | Fuel type                 |
| <input checked="" 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:					
<p>Households requesting assistance to purchase or repair cooling equipment must provide appropriate documentation for the purchase or repair of such equipment. ie. Estimate of repair or purchase.</p>					
<p><b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b></p>					
<p><b>3.6 Describe estimated benefit levels for FY 2020:</b></p>					
<table border="1"> <tr> <td>Minimum Benefit</td> <td>\$25</td> <td>Maximum Benefit</td> <td>\$400</td> </tr> </table>	Minimum Benefit	\$25	Maximum Benefit	\$400	
Minimum Benefit	\$25	Maximum Benefit	\$400		
<p><b>3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>					
<p>If yes, describe.</p> <p>Benefits may be used only to repair cooling equipment once found eligible. Benefits also can be used to purchase window unit air conditioners and fans when needed for cooling assistance, if funds are available in an emergency situation.</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 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  
OMB Clearance No.: 0970-0075  
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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.**

An eligible Tribal member must bring a shut-off notice with them when they come in to fill out and submit an application or verification that services are currently off. Usually the LIHEAP coordinator will call the Utility company to determine account balance and or amount due to continue service. The majority of eligible applicants are Delaware Tribe of Indians, tribal members and even though are aware of the program usually wait until a disconnect notice is received. Typically the Coordinator is familiar with their circumstances.

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

Any household with a family member, elderly, adult or children with any number of physical disabilities, primarily H2O machines operating 24 hrs which require that electricity be maintained in the household or that extreme temperatures may exacerbate a health condition.

**Crisis Requirement, 2604(c)**

**4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 24Hours**

**4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 4-8Hours**

**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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Households with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other? Disabled Veterans	<input checked="" type="radio"/> Yes <input type="radio"/> 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

**Must heating/cooling be medically necessary?**  Yes  No

Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other? By individual case	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Do you have additional / differing eligibility policies for:</b>	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>Each renter that has a utility included in their rent is not eligible unless stated in the Lease Agreement or a specific letter from the landlord provides documentation after a service is disconnected.</p> <p>For crisis assistance they must provide proof of the crisis i.e. shut off notice or disconnect notice.</p> <p>Exceptions are given to the Elderly, Young children with disabilities Grandparents raising Grandchildren.</p>	
<b>Determination of Benefits</b>	
<b>4.8 How do you handle crisis situations?</b>	
<input type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  Depending on the circumstances, the elderly, disabilities and/or cut-off notices...if application is complete the notification to the Utility company will be contacted and a pledge to continue service can be started immediately. Because most of the applicants are our Delaware Tribal members. This program is the only LIHEAP program they apply for.
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>	
<input checked="" type="checkbox"/>	Amount to resolve the crisis.
<input type="checkbox"/>	<b>Other - Describe:</b>  Maximum benefit available is \$400.
<b>Crisis Requirements, 2604(c)</b>	
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>	
Applications from tribal members and other Native American tribes within our Service area are accepted at our primary location in Bartlesville OK but we also have a Low income Housing office in Chelsea OK where tribal members can bring an application.	
<b>4.11 Do you provide individuals who are physically disabled the means to:</b>	
<b>Submit applications for crisis benefits without leaving their homes?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>If No, explain.</b>	
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No <b>If No, explain.</b>	
<b>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</b>	
<p>If the tribal member is homebound or physically disabled We may take the application to the home, or provide the application to a known family member. Very few applicants within our service area are unfamiliar to us. If this situation occurs then additional verification will be required and copies of their original documents will be made which are required for eligibility. Most Tribal members and or other disabled Native American Households have family caregivers.</p>	
<b>Benefit Levels, 2605(c)(1)(B)</b>	
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>	
Winter Crisis	\$400.00 maximum benefit
Summer Crisis	\$400.00 maximum benefit
Year-round Crisis	\$400.00 maximum benefit
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>	

Yes  No If yes, Describe

A true verifiable health Crisis must be determined sinceSpace Heaters create a hazard that we discourage the use of...

