

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: MaChis Lower Creek Indian Tribe Of Alabama

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

Report Period: 10/01/2023 to 09/30/2024


Report Status: Submitted (Revision #2)

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Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2024	
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY			
* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	
		4a. Federal Entity Identifier:	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:
7. APPLICANT INFORMATION			
* a. Legal Name: Ma-Chis Lower Creek Indian Tribe of Alabama			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 630836859		* c. Organizational DUNS: 136798639	
* d. Address:			
* Street 1:	2950 Coffee County Road, Rm. 377	* Street 2:	
* City:	ELBA	* County:	Alabama
* State:	AL	* Province:	
* Country:	United States	* Zip / Postal Code:	36323 -
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	* First Name: Nancy	Middle Name:	* Last Name: Carnley
Suffix:	Title: Authorized Repesentative	Organizational Affiliation: MaChis Lower Creek Indian Tribe of Alabama	
* Telephone Number: 3348973207	* Fax Number: 3348972950	* Email: machiscreeks@outlook.com	
* 8a. TYPE OF APPLICANT:			
J: Indian/Native American Tribal Government (Other than Federally Recognized)			
b. Additional Description:			
* 9. Name of Federal Agency:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles		93.568	Low-Income Home Energy Assistance Program
11. Descriptive Title of Applicant's Project			
Low Income Home Energy Assistance Program			
12. Areas Affected by Funding:			
Following Alabama Counties:Coffee Covington Geneva Dale Houston Henry Barbour Pike Bullock Crenshaw Montgomery			
13. CONGRESSIONAL DISTRICTS OF:			
* a. Applicant 02		b. Program/Project: 02	
Attach an additional list of Program/Project Congressional Districts if needed.			
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	

a. Start Date: 10/01/2023	b. End Date: 09/30/2024	* a. Federal (\$): \$0	b. Match (\$): \$0
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt?			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18a. Typed or Printed Name and Title of Authorized Certifying Official Nancy Carnley, Authorized Repesentative		18c. Telephone (area code, number and extension)	
		18d. Email Address machiscreeks@outlook.com	
18b. Signature of Authorized Certifying Official 		18e. Date Report Submitted (Month, Day, Year) 10/18/2023	
Attach supporting documents as specified in agency instructions.			

Section 1 - Program Components

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Department of Health and Human Services
Administration for Children and Families
Office of Community Services
Washington, DC 20201

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Approval No. 0970-0075
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THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Section 1 Program Components

Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2023	03/15/2024
<input checked="" type="checkbox"/>	Cooling assistance	06/01/2024	09/30/2024
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2023	09/30/2024
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2023	09/30/2024

Provide further explanation for the dates of operation, if necessary

Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage (%)
Heating assistance	30.00%
Cooling assistance	35.00%
Crisis assistance	20.00%
Weatherization assistance	10.00%
Carryover to the following federal fiscal year	0.00%
Administrative and planning costs	5.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%
Used to develop and implement leveraging activities	0.00%
TOTAL	100.00%

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

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

<input type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance		
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify:)		
Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8					
1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? <input checked="" type="radio"/> Yes <input type="radio"/> No					
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.					
	Heating	Cooling	Crisis	Weatherization	
TANF	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
SSI	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
SNAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If Yes, explain: Each client completes an application, provides the documentation required to provide proof of income, if the client (household is approved for TANF, SNAP (food stamps), SSI, they are automatically approved. The clients (household that does not receive TANF, SNAP (food stamps), SSI, will be provided the same services once their application is complete and all information is verified. The tribe does not operate TANF, SSI, or SNAP, The client applies directly for LIHEAP assistance with the tribe.					
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts? A client that is not categorically eligible will receive the same application and time frame as a client that is categorically eligible. Benefit levels are programmed into our eligibility matrix and they are based on income, household size, cost of energy					
SNAP Nominal Payments					
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.					
1.7b Amount of Nominal Assistance: \$0.00					
1.7c Frequency of Assistance					
<input type="checkbox"/>	Once Per Year				
<input type="checkbox"/>	Once every five years				
<input type="checkbox"/>	Other - Describe:				
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?					
Determination of Eligibility - Countable Income					
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?					
<input checked="" type="checkbox"/>	Gross Income				
<input type="checkbox"/>	Net Income				
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP					
<input checked="" type="checkbox"/>	Wages				
<input checked="" type="checkbox"/>	Self - Employment Income				
<input checked="" type="checkbox"/>	Contract Income				
<input type="checkbox"/>	Payments from mortgage or Sales Contracts				
<input checked="" type="checkbox"/>	Unemployment insurance				
<input checked="" type="checkbox"/>	Strike Pay				

