

## Memorandum of Agreement

Between

State of Alaska, Department of Health and Social Services

and

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The purpose of this agreement is to 1) avoid duplication of benefits and 2) promote comparable benefit payments between the federally funded Low Income Home Energy Assistance Programs (LIHEAP) administered by the State of Alaska, Department of Health and Social Services (DHSS), and by the \_\_\_\_\_ (\_\_\_\_\_), an Indian tribe or tribal organization, under the Low Income Home Energy Assistance Act of 1981 (Title XXVI of Public Law 97-35, as amended). \_\_\_\_\_ receives \_\_\_\_\_% of the Low-Income Home Energy Assistance block grant funding based upon their service territory as defined in this agreement

The parties agree as follows:

1. \_\_\_\_\_ will serve all residents Native and non-Native residing in the following communities:
2. As a condition of receipt of these funds, \_\_\_\_\_ will not refer any of their eligible households to DHSS for service. This includes any unserved households remaining after their LIHEAP funds have been expended, unless the parties have agreed to waive this condition.
3. DHSS and \_\_\_\_\_ will cooperate in the development of the LIHEAP plans with the goal of establishing similar eligibility criteria and comparable benefits levels.
4. DHSS will insure that applications for LIHEAP it receives from the region are promptly forwarded to \_\_\_\_\_.
5. As a condition of receipt of these funds, \_\_\_\_\_ will provide DHSS with an annual LIHEAP Summary Report by October 30th. The report will be submitted in the format provided by the state's Heating Assistance Program and will include: the number of households served and amounts expended by community; the amount of expenditures for heating assistance, weatherization, emergency assistance, and program planning and administration; and the amount of LIHEAP funds, if any, carried over into the next program year. The dollar amounts provided in the LIHEAP Summary Report must match the amounts on the Carryover and Reallotment Report submitted to the U.S. Department of Health and Human Services.

This agreement may be amended with mutual agreement of both parties and will remain in effect until amended or revoked.

NATIVE ORGANIZATION

STATE OF ALASKA

Division of Public Assistance  
350 Main Street, Suite 310  
Juneau, Alaska 99801-0604

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

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Date

\_\_\_\_\_  
Date