# DETAILED MODEL PLAN (LIHEAP)

Mandatory Grant Application SF-424

| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES |                         |                                   |                             |                   |  | August 1987, revised 05/92,02/95,03/96,12/98,11/01<br>OMB Clearance No.: 0970-0075<br>Expiration Date: 06/30/2017 |               |  |                                  |  |
|--|-------------------------|-----------------------------------|-----------------------------|-------------------|--|---|---------------|--|----------------------------------|--|
|  |                         | LOW IN                            |                             |                   | ENERGY A<br>Modei<br>F - 424 - M   | L PLAN  |               | OGRAM(   | (LIHEAP)                         |  |
|  |                         |                                   | * 1.b. Frequency:<br>Annual |                   | * 1.c. Consolidated<br>Application/Plan/Funding Request?<br>Explanation: |   | ng Request?   | * 1.d. Version:<br>Initial<br>Resubmission<br>Revision<br>Update |                                  |  |
|  |                         |                                   |                             |                   |  | 2. Date Recei   | ved:          |  | State Use Only:                  |  |
|  |                         |                                   |                             |                   |  | 3. Applicant  | Identifier:   |  |                                  |  |
|  |                         |                                   |                             |                   |  | 4a. Federal E   |               |  | 5. Date Received By State:       |  |
|  |                         |                                   |                             |                   |  | 4b. Federal A   | ward Iden     | tifier:  | 6. State Application Identifier: |  |
| 7. APPLICANT   | INFOR                   | MATION                            |                             |                   |  | <u>.</u>  |               |  | <u> </u>                         |  |
| * a. Legal Nam   | e: Quapa                | w Tribe of Oklah                  | ioma                        |                   |  |   |               |  |                                  |  |
| * b. Employer/   | Гахрауеі                | · Identification N                | lumber (                    | (EIN/TIN): 73-    | 0946495  | * c. Organiza   | tional DUN    | NS: 14531004   | 41                               |  |
| * d. Address:  |                         |                                   |                             |                   |  |   |               |  |                                  |  |
| * Street 1:  |                         | Quapaw Tribe                      | of Oklaho                   | oma               |  | Street 2:   |               | Post Office B  | 3ox 765                          |  |
| * City:  |                         | Quapaw                            |                             |                   |  | County:   |               |  |                                  |  |
| * State:   |                         | ОК                                |                             |                   |  | Province:   |               |  |                                  |  |
| * Country:   |                         | United States                     |                             |                   |  | * Zip / Postal Code: 74363 -  |               | 74363 -  |                                  |  |
| e. Organization  | al Unit:                |                                   |                             |                   |  | w   |               |  |                                  |  |
| Department Na  | me:                     |                                   |                             |                   |  | Division Nam  | ne:           |  |                                  |  |
| f. Name and cor  | ntact info              | ormation of perso                 | on to be                    | contacted on ma   | tters involving tl   | his application   | :             |  |                                  |  |
| Prefix:  | * <b>First</b><br>Patti | Name:                             |                             |                   | Middle Name:   |   |               | * Las<br>Rice  | t Name:                          |  |
| Suffix:  | Title:<br>LIHEA         | AP Coordinator                    |                             |                   | Organizational   | Affiliation:  |               |  |                                  |  |
| * Telephone<br>Number:<br>918-542-1853   | Fax Nu                  | mber                              |                             |                   | * Email:<br>price@quapawtribe.com  |   |               |  |                                  |  |
| * <b>8a. TYPE OF</b><br>I: Indian/Native   |                         | C <b>ANT:</b><br>n Tribal Governm | ient (Fede                  | erally Recognized | 1)   |   |               |  |                                  |  |
| b. Additional  | Descrip                 | tion:                             |                             |                   |  |   |               |  |                                  |  |
| * 9. Name of Fe  | deral Ag                | ency:                             |                             |                   |  |   |               |  |                                  |  |
|  |                         |                                   |                             |                   | og of Federal Dom<br>ssistance Number:                                   |   |               |  | CFDA Title:                      |  |
| 10. CFDA Numbers and Titles 93568  |                         |                                   |                             |                   | Low-Inco   | me Home Ener  | gy Assistance |  |                                  |  |
| 11. Descriptive  | Title of A              | Applicant's Proje                 | ect                         |                   |  |   |               |  |                                  |  |
| 12. Areas Affec  | ted by Fi               | unding:                           |                             |                   |  |   |               |  |                                  |  |
| 13. CONGRESS   | SIONAL                  | DISTRICTS OF                      | F:                          |                   |  |   |               |  |                                  |  |
| * <b>a. Applicant</b><br>02  |                         |                                   |                             |                   |  | b. Program/P  | roject:       |  |                                  |  |
| Attach an addit  | ional list              | of Program/Pro                    | oject Con                   | gressional Distr  | icts if needed.  |   |               |  |                                  |  |

| 14. FUNDING PERIOD:   |  | 15. ESTIMATED FUNDING:   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| a. Start Date:         b. End Date:           10/01/2015         09/30/2016 |  | * a. Federal (\$):<br>\$0  | <b>b. Match (\$):</b><br>\$0             |  |  |  |  |  |  |
| * 16. IS SUBMISSION SUBJECT TO R  | EVIEW BY STATE UNDER EXECUTIV  | VE ORDER 12372 PROCESS?  |  |  |  |  |  |  |  |
| a. This submission was made availab   | 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 b                                       | out has not been selected by State for revie   | ew.  |  |  |  |  |  |  |  |
| c. Program is not covered by E.O. 12.                                       | 372.   |  |  |  |  |  |  |  |  |
| * 17. Is The Applicant Delinquent On Any Federal Debt?<br>O YES<br>O NO     |  |  |  |  |  |  |  |  |  |
| Explanation:  |  |  |  |  |  |  |  |  |  |
| accurate to the best of my knowledge. I a                                   | (1) to the statements contained in the list of<br>also provide the required assurances** an<br>nents or claims may subject me to crimina | d agree to comply with any resulting terr                          | ms if I accept an award. I am aware that |  |  |  |  |  |  |
| ** The list of certifications and assurance                                 | ces, or an internet site where you may obta  | ain this list, is contained in the announcer                       | nent or agency specific instructions.    |  |  |  |  |  |  |
| 18a. Typed or Printed Name and Title o                                      | f Authorized Certifying Official   | 18c. Telephone (area code, number and extension)                   |  |  |  |  |  |  |  |
| Patti Rice  |  | 18d. Email Address<br>price@quapawtribe.com                        |  |  |  |  |  |  |  |
| 18b. Signature of Authorized Certifying Official                            |  | <b>18e. Date Report Submitted (Month, Day, Year)</b><br>07/22/2015 |  |  |  |  |  |  |  |
| Attach supporting docum   | nents as specified in agenc  | v instructions.  |  |  |  |  |  |  |  |

|                  | Section 1 - Program Components   |  |  |   |  |  |  |  |
|------------------|--|--|--|---|--|--|--|--|
|                  | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES   |  |  |   |  |  |  |  |
|                  | LOW INCOME HOME ENERGY ASSISTANCE PRO<br>MODEL PLAN<br>SF - 424 - MANDATORY  | GRAM(LIHEAF  | <sup>2</sup> )                                     |   |  |  |  |  |
| Ad<br>Of         | partment of Health and Human Services<br>Iministration for Children and Families<br>fice of Community Services<br>ashington, DC 20447  |  |  |   |  |  |  |  |
| ON               | gust 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01<br>AB Approval No. 0970-0075<br>piration Date: 02/28/2005   |  |  |   |  |  |  |  |
| rec<br>rep<br>ma | IE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)Use of this model plan is optional. Howeve<br>reive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not<br>porting burden for this collection of information is estimated to average 1 hour per response, including the<br>intaining the data needed, and reviewing the collection of information. An agency may not conduct or spor<br>lection of information unless it displays a currently valid OMB control number. | permitted to file an al<br>time for reviewing inst | obreviated plan. Public<br>ructions, gathering and | 0 |  |  |  |  |
| D                | Section 1 Program Components   |  |  |   |  |  |  |  |
|                  | pgram Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)<br>Check which components you will operate under the LIHEAP program.  | Da   | tes of Operation                                   |   |  |  |  |  |
|                  | ote: You must provide information for each component designated here as requested elsewhere in this plan   |  |  |   |  |  |  |  |
|                  |  | Start Date   | End Date   |   |  |  |  |  |
| ~                | Heating assistance   | 10/1/2015  | 03/31/2016   |   |  |  |  |  |
| ~                | Cooling assistance   | 4/1/2016   | 09/30/2016   |   |  |  |  |  |
| ~                | Crisis assistance  | 10/1/2015  | 09/30/2016   |   |  |  |  |  |