<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits	
	<input type="checkbox"/> Including MediCare deduction	<input checked="" type="checkbox"/> Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)	
<input checked="" type="checkbox"/>	Retirement / pension benefits	
<input type="checkbox"/>	General Assistance benefits	
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits	
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits	
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits	
<input type="checkbox"/>	Loans that need to be repaid	
<input type="checkbox"/>	Cash gifts	
<input checked="" type="checkbox"/>	Savings account balance	
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.	
<input type="checkbox"/>	Jury duty compensation	
<input type="checkbox"/>	Rental income	
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)	
<input type="checkbox"/>	Income from work study programs	
<input checked="" type="checkbox"/>	Alimony	
<input checked="" type="checkbox"/>	Child support	
<input type="checkbox"/>	Interest, dividends, or royalties	
<input type="checkbox"/>	Commissions	
<input type="checkbox"/>	Legal settlements	
<input type="checkbox"/>	Insurance payments made directly to the insured	
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate	
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits	
<input type="checkbox"/>	Earned income of a child under the age of 18	
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.	
<input type="checkbox"/>	Income tax refunds	
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA	
<input type="checkbox"/>	Funds received by household for the care of a foster child	
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid	

<input type="checkbox"/>	
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

Section 2 - HEATING ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Section 2 - Heating Assistance

Eligibility, 2605(b)(2) - Assurance 2

2.1 Designate the income eligibility threshold used for the heating component:

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

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

Do you require an Assets test? Yes No

Do you have additional/differing eligibility policies for:

Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters Living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

The application process is given priority to the elderly, disabled, and families with children under the age of five are given first priority of completing the application. Then, everyone else may apply. Home visits are made if needed. The applications are mailed to all eligible households.

The renters that are living in subsidized housing, must provide proof that the applicant is responsible for energy bill. This can be from the Housing Office or Energy provider. The minimum amount that will be paid will be \$400.00 with the maximum amount being \$700.00.

The landlord is contacted for an energy bill with the applicant's address and energy provider contact information. After verification with the energy provider, the applicant is notified of the amount of payment and a copy of the paid receipt will be provided to the landlord and client. The renter must pay the rent excluding the amount of energy assistance that is paid to the energy provider. A receipt must be provided to the LIHEAP Director from the landlord showing the amount of rent paid. All energy assistance is paid directly to the energy provider no exceptions.

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

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

The minimum amount will be \$400.00, with the maximum amount being to resolve the crisis. not to exceed \$700.00. The application process is given to the elderly, disabled, and families with children under the age of five first.

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

<input checked="" type="checkbox"/>	Income	
<input checked="" type="checkbox"/>	Family (household) size	
<input checked="" type="checkbox"/>	Home energy cost or need:	

<input type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input checked="" type="checkbox"/>	Individual bill		
<input checked="" type="checkbox"/>	Dwelling type		
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input checked="" type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe:		
<p>Elderly, disabled, families with children under the age of five. Also, individuals with chronic health issues such as asthma, Chronic obstructive pulmonary disease, diabetes, cardiac issues, hypertension, renal insufficiency or failure, arthritis. The energy burden will be 20% spent on home energy.</p> <p>See attached heating matrix.</p>			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies			
Minimum Benefit	\$400	Maximum Benefit	\$700
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
Blankets, coats, gloves, scarfs, thermal underwear, socks			
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>			

Section 3 - COOLING ASSISTANCE

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 income eligibility threshold used for the Cooling component:

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

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

Do you require an Assets test? Yes No

Do you have additional/differing eligibility policies for:

Renters?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters Living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

The elderly, disabled, and families with children under the age of five is given first priority and available appointment to complete the application. The applications are mailed to these households, and if needed home visits are made.

The renters that are living in subsidized housing, must provide proof that the applicant is responsible for energy bill. This can be from the Housing Office or Energy provider.

The renters that are living in subsidized housing, must provide proof that the applicant is responsible for energy bill. This can be from the Housing Office or Energy provider. The minimum amount that will be paid will be \$400.00 with the maximum amount being \$700.00.

