



**DWS LETTER OF 3-YEAR AGREEMENT**

October 1, 2019 – September 30, 2022

1. **PARTIES:** This agreement is between the Utah State Department of Workforce Services, Housing & Community Development Division, HEAT Program, hereinafter referred to as STATE, and the *Ute Indian Tribe of Utah, P.O. Box 190, Ft. Duchesne, Utah 84026*, hereinafter referred to as TRIBE.
2. **PERIOD:** This agreement is effective upon signature and terminates *30 September 2022*, unless terminated sooner in accordance with the terms and conditions of this agreement.
3. **PROGRAM REQUIREMENTS:** During the period of this agreement, the TRIBE will comply with the terms and conditions as outlined in the attached Project Summary.
4. **PROGRAM COSTS:** The STATE agrees to allow the U.S. Department of Health and Human Services to allocate *0.541106%* of the STATE FFY 2020, 2021 and 2022 LIHEAP allotment, to the TRIBE.
5. **ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT:**
  - a. Attachment A -- Project Summary; Attachment B--Households Applied and Assisted Report; Attachment C--List of Participants Report; and Attachment D--Expenditures Report.

WITNESS WHEREOF, the parties sign and cause the agreement to be executed:

  
\_\_\_\_\_  
Tribal Chairperson  
Ute Indian Tribe of Utah

10/21/19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Jonathan Hardy, Director  
DWS, Housing & Community Development Division

10/17/19  
\_\_\_\_\_  
Date

**ATTACHMENT A**  
**PROJECT SUMMARY UTE INDIAN TRIBE**

1. **TERM OF AGREEMENT:** Effective upon signature and terminates on *30 September 2022*.
2. **FUNDING ALLOCATIONS:** According to the FFY 2020, 2021 and 2022 LIHEAP Funding Release and under the terms of this contract, the TRIBE will receive *0.541106%* from the allocation of the STATE to be distributed for LIHEAP payments, crisis intervention payments, and administrative costs.

3. **ADDITIONAL TERMS AND CONDITIONS:**

**Geographic Boundaries:** The TRIBE will provide energy assistance services to all eligible Native American households residing in the Tribal Service area of Uintah and Duchesne Counties of Utah.

**Exchange of Information:** The TRIBE will take necessary steps to insure that they do not pay households already paid by the STATE. A list of recipients and their social security numbers will be provided to the local HEAT/LIHEAP Office when requested each month and with the final reporting requirements.

**Reporting Requirements:** By **August 1<sup>st</sup> of 2020, 2021 and 2022**, the TRIBE, using the forms provided in Attachments B, C and D of this contract, will provide the STATE a final report as listed below:

- a. Attachment B: showing the total number households applied and assisted by their percent of poverty income level.
- b. Attachment C: showing a list of participants served that includes the name of each household member with his and her social security number. (This report will also be shared, each month, with the Regional LIHEAP/HEAT Offices located at the Six County AOG in Richfield for Millard and Sevier counties; and at the Five County AOG in St. George for Iron and Washington counties, to coordinate with and to prevent duplication of services.)
- c. Attachment D: showing the total amount paid for client benefits, crisis intervention, and administration.

**Basis for Future HEAT Program Allocations:** The information provided under the reporting requirement clause will be used by the STATE to determine allocations for FFY 2023, 2024 and 2025 LIHEAP.

4. Attachments included as part of this contract, Attachment B-LIHEAP Program Report; Attachment C-List of Participants; Attachment D-LIHEAP Expenditures Report.
5. **PURPOSE OF AGREEMENT:** Section 2604 (d) of the Low-Income Home Energy Assistance Act of 1981 allows for the direct funding of Indian Tribes if the Secretary of the Department of Health and Human Services receives such requests from a Tribe and if the Secretary determines that the members of such Tribe would be better served by direct funding.

The STATE concurs with the Secretary's determination that the TRIBE would be better served by direct funding and enters into this agreement to clarify the amount of funding that will be available from the STATE allocation and other additional terms and conditions.

By this agreement, the TRIBE accepts all responsibility in fulfilling the requirements in the development and implementation of the Tribal Plan.

6. **INDEMNITY CLAUSE:** The TRIBE hereto agrees to indemnify and save harmless the STATE, its officers, agents, and employees from and against any and all loss, damages, injury, liability, suits, and proceedings which may arise out of the performance of this contract by said TRIBE, its officers, agents, or employees.
7. **TERMINATION CLAUSE:** This contract may be terminated in advance of the specified expiration date, by either party, with or without cause, upon 30 days prior written notice being given to the other party. On termination of this contract all accounts and payments will be processed; according to financial arrangements set forth herein for services rendered to date of termination.

ATTACHMENT B

UTE INDIAN TRIBE  
FFY        LIHEAP PROGRAM REPORT  
SHOWING NUMBERS OF HOUSEHOLDS APPLIED AND ASSISTED  
BY POVERTY LEVEL

HEATING ASSISTANCE

<u>HOUSEHOLDS WITH ANNUAL INCOME:</u>	<u>NO. HOUSEHOLDS APPLIED:</u>	<u>NO. HOUSEHOLDS ASSISTED:</u>
UNDER 75% POVERTY LEVEL:	_____	_____
75% - 100% POVERTY LEVEL:	_____	_____
101% - 125% POVERTY LEVEL:	_____	_____
126% - 150% POVERTY LEVEL:	_____	_____
OVER 150% POVERTY LEVEL:	_____	_____
TOTAL NO. HOUSEHOLDS:	_____	_____
NO. HHS WITH ELDERLY (AGE 60 YEARS+):	_____	_____
NO. HHS WITH DISABLED:	_____	_____
NO. HHS w/ CHILD AGE 5 YEARS or UNDER:	_____	_____

CRISIS ASSISTANCE

<u>HOUSEHOLDS WITH ANNUAL INCOME:</u>	<u>NO. HOUSEHOLDS APPLIED:</u>	<u>NO. HOUSEHOLDS ASSISTED:</u>
UNDER 75% POVERTY LEVEL:	_____	_____
75% - 100% POVERTY LEVEL:	_____	_____
101% - 125% POVERTY LEVEL:	_____	_____
126% - 150% POVERTY LEVEL:	_____	_____
OVER 150% POVERTY LEVEL:	_____	_____
TOTAL NO. HOUSEHOLDS:	_____	_____
NO. HHS WITH ELDERLY (AGE 60 YEARS+):	_____	_____
NO. HHS WITH DISABLED:	_____	_____
NO. HHS w/ CHILD AGE 5 YEARS or UNDER:	_____	_____

ATTACHMENT C

UTE INDIAN TRIBE  
FFY        LIHEAP REPORT  
LIST OF PARTICIPANTS

NAME

SOCIAL SECURITY NUMBER

**ATTACHMENT D**

**UTE INDIAN TRIBE  
FFY [REDACTED] LIHEAP REPORT  
SHOWING TOTAL PROGRAM EXPENDITURES**

Amount of Expenditure	Category of Expenditure	Source of Funds	
		Federal/State LIHEAP	Other
\$	Client Benefits	\$	\$
\$	Crisis Intervention	\$	\$
\$	Administration	\$	\$
\$	Other	\$	\$
\$	Carryover to FFY [REDACTED]	\$	\$