Weatherization assistance

Provide further explanation for the dates of operation, if necessary

N/A

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 at 100%. | dd up to Percentage (%) |
|--|-------------------------|
| Heating assistance   | 35.00%                  |
| Cooling assistance   | 35.00%                  |
| Crisis assistance  | 20.00%                  |
| Weatherization assistance  | 0.00%                   |
| Carryover to the following federal fiscal year   | 0.00%                   |
| Administrative and planning costs  | 10.00%                  |
| Services to reduce home energy needs including needs assessment (Assurance 16)   | 0.00%                   |
| Used to develop and implement leveraging activities  | 0.00%                   |
| TOTAL  | 100.00%                 |

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

| Categoric   | Weatheriz   |   |  |                          |                  |                      |         |                          |           |
|---|---|---|--|--------------------------|------------------|----------------------|---------|--------------------------|-----------|
| Categoric   |   | Weatherization assistance   |  |                          | Other (specify:) |                      |         |                          |           |
| Yes Or  | <b>u consider househo</b><br>No                               | ds categorically eligible if  | 5(c)(1)(A), 2605(b)(8A) - As   | ives one of the followi  |                  | pries of benefits in | the lef | t column belo            | w? 💽      |
| f you ans   | wered "Yes" to qu   | estion 1.4, you must comple   | ete the table below and answ   | ver questions 1.5 and    | 1.6.             |                      |         |                          |           |
|   |   |   | Heating  | Cooling                  |                  | Crisis               |         | Weatheriz                | ation     |
| TANF  |   |   | • Yes O No   | • Yes O No               |                  | Yes 🔘 No             |         | Yes 💽 No                 |           |
| SSI   |   |   | • Yes O No   | • Yes O No               |                  | Yes 🔿 No             |         | Yes 💿 No                 |           |
| SNAP  |   |   | • Yes O No   | • Yes O No               |                  | Yes O No             | 0       | Yes 💽 No                 |           |
| /leans-test/  | ed Veterans Program   | s   | • Yes O No   | • Yes O No               | $\odot$          | Yes 🔘 No             | 0       | Yes 💽 No                 |           |
|   |   | Program Name  | Heating  | Coolin                   | <u> </u>         | Crisis               |         | Weathe                   | rization  |
| Other(Spec  | rify) 1 N/A   |   | O Yes 💿 No   | O Yes 💿 N                | 0                | O Yes O No           |         | O <sub>Yes</sub> $\odot$ | No        |
| size. The T<br>SNAP Nor<br>I.7a Do yo<br>If you ans<br>I.7b Amo<br>I.7c Frequ | Fribe will not exclud<br>minal Payments<br>ou allocate LIHEAI | e households as described in<br>P funds toward a nominal j<br>estion 1.7a, you must provi<br>istance: \$0 | at have the lowest incomes ar<br>clause (2)(B) of the LIHEAR<br>payment for SNAP househo<br>de a response to questions 1 | Statute.                 | osts or nee      | ds in relation to in | come, t | aking into acco          | ount fami |
|   | ce every five years<br>her - Describe:                        |   |  |                          |                  |                      |         |                          |           |
| <b>1.7d How</b>   | do you confirm tha  | t the household receiving a   | nominal payment has an e   | nergy cost or need?      |                  |                      |         |                          |           |
|   | tion of Eligibility - (                                       |   | LIHEAP, do you use gross i   | noomo or not incomo      | 9                |                      |         |                          |           |
|   | oss Income  | sa s meane engionity for  | Linear, ao jou use gross i   | second of net income     | -                |                      |         |                          |           |
| Net   | t Income  |   |  |                          |                  |                      |         |                          |           |
|   |   | orms of countable income  | used to determine a househ   | old's income eligibility | for LIH          | EAP                  |         |                          |           |
| Va Wa   | nges  |   |  |                          |                  |                      |         |                          |           |
| Sel   | f - Employment Inc  | come  |  |                          |                  |                      |         |                          |           |
| Co  | ntract Income   |   |  |                          |                  |                      |         |                          |           |
| 🖌 🛛 Pay   | yments from mortg   | age or Sales Contracts  |  |                          |                  |                      |         |                          |           |

| <b>~</b>    | Unemployment insurance   |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|
| <b>~</b>    | Strike Pay   |  |  |  |  |  |  |  |
| <b>~</b>    | Social Security Administration (SSA ) benefits   |  |  |  |  |  |  |  |
|             | Including MediCare deduction Excluding MediCare deduction  |  |  |  |  |  |  |  |
| ~           | Supplemental Security Income (SSI )  |  |  |  |  |  |  |  |
| ~           | Retirement / pension benefits  |  |  |  |  |  |  |  |
|             | General Assistance benefits  |  |  |  |  |  |  |  |
|             | Temporary Assistance for Needy Families (TANF) benefits  |  |  |  |  |  |  |  |
|             | Supplemental Nutrition Assistance Program (SNAP) benefits  |  |  |  |  |  |  |  |
|             | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits                             |  |  |  |  |  |  |  |
|             | Loans that need to be repaid   |  |  |  |  |  |  |  |
| >           | Cash gifts   |  |  |  |  |  |  |  |
|             | Savings account balance  |  |  |  |  |  |  |  |
|             | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.    |  |  |  |  |  |  |  |
| >           | Jury duty compensation   |  |  |  |  |  |  |  |
| ~           | Rental income  |  |  |  |  |  |  |  |
| ~           | Income from employment through Workforce Investment Act (WIA)  |  |  |  |  |  |  |  |
| ~           | Income from work study programs  |  |  |  |  |  |  |  |
| ~           | Alimony  |  |  |  |  |  |  |  |
| ~           | Child support  |  |  |  |  |  |  |  |
| ~           | Interest, dividends, or royalties  |  |  |  |  |  |  |  |
| >           | Commissions  |  |  |  |  |  |  |  |
| >           | Legal settlements  |  |  |  |  |  |  |  |
| ~           | Insurance payments made directly to the insured  |  |  |  |  |  |  |  |
|             | Insurance payments made specifically for the repayment of a bill, debt, or estimate                    |  |  |  |  |  |  |  |
| >           | Veterans Administration (VA) benefits  |  |  |  |  |  |  |  |
| <b>&gt;</b> | Earned income of a child under the age of 18   |  |  |  |  |  |  |  |
|             | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |  |  |  |  |  |  |  |
|             | Income tax refunds   |  |  |  |  |  |  |  |

| > | Stipends from senior companion programs, such as VISTA   |
|---|--|
|   | Funds received by household for the care of a foster child   |
|   | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid   |
|   | Reimbursements (for mileage, gas, lodging, meals, etc.)  |
|   | Other  |
|   | N/A  |
|   | by of the above questions require further explanation or clarification that could not be made in the fields provided, where a document with said explanation here. |