The landlord is contacted for an energy bill with the applicant's address and energy provider contact information. After verification with the energy provider, the applicant is notified of the amount of payment and a copy of the paid receipt will be provided to the landlord and client. The landlord will provide proof that the rent excluding the amount of energy payment was made. Example the rent is \$900.00 which included the energy bill. of \$200.00. The energy provider was paid \$400.00. The client should pay \$500.00 with a credit to the energy provider for the following month. Will verify the next month with the client regarding the credit and the amount that the landlord is charging for energy.

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

The minimal amount to be paid will be \$400.00 with the maximum amount \$700.00. The elderly, disabled and families with children are given first priority available appointment to complete the application. The applications are mailed to these household and if needed home visits are made. Also telephone interviews are being made.

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

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

Income

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

The minimal amount to be paid will be \$400.00 with the maximum amount \$700.00. The elderly, disabled and families with children are given first priority available appointment to complete the application. The applications are mailed to these household and if needed home visits are made. Also telephone interviews are being made.

Medical conditions such as respiratory , cardiac, arthritis, cancer, autoimmune diorders, kidney faure, dialysis, and neuromuscular disorders. the energy burden must be 20% of the gross household income.

Refer to the attached cooling Matrix.

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

3.6 Describe estimated benefit levels for the fiscal year for which this plan applies

Minimum Benefit	\$400	Maximum Benefit	\$700
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3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? Yes No

If yes, describe.

Fans, air conditioners

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

Section 4 - CRISIS ASSISTANCE

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

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

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

- Emergency crisis is a relief following a natural or man-made disaster
1. Loss of income from the death of the wage earner, layoff, termination and/or theft with documentation from the local law enforcement agency.
 2. Natural disaster such as fire, tornadoes, direct winds, hurricane, flood, snow, ice storms or other increment weather or disasters declared by the National Weather Service or the Governor of Alabama.
 3. The heating or cooling system is not working and the temperatures are above 80 degrees Fahrenheit or below 30 degrees Fahrenheit for 3 consecutive days.
 4. The household must have received a shut-off notice and be within 48 hours of shutoff.
 5. Deliverable fuel clients must be out of fuel or within two days of running out of fuel. Deliverable fuel customers with a shut-off notice would be considered an emergency.
 6. Since electric is needed to operate most heating systems. An e-mail from an approved energy vendor is acceptable in lieu of a shut-off notice.

4.3 What constitutes a life-threatening crisis?

Life threatening emergencies such as being on life support (home ventilator) home oxygen, pap C/Bi-pap machine for sleep apnea, nebulizer machine where asthma is not controlled with hand held inhalers. Also, medication such as insulin or other lifesaving medication that requires refrigeration. A person that is on home dialysis, external tube feedings or intravenous feedings or fluids. This must be verified by the attending Physician, Physician Assistant or Nurse Practitioner.

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours

4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours

Crisis Eligibility, 2605(c)(1)(A)