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 type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

### 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 checked="" type="radio"/> Yes <input type="radio"/> No
Other? Elderly and disabled	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p style="text-align: center;">In the situation of and elderly, disabled, or children or grandchildren in need of weatherization in a home that is a priority, we would at that time tend to their needs in a more sense of urgency compared to a regular weatherization applicant.</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10 If yes, what is the maximum? \$1,000	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance Repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input type="checkbox"/> Windows/sliding glass doors
<input type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Case by Case Basis
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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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):  

The Delaware Tribe will include articles about the program in their Delaware Indian News newspaper. Flyers in housing and main complex. Information provided at the time of need for all other benefits. Social Media, Delaware Tribe.org website, Delaware Tribe Facebook. Word of Mouth among Tribal family members and Cultural events are the most effective.

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

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

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

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

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

Our tribe accepts referrals from other area agencies DHS, Grand Gateway Title3 and neighboring tribes that are unable to provide assistance. LIHEAP applicants are also required to submit on the application stating that they are not and have not currently applied and received benefits from another program. Again, typically the majority of our LIHEAP applicants are Delaware Tribal members that are aware of our Program and apply for assistance here. We do receive calls from other LIHEAP providers verifying if an applicant has received assistance. This is usually verifiable at point of contact at the time of the call.

**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 checked="" type="checkbox"/>	Other - Describe: Tribal Outreach

**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?**

In addition to being the initial point of contact our LIHEAP Programs 5 County service area does overlap with other existing Liheap agencies, which includes our state and local DHS, Title III Grand Gateway, Cherokee Nation, Osage Nation and other area Tribal services including local outreach centers . Referrals are made to the applicant in the event they do not qualify for our native american programs.

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

Same as Heating assistance in conjunction with the other area programs and Tribal jurisdictions / service areas.

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

Visiting our state and local DHS, Grand Gateway Title III program, Delaware Tribe of Indians Community Service (\$240 max. benefit) and other Tribal sources as mentioned above. Local organizations such as the Salvation Army outreach, Mary Martha's donation center and other agencies that tribal members might attend and provide applications for other forms of assistance.

<b>8.5 LIHEAP Component Administration.</b>	Heating	Cooling	Crisis	Weatherization
---	---------	---------	--------	----------------

8.5a Who determines client eligibility?	Tribal Government	Tribal Government	Tribal Government	Tribal Government
8.5b Who processes benefit payments to gas and electric vendors?	Tribal Government	Tribal Government	Tribal Government	
8.5c who processes benefit payments to bulk fuel vendors?	Tribal Government	Tribal Government	Tribal Government	
8.5d Who performs installation of weatherization measures?				Other

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

8.6 What is your process for selecting local administering agencies?

Direct Contact, Phone referrals, Agencies on file

8.7 How many local administering agencies do you use? 4

8.8 Have you changed any local administering agencies in the last year?

- Yes  
 No

8.9 If so, why?

- Agency was in noncompliance with grantee requirements for LIHEAP -
- Agency is under criminal investigation
- Added agency
- Agency closed
- 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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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

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

##### 9.1 Do you make payments directly to home energy suppliers?

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

##### If yes, Describe.

Very rarely...this has not occurred during the current coordinators tenure. Life threatening situations may require immediate action. However, almost always payments are made directly from our LIHEAP program to the specific Utility company.

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

Usually at point of contact during counseling, by verbally telling them after they have applied in person if the application was approved and processed while they are still there. During the Interview process regarding what to expect. A follow up phone call is made in the event that a disconnect was eminent. Again, the majority of applicants are Delaware Tribal members that do not apply anywhere else.

Verbally inform them over the phone

Vendor verbal confirmation to the applicant

##### 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?

Direct contact with the energy provider and a copy of the agreement submitted to them along with existing billing information. Benefit is based on the billing information or verified by the Utility provider and notated on billing statement.

##### 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?

Direct contact with the vendor and utmost confidentiality regarding right to privacy. I feel that we can accurately say all of the vendors/ utility companies do not disclose any information to anyone not on the existing account. verification of the billing statement is between the LIHEAP coordinator and that providers Customer service contact.