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: 06/30/2017

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

| Section 2 - Heating Assistance  |   |                    |   |                       |  |  |  |  |  |
|---|---|--------------------|---|-----------------------|--|--|--|--|--|
| Eligibility, 2605(b)(   | Eligibility, 2605(b)(2) - Assurance 2   |                    |   |                       |  |  |  |  |  |
| 2.1 Designate the ir  | ncome eligibility threshold used for the heat   | ing componen       | et:   |                       |  |  |  |  |  |
| Add   | Household size  |                    | Eligibility Guideline                               | Eligibility Threshold |  |  |  |  |  |
| 1   | All Household Sizes   |                    | State Median Income                                 | 60.00%                |  |  |  |  |  |
| <b>2.2 Do you have ad</b><br>HEATING ASSITA   | ditional eligibility requirements for NCE?  | O Yes              | No  |                       |  |  |  |  |  |
| 2.3 Check the appr  | opriate boxes below and describe the policie  |                    |   |                       |  |  |  |  |  |
| Do you require an   | Assets test ?   | O Yes              | No  |                       |  |  |  |  |  |
| Do you have additi  | onal/differing eligibility policies for:  |                    |   |                       |  |  |  |  |  |
| <b>Renters?</b>   |   | O Yes @            | No  |                       |  |  |  |  |  |
| Renters Livir   | ng in subsidized housing ?  | O Yes 6            | No  |                       |  |  |  |  |  |
| Renters with  | utilities included in the rent ?  | O Yes 6            | No  |                       |  |  |  |  |  |
| Do you give priorit   | y in eligibility to:  | 1.                 |   |                       |  |  |  |  |  |
| Elderly?  |   | • Yes (            | No  |                       |  |  |  |  |  |
| Disabled?   |   | ⊙ <sub>Yes</sub> ( | No  |                       |  |  |  |  |  |
| Young childr  | en?   | • Yes              | • Yes O No  |                       |  |  |  |  |  |
| Households v  | vith high energy burdens ?  | O Yes O No         |   |                       |  |  |  |  |  |
| Other?  |   | O Yes              | Yes 💽 No  |                       |  |  |  |  |  |
| Benefit amount is ba  | Explanations of policies for each "yes" checked above:<br>Benefit amount is based on score received from the Tribe's benefit Matrix. Households with elderly, disabled, and young children receive additional points, and therefore<br>are given priority in eligibility. |                    |   |                       |  |  |  |  |  |
| Determination of Be   | enefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B  | )                  |   |                       |  |  |  |  |  |
| 2.4 Describe how ye   | ou prioritize the provision of heating assista  | nce tovulnera      | ble populations,e.g., benefit amounts, early applic | ation periods, etc.   |  |  |  |  |  |
| Applications are all received during the regular open application period, and if it appears as if LIHEAP benefits will be fully utilized, then households with a vulnerable member are given priority over those with non-vulnerable members. |   |                    |   |                       |  |  |  |  |  |
| 2.5 Check the varia   | bles you use to determine your benefit level  | s. (Check all t    | hat apply):   |                       |  |  |  |  |  |
| Income  |   |                    |   |                       |  |  |  |  |  |
| Family (house   | ehold) size   |                    |   |                       |  |  |  |  |  |
| ✓ Home energy   | cost or need:   |                    |   |                       |  |  |  |  |  |
| Fuel ty   | Fuel type   |                    |   |                       |  |  |  |  |  |
| Climate/region  |   |                    |   |                       |  |  |  |  |  |
| Individe  |   |                    |   |                       |  |  |  |  |  |
| Dwelli  | Dwelling type   |                    |   |                       |  |  |  |  |  |
|   | y burden (% of income spent on home energ   | IV)                |   |                       |  |  |  |  |  |
| Energy  |   |                    |   |                       |  |  |  |  |  |
|   | ·   |                    |   |                       |  |  |  |  |  |

Other - Describe:

Households with elderly, disabled persons, or small children are given higher amount of benefits.

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

| 2.6 Describe estimated benefit levels for FY 2016:  |                      |   |                 |  |  |  |  |  |
|---|----------------------|---|-----------------|--|--|--|--|--|
| Minimum Benefit   | \$150                | Maximum Benefit                                 | \$750           |  |  |  |  |  |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? • Yes O No |                      |   |                 |  |  |  |  |  |
| If yes, describe.   |                      |   |                 |  |  |  |  |  |
| The Tribe provide blankets and/or space heaters to households   | meeting LIHEAP eligi | bility requirements if funding allows.          |                 |  |  |  |  |  |
| If any of the above questions require furthe  | er explanation of    | r clarification that could not be made in the f | ields provided, |  |  |  |  |  |

attach a document with said explanation here.

| Section 3 - | COOL | JNG A | ASSIS' | TANCE |
|-------------|------|-------|--------|-------|
|             |      |       |        |       |

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

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

| Section 3 - Cooling Assistance  |   |                    |  |  |  |  |
|---|---|--------------------|--|--|--|--|
| Eligibility, 2605(c)(   | 1)(A), 2605 (b)(2) - Assurance 2  |                    |  |  |  |  |
| 3.1 Designate The i   | ncome eligibility threshold used for the Co   | ooling compone     | net:   |  |  |  |
| 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 COLING ASSITANCE? |   |                    |  |  |  |  |
| 3.3 Check the appr  | opriate boxes below and describe the polic  | cies for each.     |  |  |  |  |
| Do you require an   | Assets test ?   | O Yes (            | • No   |  |  |  |
| Do you have addition  | onal/differing eligibility policies for:  |                    |  |  |  |  |
| <b>Renters?</b>   |   | C Yes (            | • No   |  |  |  |
| Renters Livir   | ng in subsidized housing ?  | C <sub>Yes</sub> ( | No   |  |  |  |
| Renters with  | utilities included in the rent ?  | O Yes (            | No   |  |  |  |
| Do you give priorit   | y in eligibility to:  | <u></u> ]          |  |  |  |  |
| Elderly?  |   | ⊙ <sub>Yes</sub> ( | O No   |  |  |  |
| Disabled?   |   | • Yes (            | No   |  |  |  |
| Young childr  | en?   | • Yes (            |  |  |  |  |
| Households v  | vith high energy burdens ?  | C Yes (            | No   |  |  |  |
| Other?  |   | O Yes (            | No   |  |  |  |
| Explanations of po  | licies for each "yes" checked above:  |                    |  |  |  |  |
| Benefit amount is ba<br>are given priority in                             |   | ït Matrix. Hous    | eholds with elderly, disabled, and young children re | ceive additional points, and therefore |  |  |
| 3.4 Describe how y  | ou prioritize the provision of cooling assist   | ance tovulnera     | ble populations,e.g., benefit amounts, early appli   | cation periods, etc.                   |  |  |
|   | received during the regular open application<br>riority over those with non-vulnerable memb |                    | appears as if LIHEAP benefits will be fully utilized | , then households with a vulnerable    |  |  |
| Determination of Be   | enefits 2605(b)(5) - Assurance 5, 2605(c)(1)(   | B)                 |  |  |  |  |
|   | bles you use to determine your benefit lev  | els. (Check all    | that apply):   |  |  |  |
| Income  |   |                    |  |  |  |  |
| Family (house   | ehold) size   |                    |  |  |  |  |
| <b>W</b> Home energy  | cost or need:   |                    |  |  |  |  |
| Fuel type   |   |                    |  |  |  |  |
| Climate/region  |   |                    |  |  |  |  |
| Individe  | lual bill   |                    |  |  |  |  |
|   | Dwelling type   |                    |  |  |  |  |
| Energy  | y burden (% of income spent on home ene   | rgy)               |  |  |  |  |
| 🗹 Energy  |   |                    |  |  |  |  |
|   |   |                    |  |  |  |  |

| <b>~</b> | Other - Describe: |
|----------|-------------------|
|----------|-------------------|

| V Other - Describe:   |   |                    |  |  |  |  |
|---|---|--------------------|--|--|--|--|
| Households with elderly, disabled persons, or small children are given higher amount of benefits.   |   |                    |  |  |  |  |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)   |   |                    |  |  |  |  |
| 3.6 Describe estimated benefit levels for FY 2016:  |   |                    |  |  |  |  |
| Minimum Benefit   | Minimum Benefit \$150 Maximum Benefit \$750 |                    |  |  |  |  |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and   | /or other forms of bei                      | nefits? • Yes O No |  |  |  |  |
| If yes, describe.<br>The Tribe provides fans and/or air conidtioners to households meeting LIHEAP eligibility requirements if funding allows. |   |                    |  |  |  |  |
|   |   |                    |  |  |  |  |