4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE? Yes No

4.7 Check the appropriate boxes below and describe the policies for each

Do you require an Assets test? Yes No

Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young Children? Yes No

Households with high energy burdens? Yes No

Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
In Order to receive crisis assistance:	
Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have been shut off or have an empty tank?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have exhausted their regular heating benefit?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must renters with heating costs included in their rent have received an eviction notice?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must heating/cooling be medically necessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you have additional/differing eligibility policies for:	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters with utilities included in the rent?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Explanations of policies for each "yes" checked above:	
<p>Responsibility for Heating/Cooling Costs Each household must establish they have an account in their name or meet the definition of a renter/landlord applicant and are incurring heating/cooling costs.</p> <p>Income Based on Household Size – Each household must meet specified income guidelines (150% of the federal poverty income guideline) based on their household size.</p> <p>Renters: Individuals living in rental property and who are paying a home energy supplier directly for their heating costs receive the same benefit as a similarly situated homeowner.</p> <p>Renters living in Subsidized Housing: Households residing in public subsidized housing with utilities included as an undesignated portion of their monthly rent, provided they can document they are paying energy costs over and above the utility allowance included in their regular monthly rental charge.</p> <p>The elderly, disabled, and families with children under the age of five is given first priority and available appointment to complete the application. The applications are mailed to these households, and if needed home visits are made.</p> <p>The renters that are living in subsidized housing, must provide proof that the applicant is responsible for energy bill. This can be from the Housing Office or Energy provider.</p> <p>The renters that are living in subsidized housing, must provide proof that the applicant is responsible for energy bill. This can be from the Housing Office or Energy provider.</p> <p>The landlord is contacted for an energy bill with the applicant's address and energy provider contact information. After verification with the energy provider, the applicant is notified of the amount of payment and a copy of the paid receipt will be provided to the landlord and client. The landlord will provide proof that the rent excluding the amount of energy payment was made. Example the rent is \$900.00 which included the energy bill. of \$200.00. The energy provider was paid \$400.00. The client should pay \$500.00 with a credit to the energy provider for the following month. Will verify the next month with the client regarding the credit and the amount that the landlord is charging for energy.</p>	
Determination of Benefits	
4.8 How do you handle crisis situations?	
<input type="checkbox"/>	Separate component
<input checked="" type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe: <p>If a household has a 48 shut off notice or is within 10% of depleting deliverable fuel and faces an event beyond their control resulting in the inability to pay household heating costs, the household will receive preferential treatment in their application process. The workers will work with the utility companies to make a commitment of payment to avoid a shut-off. The application will be processed immediately upon receiving and verifying documentation. The amount to resolve the crisis with a maximum payment of \$1,000.00. The household must have exhausted their regular heating payment.</p> <p>If a household has a 48 shut off notice and faces an event beyond their control resulting in the inability to pay household the cooling costs, the household will receive preferential treatment in their application process. The workers will work with the utility companies to make a commitment of payment to avoid a shut-off. The application will be processed immediately upon receiving and verifying documentation. The amount to resolve the crisis with a maximum payment of \$1,000.00. They must have exhausted their regular cooling payment.</p>
4.9 If you have a separate component, how do you determine crisis assistance benefits?	
<input type="checkbox"/>	Amount to resolve the crisis.

<input checked="" type="checkbox"/>	Other - Describe: Amount to resolve crisis up to \$1,000.00.		
Crisis Requirements, 2604(c)			
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?			
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.			
2950 Coffee County Road 377, Elba, Alabama 36323			
4.11 Do you provide individuals who are physically disabled the means to:			
Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input type="radio"/> Yes <input checked="" type="radio"/> No If No, explain.			
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled? We will do a phone interview or an in person home interview.			
Benefit Levels, 2605(c)(1)(B)			
4.12 Indicate the maximum benefit for each type of crisis assistance offered.			
Winter Crisis	\$0.00 maximum benefit		
Summer Crisis	\$0.00 maximum benefit		
Year-round Crisis	\$1,000.00 maximum benefit		
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?			
<input checked="" type="radio"/> Yes <input type="radio"/> No If yes, Describe			
Blankets, gloves, sleeping bags, coats, scarfs, socks Fans, window units.			
4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.			
	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): Window units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
If you responded "Yes" to question 4.16, you must respond to question 4.17.			

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

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

Section 5 - WEATHERIZATION ASSISTANCE

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

Section 5: WEATHERIZATION ASSISTANCE

Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance 2

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

5.3 If yes, name the agency.

5.4 Is there a separate monitoring protocol for weatherization? Yes No

WEATHERIZATION - Types of Rules

5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)

- Entirely under LIHEAP (not DOE) rules
- Entirely under DOE WAP (not LIHEAP) rules
- Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
- Income Threshold
 - Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
 - Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
 - Other - Describe:
- Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.):
- Income Threshold
 - Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
 - Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
 - Other - Describe:

Eligibility, 2605(b)(5) - Assurance 5

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

Renters	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No

5.8 Do you give priority in eligibility to:

Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other? not applicable	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

See attached matrix. The landlords must maintain all property, includes public housing and Section 8 housing. Does not provided weatherization repairs or replacements that should be provided by the landlord.

Please refer to the attached documents regarding lanlords , tenants, and homeowners.

The application process is a first come and serve for the elderly, disabled and families with children ages five and younger; except for the home bound and a home visit is scheduled. The tribe conducts a yearly tribal census to determine the needs of the tribal citizens. The payments will go to the household with the greatest needs. Points are based on the above matrix.