##### 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.

Our Delaware Tribe LIHEAP Program does provide payments to unregulated vendors such as propane Co.s, or Hardware stores(heating pellets but only after direct contact with this office and an estimate or statement of service. Acceptance of a good faith pledge letter and previous experience with the Tribe allows for eliminating stress for the applicant of the current situation.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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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 Delaware Tribe's Chief Financial Officer prepares monthly financial statements and statements of Revenues and expenditures. Our program code for our LIHEAP transactions go into program code 240 and general ledger entries are posted to that account. That account as well as other operating and grant funded accounts are audited each year and administered by an independent auditor under the Single Audit Act

**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:

Once an application is recieved and complete contact is made with State LIHEAP and Cherokee Nation LIHEAP to ensure applicant is not receiving assistance from them, The Application is reviewed to ensure that income guidelines are in compliance. Verification that billing is accurate. Directors approval is then done, and applicant and service provider are notified. The accounting department then reviews the application and payment approval is signed off on by the Department Head, Tribal Operations Manager and CFO before submitting payment.

**Local Administering Agencies / District Offices:**

On - site evaluation

Annual program review

Monitoring through central database

Desk reviews

Client File Testing / Sampling

Other program review mechanisms are in place. Describe:

Our Tribal LIHEAP program is the administering agency for our Tribal members and other qualified Native Americans. DHS local offices administer other non-native applicants. Annual audits are performed by our BIA District Office.

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

Our LIHEAP written procedures are in house and on file

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

**Site Visits:**

NA

**Desk Reviews:**

Performed in house by the Tribe's accounting Office prior to approval.

**10.8. How often is each local agency monitored ?**

NA

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

Minimal... if any

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

0% at this time

**10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? none**

**10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? none**

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

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

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<p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b>  <b>MODEL PLAN</b>  <b>SF - 424 - MANDATORY</b></p>	

**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:

Our official Tribal Website [www.delawaretribe.org](http://www.delawaretribe.org), the Delaware Indian News. We work closely with our Title VI Elder Nutrition program, many of which reside in our low income housing on our premises. Our Tribal members and other Native Americans within our service area have direct contact with our LIHeap office. The Elder Health Fair attachment is an example of the Events our LIHEAP participates in. Our Family & Children Services are provided materials and updates as to availability of our programs as well as all of our other departments; Enrollment, Housing, Cultural Preservation, etc. and at our annual General council meeting.

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

Our LiHEAP program's maximum benefit is \$400 for Summer Cooling , Winter Heating and Crisis.  
  
 However, in order to better serve our Indian population we limit the assistance to to the amount of the billing to bring the applicant's balance to 0, if possible, so that we can serve more individual households. That billing statement is generally verified by calling the provider.

**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	08/17/2019	TRIBAL COUNCIL MEETING
2	04/13/2019	Elder Services Health Fair
3		

**11.4. How many parties commented on your plan at the hearing(s)? 4**

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

Plans to maximize the grant for the funding year and define of the different types of assistance we offer, who is eligible and general underlying guidelines of acceptability.

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

Maximizing number of households assisted. Providing assistance to as many household as possible.

**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? NA None

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

We have had no complaints or request for a hearing during this fiscal year of 2019.

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

Typically during the initial interview and underwriting process denials are issued for those who immediately do not qualify. Referrals to possible other resources are provided. The denied applicant does sign the appeal notification on the LIHEAP application and within that process have the right to a decision from the Tribal council. Considerable opportunity is given to the applicant for providing additional documentation to support their request. Our Policies regarding fraudulent reporting is also referenced clearly on our applications.

12.5 When and how are applicants informed of these rights?

Verbally during the interview process or by e-mail or other form of written denial with in 7-14 days from the date of the application. If a telephone conversation ensues the reason for a denial is explained and a notation on the application with date and Coordinators initials are clearly stated on the application.

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

Any appeal regarding a final decision of a LIHEAP application shall be made in writing to the LIHEAP Coordinator within 7 working days after notification of their ineligibility. Upon receiving an appeal a formal meeting shall be scheduled within 7 working days to review the application decision before the Tribal council.