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: 06/30/2017

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

# Section 4: CRISIS ASSISTANCE

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

| Eligionity - 2004(  |  |   |                               |
|---|--|---|-------------------------------|
| 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.  |   |                               |
|   | of valid precipitating factor, a household must have received a additional fuel when current supply will be depleted within 72-b |   |                               |
| 4.3 What constitu   | ites a life-threatening crisis?  |   |                               |
| A life threatening  | crisis is when a LIHEAP applicant or recipient household is wit  | hout heat or air service.                           |                               |
| Crisis Requireme  | ent, 2604(c)   |   |                               |
| 4.4 Within how n  | nany hours do you provide an intervention that will resolve t  | he energy crisis for eligible households? 48Hou     | rs                            |
| 4.5 Within how n  | nany hours do you provide an intervention that will resolve t  | he energy crisis for eligible households in life-th | reatening situations? 18Hours |
| Crisis Eligibility, 2   | 2605(c)(1)(A)  |   |                               |
| 4.6 Do you have a   | additional eligibility requirements for CRISIS ASSISTANCI  | E? C Yes O No                                       |                               |
|   |  | <b>1</b> 1  |                               |
|   | propriate boxes below and describe the policies for each   | 1   |                               |
| Do you require a  | n Assets test ?  | O Yes O No  |                               |
| Do you give prior   | ity in eligibility to :  | 1   |                               |
| Elderly?  |  | ⊙ Yes ∩ No  |                               |
| Disabled?   |  | • Yes O No  |                               |
| Young Chi   | ldren?   | € Yes ℃No   |                               |
| Households  | s with high energy burdens?  | O Yes 💿 No  |                               |
| Other?  |  | C Yes • No  |                               |
| In Order to recei   | ve crisis assistance:  |   |                               |
| Must the he tank?   | ousehold have received a shut-off notice or have a near empt   | y • Yes O No  |                               |
| Must the h  | ousehold have been shut off or have an empty tank?   | O Yes O No  |                               |
| Must the h  | ousehold have exhausted their regular heating benefit?   | • Yes O No  |                               |
| Must renters with heating costs included in their rent have received an eviction notice ? |  |   |                               |
| Must heating/cooling be medically necessary?  |  |   |                               |
| Must the h  | ousehold have non-working heating or cooling equipment?  | O Yes O No  |                               |
| Other?  |  | O Yes O No  |                               |
| Do you have add   | itional / differing eligibility policies for:  | -11-  |                               |
| Renters?  |  | O Yes O No  |                               |
| Renters livi  | ing in subsidized housing?   | O Yes O No  |                               |

| Renters with utilities in   | cluded in the rent?   |                    |                  | O Yes 💿 No   |  |  |
|---|---|--------------------|------------------|--|--|--|
| Explanations of policies for ea   | nch "yes" checked above:  |                    | I                |  |  |  |
| Benefit amount is based on scor<br>are given priority in eligibility.   | Benefit amount is based on score received from the Tribe's benefit Matrix. Households with elderly, disabled, and young children receive additional points, and therefore |                    |                  |  |  |  |
| In order to be eligible for crisis  | assistance a household must   | have received      | a shut off not   | ice or notice of near empty tank and have exhausted regular heating/cooling benefits |  |  |
| Determination of Benefits   |   |                    |                  |  |  |  |
| 4.8 How do you handle crisis  | .8 How do you handle crisis situations?   |                    |                  |  |  |  |
|   | Separate component  | Separate component |                  |  |  |  |
|   | Fast Track  |                    |                  |  |  |  |
|   | Other - Describe:   |                    |                  |  |  |  |
| 4.9 If you have a separate con  | ponent, how do you detern   | nine crisis ass    | istance benef    | ïits?  |  |  |
| <ul> <li>Image: A start of the start of</li></ul> | Amount to resolve the cris  | sis.               |                  |  |  |  |
|   | Other - Describe:   |                    |                  |  |  |  |
|   | <u>.</u>  |                    |                  |  |  |  |
| Crisis Requirements, 2604(c)  |   |                    |                  |  |  |  |
|   | ns for energy crisis assistan   | ce at sites tha    | t are geograp    | phically accessible to all households in the area to be served?                      |  |  |
| • Yes O No Explain.   |   |                    |                  |  |  |  |
| The Tribe is centrally located an   | nd all tribal members live wit  | thin our servic    | e area.          |  |  |  |
| 4.11 Do you provide individua   | als who are physically disab  | led the mean       | s to:            |  |  |  |
| Submit applications for cris  | -   | their homes?       |                  |  |  |  |
| • Yes O No If No, exp   |   |                    |                  |  |  |  |
| Travel to the sites at which  |   | tance are acc      | epted?           |  |  |  |
| O Yes O No If No, exp   |   |                    |                  |  |  |  |
| -   |   | -                  |                  | neans of intake to those who are homebound or physically disabled?                   |  |  |
| The Tribe does not provide tran   | sportation to physically disat  | oled individua     | ls, but applica  | tions are accepted by mail.  |  |  |
| Benefit Levels, 2605(c)(1)(B)   |   |                    |                  |  |  |  |
| 4.12 Indicate the maximum be  | enefit for each type of crisis  | assistance of      | fered.           |  |  |  |
| Winter Crisis \$750   | ) maximum benefit   |                    |                  |  |  |  |
| Summer Crisis \$750   | maximum benefit   |                    |                  |  |  |  |
| Year-round Crisis \$1,5   | 00 maximum benefit  |                    |                  |  |  |  |
| 4.13 Do you provide in-kind (   | e.g. blankets, space heaters,   | , fans) and/or     | other forms      | of benefits?   |  |  |
| • Yes O No If yes, Descr  | ibe   |                    |                  |  |  |  |
| The Tribe provide blankets, space heaters, fans, and/or air coniditoning units to households meeting LIHEAP eligibility requirements if funding allows.   |   |                    |                  |  |  |  |
| 4.14 Do you provide for equip   | ment repair or replacemen   | t using crisis     | funds?           |  |  |  |
| O Yes O 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<br>Crisis   | Summer<br>Crisis | Year-round Crisis  |  |  |
| Heating system repair   |   |                    |                  |  |  |  |
| Heating system replacement  |   |                    |                  |  |  |  |
| Cooling system repair   | Cooling system repair   |                    |                  |  |  |  |
| Cooling system replacement  |   |                    |                  |  |  |  |
| Wood stove purchase   |   |                    |                  |  |  |  |