The tribe believes that due to the relatively immobility of the handicapped and to the effects of the natural aging process, the temperature required to maintain a comfortable environment in these households is higher than that of other households. While the tribe is not required to take these factors in consideration, it does not appear to be expressively prohibited.

Also, a mobile home is hard to regulate the temperature due to poor construction and insulation. The homes that were built prior to 1970 lacks the modern insulation and energy saving devices, and appliances.The tribe does the weatherization such as caulking, weatherstripping.

Benefit Levels

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

5.10 If yes, what is the maximum? \$7,500

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

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input type="checkbox"/> Furnace/heating system modifications/repairs	<input type="checkbox"/> Windows/sliding glass doors
<input type="checkbox"/> Furnace replacement	<input type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Emergency generator\

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

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

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

6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

- Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- Publish articles in local newspapers or broadcast media announcements.
- Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- Mass mailing(s) to prior-year LIHEAP recipients.
- Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- Other (specify):

Send notices out thru the local school districts. Social media, emails to all tribal citizens.

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

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

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

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

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

The client is referred to the tribal food bank for food and if the client is on a special diet food is purchase for that specific client. Also, they are referred to the local colleges (Enterprise State Community College, Enterprise, Alabama, Wallace Community College, Dothan, Alabama, Lurneve B. Wallace Community College, Andalusia, Alabama for free GED. Alabama Intertribal Council for WIOA training which includes job experience and classroom training. The client is also assisted with obtaining an application for food stamps, CHIPS, ALLBABIES (Program for expecting Mothers who does not qualify for Medicaid). and Medicaid. School supplies are provided to school age children. Utilize Child Find for children that needs assistance prior to entering school e.g. occupational therapy, physical therapy, speech therapy.

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

Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6

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Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)

8.1 How would you categorize the primary responsibility of your State agency?

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input type="checkbox"/>	Welfare Agency
<input checked="" type="checkbox"/>	Other - Describe: Tribal

Alternate Outreach and Intake, 2605(b)(15) - Assurance 15

If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE?

N/A Tribal

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

N/A Tribal

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

N/A Tribal

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Tribal Government	Tribal Government	Tribal Government	Tribal Government
8.5b Who processes benefit payments to gas and electric vendors?	Tribal Government	Tribal Government	Tribal Government	
8.5c who processes benefit payments to bulk fuel vendors?	Tribal Government	Tribal Government	Tribal Government	
8.5d Who performs installation of weatherization measures?				State Welfare Agency Tribal Government

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

8.6 What is your process for selecting local administering agencies?

N/A Tribal

8.7 How many local administering agencies do you use? Not applicable

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

- Yes
 No

8.9 If so, why?

Agency was in noncompliance with grantee requirements for LIHEAP -

Agency is under criminal investigation

Added agency

Agency closed

Other - describe

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

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

All payments are made directly to the vendor.

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

A letter or email is sent to the client with the following information date of payment, amount paid, check number and classification (heating, cooling, weatherization, or crisis).

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?

The household is contacted 30-45 days to verify the payment amount was made to the client's account. All household that receive services are contacted to see if their payment was applied. It is documented in the file.

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?

Each client is required to complete an application and provide required documentation. A client that is receiving TANF, SSI, Food Stamps are automatically qualified for assistance. The tribe does not operate a TANF, SNAP program due to the fact we are not federally recognized It is also in our vendor agreement that a household cannot be discriminated due to being a LIHEAP Client.

SEE ATTACHED VENDOR POLICIES AND PROCEDURES

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.