12.7 When and how are applicants informed of these rights?

These rights are on the last page of the Delaware Tribe Application for LIHEAP. Applicants are informed of these rights upon application and followed up in written notification if not verbally notified at porint of first contact.

**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?**

Few if any funds are used from LIHEAP to provide home energy services. Our Delaware Tribe Housing program provides that monthly service to those residents residing in Tribal Housing. Also, as mentioned during the initial interview with an applicant, questions are asked and counseling provided about reducing costs and or making their home more energy efficient if their monthly bills seem exorbitant. We can also refer them to our Environmental Dept. Counseling the Elderly raising Grandchildren does seem to be an ongoing and prevalent issue.

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

This is a very minimal expense of our budget process. We consider this an administrative cost in if an outside source provides a seminar or lecture and typically any expense is minimal because of the various organizations that provide this service such as AARP. Also, our Program can sometimes provide information at our Title VI Elder Nutrition programs, health fairs and our environmental office.

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

Residents have become more energy efficient conscious due to higher utility bills and are more readily acceptable to suggestions and tips on how to conserve. More one on one discussions and counseling on how to reduce utility bills has occurred this fiscal year.

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

Our LIHEAP program has prevented the disconnection of utility services for 75+ households for the heating and cooling session of fiscal year 2019.

**13.5 How many households applied for these services? 78**

**13.6 How many households received these services? 74**

**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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 Expiration Date: 09/30/2020

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

**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.

This coordinator has never been or familiar with leveraging resource information in previous fiscal years.

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	NA	NA	NA

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

## Section 15 - Training

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

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

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

## 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: Updated Policy and Procedures

Employees are provided with policy manual

Other-Describe:

Webinars are provided by the LIHEAP Energy department regarding various topics and training.

**b. Local Agencies:**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe: when funding allows

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

Our LIHEAP program has a staff of one the Department Director who participates in webinars and conference calls along with other educational opportunities.

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

<input checked="" type="checkbox"/> <b>Other - Describe:</b> Regular contact with vendors	
<input checked="" type="checkbox"/> <b>Policies communicated through vendor agreements</b>	
<input type="checkbox"/> <b>Policies are outlined in a vendor manual</b>	
<input type="checkbox"/> <b>Other - Describe:</b> Contact information, change of address, phone numbers etc. are updated as needed.	
<b>15.2 Does your training program address fraud reporting and prevention?</b> <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)**

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 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.

We ar a Tribal assistance 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 17 - Program Integrity, 2605(b)(10)**

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

**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:  
  
Contacting LIHEAP Program coordinator directly would be the first recommended step. Follow up could be coordinated within the Tribe to verify any allegations of waste or fraud. ie. Housing department, environmental department and tribal Operations Manager.

**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:  
  
the Delaware Indian News and facebook are two other popular sources.

**17.2. Identification Documentation Requirements**

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

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

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

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	Photo Id & Tribal ID Drivers License or State ID Only last 4 digits of social security number are required on application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Applicants must provide a current Utility Bill that is currently in the Head of Household's name or can be verified they are a member of the household.

An applicant that is the head of household and the utility bill is in any of the other household members name will be accepted with written verification that person is member of household. Rare cases such as death of head of household or recent divorce is accepted with proper documentation.

**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:

Match the name on Tribal Id which is required, to the state of federal ID. Verification of income to match with applicant or member of the household.