| Pellet stove purchase   |                |                |  |  |  |
|---|----------------|----------------|--|--|--|
| Solar panel(s)  |                |                |  |  |  |
| Utility poles / gas line hook-ups   |                |                |  |  |  |
| Other (Specify):  |                |                |  |  |  |
| 4.16 Do any of the utility vendors you work with enforce  | a moratoriur   | n on shut offs | fs?  |  |  |
| O Yes 💿 No  |                |                |  |  |  |
| If you responded "Yes" to question 4.16, you must respo   | nd to question | n 4.17.        |  |  |  |
| 4.17 Describe the terms of the moratorium and any speci   | al dispensatio | on received by | 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. |                |                |  |  |  |

| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES |                                  |  |                                       |  |  |  |
|--|----------------------------------|--|---------------------------------------|--|--|--|
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY  |                                  |  |                                       |  |  |  |
| Se   | ection 5: WEATHE                 | RIZATION ASSISTANCE                                  |                                       |  |  |  |
| Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance   | - 2                              |  |                                       |  |  |  |
| 5.1 Designate the income eligibility threshold us  | ed for the Weatherization co     | mponent  |                                       |  |  |  |
| Add Househ   | old Size                         | Eligibility Guideline                                | Eligibility Threshold                 |  |  |  |
| 1  |                                  |  | 0.00%                                 |  |  |  |
| 5.2 Do you enter into an interagency agreement   | to have another government       | agency administer a WEATHERIZATION comp              | onent? O Yes O No                     |  |  |  |
| 5.3 If yes, name the agency.   |                                  |  |                                       |  |  |  |
| 5.4 Is there a separate monitoring protocol for v  | weatherization? O Yes ON         | 0  |                                       |  |  |  |
| WEATHERIZATION - Types of Rules  |                                  |  |                                       |  |  |  |
| 5.5 Under what rules do you administer LIHEA   | P weatherization? (Check on      | ly one.)   |                                       |  |  |  |
| Entirely under LIHEAP (not DOE) rules  |                                  |  |                                       |  |  |  |
|  | milos                            |  |                                       |  |  |  |
| Entirely under DOE WAP (not LIHEAP)  |                                  |  |                                       |  |  |  |
|  | wing DOE WAP rule(s) whe         | re LIHEAP and WAP rules differ (Check all that       | apply):                               |  |  |  |
| Income Threshold   |                                  |  |                                       |  |  |  |
| Weatherization of entire multi-famil<br>become eligible within 180 days  | y housing structure is permi     | tted if at least 66% of units (50% in 2- & 4-unit bu | uildings) are eligible units or will  |  |  |  |
| Weatherize shelters temporarily hou  | using primarily low income p     | ersons (excluding nursing homes, prisons, and sin    | nilar institutional care facilities). |  |  |  |
| Other - Describe:  |                                  |  |                                       |  |  |  |
| Mostly under DOE WAP rules, with the fo  | ollowing LIHEAP rule(s) whe      | ere LIHEAP and WAP rules differ (Check all that      | t apply.)                             |  |  |  |
| Income Threshold   |                                  |  |                                       |  |  |  |
| Weatherization not subject to DOE  | WAP maximum statewide av         | erage cost per dwelling unit.                        |                                       |  |  |  |
| Weatherization measures are not su   | bject to DOE Savings to Inve     | stment Ration (SIR ) standards.                      |                                       |  |  |  |
| Other - Describe:  |                                  |  |                                       |  |  |  |
|  |                                  |  |                                       |  |  |  |
| Eligibility, 2605(b)(5) - Assurance 5  |                                  |  |                                       |  |  |  |
| 5.6 Do you require an assets test?   | C Yes C No                       |  |                                       |  |  |  |
| 5.7 Do you have additional/differing eligibility p   | 4                                |  |                                       |  |  |  |
| Renters  | O Yes O No                       |  |                                       |  |  |  |
| Renters living in subsidized housing?  | O Yes O No                       |  |                                       |  |  |  |
| 5.8 Do you give priority in eligibility to:  | 00                               |  |                                       |  |  |  |
| Elderly?   | O Yes O No                       |  |                                       |  |  |  |
| Disabled?  | O Yes O No                       |  |                                       |  |  |  |
| Young Children?  | O Yes O No                       |  |                                       |  |  |  |
| House holds with high energy burdens?  | O Yes O No                       |  |                                       |  |  |  |
| Other?   | O Yes O No                       |  |                                       |  |  |  |
| If you selected "Yes" for any of the options in qu   | uestions 5.6, 5.7, or 5.8, you n | nust provide further explanation of these policies i | in the text field below.              |  |  |  |

| Benefit Levels  |                             |
|---|-----------------------------|
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per hour  | sehold? O Yes O No          |
| 5.10 If yes, what is the maximum? \$0   |                             |
| Types of Assitance, 2605(c)(1), (B) & (D)                                     |                             |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categori | es that apply.)             |
| Weatherization needs assessments/audits                                       | Energy related roof repair  |
| Caulking and insulation   | Major appliance Repairs     |
| Storm windows   | Major appliance replacement |
| Furnace/heating system modifications/ repairs                                 | Windows/sliding glass doors |
| Furnace replacement   | Doors                       |
| Cooling system modifications/ repairs   | Water Heater                |
| Water conservation measures   | Cooling system replacement  |
| Compact florescent light bulbs  | Other - Describe:           |
|   |                             |

August 1987, revised 05/92,02/95,03/96,12/98,11/01 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN** SF - 424 - MANDATORY 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. 4 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. 1 Other (specify):

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

ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92,02/95,03/96,12/98,11/01 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB Clearance No.: 0970-0075 ADMINISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 06/30/2017 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN** SF - 424 - MANDATORY 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.). Joint application for multiple programs Intake referrals to/from other programs ~ One - stop intake centers 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 7 - Coordniation, 2605(b)(4) - Assurance 4

|  | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES |  |                   |                   |                |  |  |  |
|--|--|--|-------------------|-------------------|----------------|--|--|--|
|  | LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY  |  |                   |                   |                |  |  |  |
|  | 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?  |                   |                   |                |  |  |  |
| >  | Administration Agency  |  |                   |                   |                |  |  |  |
|  | Commerce Agency  |  |                   |                   |                |  |  |  |
|  | Community Services Agency  |  |                   |                   |                |  |  |  |
|  | Energy / Environment Agency  |  |                   |                   |                |  |  |  |
|  | Housing Agency   |  |                   |                   |                |  |  |  |
|  | Welfare Agency   |  |                   |                   |                |  |  |  |
|  | Other - Describe:  |  |                   |                   |                |  |  |  |
| Alternat   | te Outreach and Intake, 2605(b)(15) - Assurance  | 15   |                   |                   |                |  |  |  |
|  |  |  |                   |                   |                |  |  |  |
|  | elected "Welfare Agency" in question 8.1, you mu   |  |                   | lle.              |                |  |  |  |
| 8.2 How  | do you provide alternate outreach and intake for   | F HEATING ASSISTAN   | UE?               |                   |                |  |  |  |
| 8.3 How  | do you provide alternate outreach and intake for   | r COOLING ASSISTAN   | CE?               |                   |                |  |  |  |
| 8.4 How  | do you provide alternate outreach and intake for   | r CRISIS ASSISTANCE  | ?                 |                   |                |  |  |  |
|  |  |  |                   |                   |                |  |  |  |
| 8.5 LIH  | EAP Component Administration.  | Heating  | Cooling           | Crisis            | Weatherization |  |  |  |
|  | o determines client eligibility?   | Tribal Government  | Tribal Government | Tribal Government |                |  |  |  |
| 8.5b Wh<br>vendors   | o processes benefit payments to gas and electric ?   | Tribal Government  | Tribal Government | Tribal Government |                |  |  |  |
| 8.5c who<br>vendors  | o processes benefit payments to bulk fuel<br>?   | Tribal Government  | Tribal Government | Tribal Government |                |  |  |  |
|  | 8.5d Who performs installation of weatherization measures?   |  |                   |                   |                |  |  |  |
| 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 Wha  | 8.6 What is your process for selecting local administering agencies?   |  |                   |                   |                |  |  |  |
| 1  | e Ouanaw Tribe administers all components of LIH   | N/A - The Quapaw Tribe administers all components of LIHEAP. |                   |                   |                |  |  |  |

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| 8.7 How               | 8.7 How many local administering agencies do you use? N/A - The Quapaw Tribe administers all components of LIHEAP.  |  |  |  |  |  |
|-----------------------|---|--|--|--|--|--|
| 8.8 Have<br>Yes<br>No | 8.8 Have you changed any local administering agencies in the last year?<br>Yes<br>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  |  |  |  |  |  |
|                       |   |  |  |  |  |  |
|                       | of the above questions require further explanation or clarification that could not be made in the fields provided, a document with said explanation here. |  |  |  |  |  |

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

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

# Section 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

Cooling • Yes • No Crisis • Yes • No

Are there exceptions? O Yes O No

If yes, Describe.

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

The client is mailed notice of approval/disapproval. If the application is approved, the amount is included in the notice. A copy of this notice is available for review in Appendix C of the attached Quapaw LIHEAP Manual.

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?

All home energy suppliers are required to sign a vendor agreement prior to any pledge or payment being issued (see Appendix F of the attached Quapaw LIHEAP Manual for a sample agreement). The agreement meets the requirements of this statute and applies to all LIHEAP programs administered by the Tribe (heating, cooling, and crisis). Energy suppliers are randomly "audited" by the Tribe annually. The suppliers must show actual usage for LIHEAP recipients. This information is used to determine the supplier's compliance with the terms of their contract.

9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

Vendor agreements state that vendors may not treat recipients of household adversely because of their receipt of LIHEAP assistance, and outside the the tribal Social Services department, the vendor is the only other entity/person privy to the identity of LIHEAP recipients.

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.

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: 06/30/2017

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

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 Tribe's financial management system provides for effective control over and accountability for all program funds, and real and personal property acquired with program funds. The Tribe shall adequately safeguard all such property and shall assure that it is used solely for authorized purposes.

The Tribe will provide good internal control over the program funds by segregating duties and operational budgeting. Duties are segregated by providing clear lines of authority and responsibility within the organization. The duties of control over the program funds or assets shall be separate from the duties of accounting control. A budget will be drawn up at the beginning of the contract or grant and monitored on a regular basis determining the un-obligated portion for each line item. If a budget line item needs modifying, a modification request will be sent to the appropriate funding agent for approval. A copy of the request along with the approval or disapproval will be kept in the records of the Tribe.

Audit Process

| 10.2. Is y | your LIHEAP | program audited a | nnually under th | e Single Audit | Act and OMB | Circular A - 133 |
|------------|-------------|-------------------|------------------|----------------|-------------|------------------|
| • Yes      | C No        |                   |                  | U              |             |                  |

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  | Туре   | Brief Summary                              | Resolved?                               | Action Taken     |  |
|--|--|--|---|------------------|--|
| 1  |  |  |   |                  |  |
| 10.4. Audits of I  | Local Administering Age  | ncies                                      |   |                  |  |
|  | What types of annual audit requirements do you have in place for local adminstering agencies/district offices?<br>Select all that apply. |  |   |                  |  |
| 🗹 Local  | agencies/district offices a  | are required to have an annual audit in co | mpliance with Single Audit Act and OMI  | 3 Circular A-133 |  |
| Local  | agencies/district offices a  | are required to have an annual audit (othe | er than A-133)                          |                  |  |
| Local  | agencies/district offices'   | A-133 or other independent audits are rev  | viewed by Grantee as part of compliance | process.         |  |
| Grant  | ee conducts fiscal and pr  | ogram monitoring of local agencies/distri  | ct offices                              |                  |  |
| Compliance Mo  | nitoring   |  |   |                  |  |
| 10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply |  |  |   |                  |  |
| Grantee employees:   |  |  |   |                  |  |
| Internal program review  |  |  |   |                  |  |
| Departmental oversight   |  |  |   |                  |  |
| Secondary review of invoices and payments  |  |  |   |                  |  |
| Other program review mechanisms are in place. Describe:  |  |  |   |                  |  |
|  |  |  |   |                  |  |
| Local Adminstering Agencies / District Offices:  |  |  |   |                  |  |

On - site evaluation

Annual program review

Monitoring through central database

Desk reviews

Client File Testing / Sampling

Other program review mechanisms are in place. Describe:

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

LIHEAP will be managed as all other tribal programs. The day-to-day activities of the LIHEAP Coordinator are under the supervision of the Tribal Administrator, who is under the supervision of the Tribal Business Committee, who is elected by tribal members. The Business Committee requires monthly financial and narrative reports for all programs.

Once per year, the Grants Director monitors the LIHEAP files for the purpose of reviewing eligibility and benefit determinations made by the LIHEAP Coordinator.

During these monitorings, participant files are chosen at random for detailed review to verify that the eligibility determination was correct and that all established policies and procedures were followed in the decision-making process. Any findings are reported to the Tribal Administrator and Business Committee.

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

Site Visits:

N/A - Administered by the Tribe, there are no local agencies to review

**Desk Reviews:** 

N/A - Administered by the Tribe, there are no local agencies to review

10.8. How often is each local agency monitored ?

N/A - Administered by the Tribe, there are no local agencies to review

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

N/A

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

N/A

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

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

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| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY  |            |   |  |  |
| 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?<br>Select all that apply.  |            |   |  |  |
| Tribal Council meeting(s)  |            |   |  |  |
| Public Hearing(s)  |            |   |  |  |
| Draft Plan posted to website and available for commen  | t          |   |  |  |
| Hard copy of plan is available for public view and com   | ment       |   |  |  |
| Comments from applicants are recorded  |            |   |  |  |
| Request for comments on draft Plan is advertised   |            |   |  |  |
| Stakeholder consultation meeting(s)  |            |   |  |  |
| Comments are solicited during outreach activities  |            |   |  |  |
| Other - Describe:  |            |   |  |  |
| 11.2 What changes did you make to your LIHEAP plan as a result of this participation?<br>No comments were received, so no changes were made.   |            |   |  |  |
|  |            |   |  |  |
| Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only<br>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  | 07/01/2015 | N/A - No public hearing required for Tribes |  |  |
| 11.4. How many parties commented on your plan at the hearing(s)?   |            |   |  |  |
| 11.5 Summarize the comments you received at the hearing(s).  |            |   |  |  |
| N/A - No public hearing required for Tribes  |            |   |  |  |
| 11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?  |            |   |  |  |
| N/A - No public hearing required for Tribes  |            |   |  |  |
| 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.  |            |   |  |  |

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

#### 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? 0

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

No policy and/or procedural changes were made in the last Federal fiscal year as a result of fair hearings.

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

In the event an applicant feels he/she has been denied services unfairly, or in the event an affected recipient desires to appeal the Tribe's final determination concerning services or benefits hereunder for any other reason, such person may file an appeal in writing to the Quapaw Tribal Business Committee. Any appeals hereunder shall be submitted in writing to the Secretary-Treasurer of the Business Committee within thirty (30) days after the written decision of the Tribe is received by the applicant or recipient of benefits or services. The Secretary-Treasurer shall set the appeal for decision by the Business Committee at a regular meeting of the Business Committee not later than the second (2nd) regularly monthly meeting of the Committee from the date of appeal receipt. Such appeal shall set forth, in writing, all of the reasons for the appeal, and shall contain any and all documents the appellant desires the Business Committee to consider with respect to the appeal. The Business Committee may, in its discretion, request that the appellant and a representative or representatives of the Committee appear in person to address the issues in the appeal. No arguments or issues will be considered by the Business Committee unless they are fully set forth and described in the appeal papers. The Committee's final decision shall be served on the applicant or recipient.