**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:

Our service area is small enough and the amount of service we provide is limited to the Native american population. We also request two forms of Identification

**17.5. Income Verification**

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

<input checked="" type="checkbox"/> <b>Require documentation of income for all adult household members</b>
<input checked="" type="checkbox"/> <b>Pay stubs</b>
<input checked="" type="checkbox"/> <b>Social Security award letters</b>
<input checked="" type="checkbox"/> <b>Bank statements</b>
<input checked="" type="checkbox"/> <b>Tax statements</b>
<input checked="" type="checkbox"/> <b>Zero-income statements</b>
<input checked="" type="checkbox"/> <b>Unemployment Insurance letters</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b>  Some form of documentation is required for all members of the household over the age of 18. This documentation can consist of a NO-Income verification form
<input type="checkbox"/> <b>Computer data matches:</b>
<input type="checkbox"/> <b>Income information matched against state computer system (e.g., SNAP, TANF)</b>
<input type="checkbox"/> <b>Proof of unemployment benefits verified with state Department of Labor</b>
<input type="checkbox"/> <b>Social Security income verified with SSA</b>
<input type="checkbox"/> <b>Utilize state directory of new hires</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b>  Not at this time other than verification of Tribes Enrollment department.
<b>17.6. Protection of Privacy and Confidentiality</b>
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>
<input checked="" type="checkbox"/> <b>Policy in place prohibiting release of information without written consent</b>
<input checked="" type="checkbox"/> <b>Grantee LIHEAP database includes privacy/confidentiality safeguards</b>
<input checked="" type="checkbox"/> <b>Employee training on confidentiality for:</b>
<input checked="" type="checkbox"/> <b>Grantee employees</b>
<input checked="" type="checkbox"/> <b>Local agencies/district offices</b>
<input checked="" type="checkbox"/> <b>Employees must sign confidentiality agreement</b>
<input checked="" type="checkbox"/> <b>Grantee employees</b>
<input type="checkbox"/> <b>Local agencies/district offices</b>
<input checked="" type="checkbox"/> <b>Physical files are stored in a secure location</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b>  Applicants must submit 6 months of income or pay stub showing year to date information and or SSI income verification. A W2 for prior year is acceptable proof of income. A verification of no income signed by non family member or non-resident of the household completed on LIHEAP application. The application that states no income by a (non- family member) to sign the statement. If the applicant has not been on his or her job 6 months, the applicant will still be required to submit current pay stubs.
<b>17.7. Verifying the Authenticity</b>
<b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>
<input type="checkbox"/> <b>All vendors must register with the State/Tribe.</b>
<input type="checkbox"/> <b>All vendors must supply a valid SSN or TIN/W-9 form</b>
<input checked="" type="checkbox"/> <b>Vendors are verified through energy bills provided by the household</b>
<input type="checkbox"/> <b>Grantee and/or local agencies/district offices perform physical monitoring of vendors</b>
<input checked="" type="checkbox"/> <b>Other - Describe and note any exceptions to policies above:</b>  Billing from Vendor must be submitted. Contact is made to verify actuality of billing and service provider.
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
<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.</b>

<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 type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input checked="" type="checkbox"/>	Other - Describe: Billing from Vendor is submitted. Contact is made to verify actuality of billing and credits and the service provider.
<input type="checkbox"/>	Centralized computer system/database tracks payments to all utilities
<input type="checkbox"/>	Centralized computer system automatically generates benefit level
<input type="checkbox"/>	Separation of duties between intake and payment approval
<input type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments
<input type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy
<input type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe: Vendor information is verified before application is approved and payment is made. Excel Spreadsheets are used at this time no payment to be made without current billing statement.
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendors list
<input type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe: Vendor information is verified before application is accepted approved and payment is made to recognized Utility company or Fuel provider. If wood fuel is used a written bill or receipt must be provided.
<b>17.10. Investigations and Prosecutions</b>	
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 type="checkbox"/> <b>Grantee attempts collection of improper payments. If so, describe the recoupment process</b>  <p>In House investigations are attempted and denial of future applications are the immediate result... more aggregious circimstances would be turned over to Local Authorities or Tribal Court.</p>
<input checked="" type="checkbox"/> <b>Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 3 yrs</b>
<input checked="" type="checkbox"/> <b>Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated</b>
<input type="checkbox"/> <b>Vendors found to have committed fraud may no longer participate in LIHEAP</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b>  <p>All information is verified before any approval or payment is made.</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 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)**

5100 Tuxedo Blvd

\* Address Line 1

Address Line 2

Address Line 3

Bartlesville

\* City

OK

\* State

74006

\* 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>