The Business Committee may proceed to a decision without a hearing, at its sole discretion. The Business Committee shall make a final determination of the appeal, in writing. Any final decision of the Business Committee hereunder may be appealed to the Tribal Court, if such appeal shall be filed within thirty (30) days after the date the appellant receives the decision of the Business Committee. Any appeals to the Tribe Court received after such period shall be barred as untimely. In hearing an appeal of a final decision of the Business Committee hereunder, the Tribal Court shall review the factual determinations of the Business Committee for clear error. Under no circumstances shall the Tribe, Business Committee, or Court be required to commit or obligate and expend the funds of the Tribe for services and benefits hereunder if such funds have not been appropriated for such purpose by the Tribal Business Committee.

#### 12.5 When and how are applicants informed of these rights?

All LIHEAP applicants are entitled to request a hearing regarding the decision made on their case. Both Energy Assistance (EA) applicants and Energy Crisis Intervention Program (ECAP) will be notified of their hearing rights in their award/denial notification (sample is included in Appendix C of the attach LIHEAP Manual).

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

The appeal process for applications not acted on in a timely manner is the same as the process for "denials" stated above.

#### 12.7 When and how are applicants informed of these rights?

All LIHEAP applicants are entitled to request a hearing regarding the decision made on their case. Both Energy Assistance (EA) applicants and Energy Crisis Intervention Program (ECAP) will be notified of their hearing rights in their award/denial notification (sample is included in Appendix C of the attach LIHEAP Manual).

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?  |   |  |  |  |
| N/A - No LIHEAP funds will be used to provide services that encourage and enable households to reduce their home energy needs.   |   |  |  |  |
| <b>13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?</b><br>N/A - No LIHEAP funds will be used to provide services that encourage and enable households to reduce their home energy needs.                   |   |  |  |  |
| <b>13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.</b><br>N/A - No LIHEAP funds will be used to provide services that encourage and enable households to reduce their home energy needs. |   |  |  |  |
| <b>13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.</b><br>N/A - No LIHEAP funds will be used to provide services that encourage and enable households to reduce their home energy needs.        |   |  |  |  |
| 13.5 How many households applied for these services? 0   |   |  |  |  |
| 13.6 How many households received these services? 0  |   |  |  |  |

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| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY   |   |                                   |   |  |  |
| Section 14:Leveraging Incentive Program, 2607(A)  |   |                                   |   |  |  |
| 14.1 Do you pla   | n to submit an applicatio   | n for the leveraging incentive pr | rogram?   |  |  |
| 14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.                          |   |                                   |   |  |  |
| 14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96.87(d)(2)(iii), describe the following: |   |                                   |   |  |  |
| Resource  | Resource What is the type of resource or benefit ? resource? How will the resource be integrated and coordinated with LIHEAP? |                                   |   |  |  |
| 1   | N/A   | N/A                               | N/A   |  |  |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.     |   |                                   |   |  |  |

Section 15 - Training

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| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>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:  |   |  |  |  |
| Employees are provided with policy manual  |   |  |  |  |
| Other-Describe:  |   |  |  |  |
| b. Local Agencies:   |   |  |  |  |
| Formal training conference   |   |  |  |  |
| How often?   |   |  |  |  |
| Annually   |   |  |  |  |
| Biannually   |   |  |  |  |
| As needed  |   |  |  |  |
| Other - Describe:  |   |  |  |  |
| On-site training   |   |  |  |  |
| How often?   |   |  |  |  |
| Annually   |   |  |  |  |
| Biannually   |   |  |  |  |
| As needed  |   |  |  |  |
| Other - Describe:  |   |  |  |  |
| Employees are provided with policy manual  |   |  |  |  |
| Other - Describe   |   |  |  |  |
| c. Vendors   |   |  |  |  |
| Formal training conference   |   |  |  |  |
| How often?   |   |  |  |  |
| Annually   |   |  |  |  |
| Biannually   |   |  |  |  |
| As needed  |   |  |  |  |
| Other - Describe:  |   |  |  |  |
| Policies communicated through vendor agreements  |   |  |  |  |

Other - Describe:

15.2 Does your training program address fraud reporting and prevention? • Yes • No

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Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

N/A

|   | Section 17 - Program                          | Integrity, 2605(b)(10)                        |  |  |  |
|---|---|---|--|--|--|
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| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br>MODEL PLAN<br>SF - 424 - MANDATORY |   |   |  |  |  |
|   | Section 17: Program                           | Integrity, 2605(b)(10)                        |  |  |  |
| 17.1 Fraud Reporting Mechanisms   |   |   |  |  |  |
|   | o the public for reporting cases of suspected | ed waste, fraud, and abuse. Select all that a | ipply.   |  |  |
| Online Fraud Reporting  | <b>TT</b> .01                                 |   |  |  |  |
| Dedicated Fraud Reporting   | -   |   |  |  |  |
|   | ency/district office or Grantee office        |   |  |  |  |
|   | General or Attorney General                   | renders to report frond waste and abuse       |  |  |  |
| Other - Describe:   | lace for local agencies/district offices and  | venuors to report if and, waste, and abuse    |  |  |  |
| b. Describe strategies in place for adve  | ertising the above-referenced resources. Se   | elect all that apply                          |  |  |  |
| Printed outreach materials  |   |   |  |  |  |
| Addressed on LIHEAP app   | plication                                     |   |  |  |  |
| Website   |   |   |  |  |  |
| Other - Describe:   |   |   |  |  |  |
| 17.2. Identification Documentation Rec  | quirements                                    |   |  |  |  |
| a. Indicate which of the following form   | as of identification are required or request  | ed to be collected from LIHEAP applicant      | s or their household members.  |  |  |
|   |   | Collected from Whom?                          |  |  |  |
| Type of Identification Collected  | Applicant Only                                | All Adults in Household                       | All Household Members  |  |  |
| Social Security Card is photocopied and retained  | Required                                      | Required                                      | Required   |  |  |
|   | Requested                                     | Requested                                     | Requested  |  |  |
| Social Security Number (Without<br>actual Card)   | Required                                      | Required                                      | Required   |  |  |
|   | Requested                                     | Requested                                     | Requested  |  |  |
| Government-issued identification<br>card  | Required                                      | Required                                      | Required   |  |  |
| (i.e.: driver's license, state ID, Tribal<br>ID, passport, etc.)                        | Requested                                     | Requested                                     | Requested  |  |  |

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All Household Members Required

All Household

Members

Requested

All Adults in Household

Required

Applicant Only Requested

Applicant Only Required

Other

All Adults in Household

Requested

| 1   |   |                         |                       |                         |                       |                        |
|---|---|-------------------------|-----------------------|-------------------------|-----------------------|------------------------|
| b. Describe any exceptions to the abo   | ove policies.   |                         |                       |                         |                       |                        |
| Social security cards not required on household members under the age of one. |   |                         |                       |                         |                       |                        |
| 17.2 Identification Varification  |   |                         |                       |                         |                       |                        |
| 17.3 Identification Verification Describe what methods are used to y          | verify the authentici   | ty of identification d  | ocuments provided l   | ov clients or househo   | ld members. Select al | l that apply           |
| Verify SSNs with Social Secu  |   |                         | 1                     |                         |                       |                        |
| Match SSNs with death reco  |   |                         | or state agency       |                         |                       |                        |
| Match SSNs with state eligib  | ility/case manageme   | ent system (e.g., SNA   | P, TANF)              |                         |                       |                        |
| Match with state Departmen  | nt of Labor system  |                         |                       |                         |                       |                        |
| Match with state and/or fede  | eral corrections syste  | em                      |                       |                         |                       |                        |
| Match with state child suppo  | ort system  |                         |                       |                         |                       |                        |
| Verification using private so   | ftware (e.g., The Wo  | ork Number)             |                       |                         |                       |                        |
| In-person certification by sta  | aff (for tribal grante  | es only)                |                       |                         |                       |                        |
| Match SSN/Tribal ID number  | er with tribal databa   | se or enrollment rec    | ords (for tribal gran | tees only)              |                       |                        |
| Other - Describe:   |   |                         |                       |                         |                       |                        |
| 17.4. Citizenship/Legal Residency V   | erification   |                         |                       |                         |                       |                        |
| What are your procedures for ensur  | ring that household   | members are U.S. cit    | izens or aliens who a | are qualified to receiv | ve LIHEAP benefits?   | Select all that apply. |
| Clients sign an attestation o   | of citizenship or lega  | l residency             |                       |                         |                       |                        |
| Client's submission of Socia  | al Security cards is a  | ccepted as proof of lo  | egal residency        |                         |                       |                        |
| Noncitizens must provide d  | ocumentation of im  | nigration status        |                       |                         |                       |                        |
| Citizens must provide a cop   | oy of their birth cert  | ificate, naturalization | n papers, or passpor  | t                       |                       |                        |
| Noncitizens are verified thr  | ough the SAVE syst  | em                      |                       |                         |                       |                        |
| Tribal members are verified   | d through Tribal en   | rollment records/Tri    | bal ID card           |                         |                       |                        |
| Other - Describe:   |   |                         |                       |                         |                       |                        |
| 17.5. Income Verification   |   |                         |                       |                         |                       |                        |
| What methods does your agency uti   |   |                         | ll that apply.        |                         |                       |                        |
| Require documentation of in   | come for all adult h  | ousehold members        |                       |                         |                       |                        |
| Pay stubs   |   |                         |                       |                         |                       |                        |
|   | l letters   |                         |                       |                         |                       |                        |
| Bank statements   |   |                         |                       |                         |                       |                        |
| Tax statements  | -40   |                         |                       |                         |                       |                        |
| Zero-income statemer  |   |                         |                       |                         |                       |                        |
| Other - Describe:   |   |                         |                       |                         |                       |                        |
|   |   |                         |                       |                         |                       |                        |
| Computer data matches:  | untakad anaimst stat  |                         | ~ CNIAD TANE)         |                         |                       |                        |
| Income information n  | 0   |                         |                       |                         |                       |                        |
| Proof of unemployme     Social Security incom                                 |   | with state Departmen    | n of Labor            |                         |                       |                        |
|   | Social Security income verified with SSA         Utilize state directory of new hires |                         |                       |                         |                       |                        |
| Other - Describe:   | of new miles  |                         |                       |                         |                       |                        |
|   |   |                         |                       |                         |                       |                        |
| 17.6. Protection of Privacy and Con   | fidentiality  |                         |                       |                         |                       |                        |

| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.  |  |  |  |  |
|--|--|--|--|--|
| Policy in place prohibiting release of information without written consent   |  |  |  |  |
| Grantee LIHEAP database includes privacy/confidentiality safeguards  |  |  |  |  |
| Employee training on confidentiality for:  |  |  |  |  |
| Grantee employees  |  |  |  |  |
| Local agencies/district offices  |  |  |  |  |
| Employees must sign confidentiality agreement  |  |  |  |  |
| Grantee employees  |  |  |  |  |
| Local agencies/district offices  |  |  |  |  |
| Physical files are stored in a secure location   |  |  |  |  |
| Other - Describe:  |  |  |  |  |
| 17.7. Verifying the Authenticity   |  |  |  |  |
| What policies are in place for verifying vendor authenticity? Select all that apply.   |  |  |  |  |
| All vendors must register with the State/Tribe.  |  |  |  |  |
| All vendors must supply a valid SSN or TIN/W-9 form  |  |  |  |  |
| Vendors are verified through energy bills provided by the household  |  |  |  |  |
| Grantee and/or local agencies/district offices perform physical monitoring of vendors  |  |  |  |  |
| Other - Describe and note any exceptions to policies above:  |  |  |  |  |
| 17.8. Benefits Policy - Gas and Electric Utilities   |  |  |  |  |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.                                    |  |  |  |  |
| Applicants required to submit proof of physical residency  |  |  |  |  |
| Applicants must submit current utility bill  |  |  |  |  |
| Data exchange with utilities that verifies:  |  |  |  |  |
| Account ownership  |  |  |  |  |
| Consumption  |  |  |  |  |
| Balances   |  |  |  |  |
| Payment history  |  |  |  |  |
| Account is properly credited with benefit  |  |  |  |  |
| Other - Describe:  |  |  |  |  |
| Centralized computer system/database tracks payments to all utilities  |  |  |  |  |
| Centralized computer system automatically generates benefit level  |  |  |  |  |
| Separation of duties between intake and payment approval   |  |  |  |  |
| Payments coordinated among other energy assistance programs to avoid duplication of payments   |  |  |  |  |
| Payments to utilities and invoices from utilities are reviewed for accuracy  |  |  |  |  |
| Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities   |  |  |  |  |
| Direct payment to households are made in limited cases only  |  |  |  |  |
| Procedures are in place to require prompt refunds from utilities in cases of account closure   |  |  |  |  |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism   |  |  |  |  |
| Other - Describe:  |  |  |  |  |
| 17.9. Benefits Policy - Bulk Fuel Vendors  |  |  |  |  |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. |  |  |  |  |
|  |  |  |  |  |

| Vendors are checked against an approved vendors list  |
|---|
| Centralized computer system/database is used to track payments to all vendors   |
| Clients are relied on for reports of non-delivery or partial delivery   |
| Two-party checks are issued naming client and vendor  |
| Direct payment to households are made in limited cases only   |
| Vendors are only paid once they provide a delivery receipt signed by the client   |
| Conduct monitoring of bulk fuel vendors   |
| Bulk fuel vendors are required to submit reports to the Grantee   |
| Vendor agreements specify requirements selected above, and provide enforcement mechanism  |
| Other - Describe:   |
| 17.10. Investigations and Prosecutions  |
| Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply. |
| Refer to state Inspector General  |
| Refer to local prosecutor or state Attorney General   |
| Refer to US DHHS Inspector General (including referral to OIG hotline)  |
| Local agencies/district offices or Grantee conduct investigation of fraud complaints from public  |
| Grantee attempts collection of improper payments. If so, describe the recoupment process  |
| Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 years  |
| Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated  |
| Vendors found to have committed fraud may no longer participate in LIHEAP   |
| Other - Describe:   |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.                       |

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

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

Instructions for Certification

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

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.BrBbr.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

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

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

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or

agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

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

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

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

Instructions for Certification

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

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

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

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

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

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

normally possessed by a prudent person in the ordinary course of business dealings.

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

# Certification Regarding Debarment, Suspension, Ineligibility 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

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

**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)

| 5681 South 630 Road <u>* Address Line 1</u>  |                      |                            |  |  |
|--|----------------------|----------------------------|--|--|
| Address Line 2   |                      |                            |  |  |
| Address Line 3   |                      |                            |  |  |
| Quapaw<br><u>* City</u>  | ок<br><u>* State</u> | 74363<br><b>* Zip Code</b> |  |  |
| Check if there are workplaces on file that are not identified here.<br>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

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

(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 disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

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

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

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

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

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

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

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

# Plan Attachments

#### PLAN ATTACHMENTS

The following documents must be attached to this application

• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.

- Heating component benefit matrix, if applicable
- Cooling component benefit matrix, if applicable
- Minutes, notes, or transcripts of public hearing(s).