Verify that the company is registered to do business with Alabama Secretary of State and Alabama Propane Gas Association.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) 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 client completes the application, provides a roll card, view the social security card for non-tribal household members and a copy of the Alabama Driver's License. The application is verified for accuracy and completeness. The income is calculated to make sure that is in the 150% poverty guidelines. Other Low-income home energy assistance providers contacted to make sure there are not duplication of services thru clients, spouses, social workers, family members, and others. The energy vendor is contacted for correct amount owed. Then the check is prepared and mailed to the vendor. The client is notified of amount, check number and date of payment. Then 30-45 days the client is contacted to determine if the energy bill was credited. SEE POLICIES AND PROCEDURE ATTACHMENT.10.1 – Please enhance your response to address the following areas: 1. Tracking of awards to ensure that funds are expended within the allowable contractual period. The request is only done after receiving a complete application and the information is verified no duplication of services, the amount on the bill is the correct amount. A draw down is then done thru payroll management system (PMS). Then the LIHEAP Account is monitored for deposit and once that amount is verified in the assigned bank account A check is written. Then the check number, amount and date are written on the bill a copy of the bill with information has 2 copies made. A copy with the account number marked thru is mailed to the client. The date of the following is documented on the application is approved, date of request if more than one approved application notation is made in notes. The date the check was written and mailed. The checks are often delivered to the local energy provider. The check is mailed within 3 days of receiving the funds. 2. Tracking of obligations of funds Obligation of federal funds means that a project sponsor received a federal commitment for reimbursement on a project. It is a critical milestone in the development of a project. Although helpful, the dollar amount, fund type, and date of obligation provide an incomplete picture. If a project was obligated, it does not necessarily mean that the project was initiated or completed in that year or that the obligation amount indicates the total cost of that project. Each phase of work with federal funds requires a separate obligation before an agency can begin federally reimbursable work for that phase. After an obligation takes place, the local agency may proceed with that phase. Local agencies proceed with a phase within six months of obligation. The schedule in which a phase gets completed depends on multiple factors, including the magnitude of the project, the type of phase, and any delays that arise. Initial receives a letter of award which specifies the amount of award, dates of service, contact information for the agency and Payment Management System. Then the tribal citizens are notified of the award, services provided dates to apply, this information is placed on social media, emails, letters through U.S. Mail, and telephone calls in person. Applications are distributed to the tribal citizens through emails and US mail. Also, the applications are obtained at the appointment. The application is processed and if approved a draw down is made for the specific amount needed. Monitor the bank account online for deposit verify the amount and account the money was transferred to. Document the date amount and category the money went in e. g. Heating. Cooling. Winter crisis. Cooling crisis and weatherization. Write the check and document the information regarding the check information to the client. Monitor the account for funding to be obligated Winter is from October 1 thru March 15, Winter crisis is from October 1 thru March 15 of each year. The cooling is from June 1 to September 30 of each year. The year-round crisis is from October 1 thru September 30. Monitors make sure that all the payments are in the correct category. Complete the reports Household report, Carry over and Allotment report. Quarterly reports regarding the amounts spent and the number of clients served. 3. Tracking of vendor refunds If a client dies, moves the energy provider is contacted to obtain if the client or the family is scheduled to receive a fund. If fund has not been given to the family the refund is requested to be remitted to the Ma-Chis Tribe LIHEAP, if refund has been given to the client or family the family is required to reimburse the Tribe. 4. Separation of funding line items by component (heating, crisis, cooling, weatherization, etc.) and by federal fiscal year. The accounts are divided into the following categories per the assigned fiscal year Heating October 1 thru March 15. Heating crisis is from October 1 thru March 15, Cooling is June to September 30, year-round crisis is from October 1 thru September 30. The client completes the application, provides a roll card, view. e social security card for non-tribal household members and a copy of the Alabama Driver's License. The application is verified for accuracy and completeness. The income is calculated to make sure that is in the 150% poverty guidelines. Other Low-income home energy assistance providers contacted to make sure here are not duplication of services thru clients, spouses, social workers, family members, and others. The energy vendor is contacted for correct amount owed. Then the check is prepared and mailed to the vendor. The client is notified of amount, check number and date of payment. Then 30-45 days the client is contacted to determine if the energy bill was credited. INTAKE PROCESS 1. Timelines – The approval process is allowed 10 days from the time of application completion. Timeline begins at the time of full completion. 2. Process – At the time of application, the applicant is notified of the decision prior to leaving, including the amount of funds qualified to be paid on their behalf. The decision to pay is since all information documentation has been verified. 3. Location – Applications are accepted at the MA-Chis Lower Creek Indian Tribe of Alabama Tribal Office, 2950 County Road 377, Elba, Alabama 36323. 4. Time 9am-4Pm Monday-Friday. If the applicant is homebound, an appointment is scheduled to contact this household. Also, appointments are made on weekends to accommodate the elderly, disabled or ones that have transportation issues. 5. Priority is given to elderly, disabled, veterans and families with young children, below the age of five 6. Determining Income eligibility – a. What is countable income – wages (gross income), self-employment, unemployment, SSA, SSI, retirement/pension, how is it calculated – the monthly incomes are used to determine the annual rate for the household. b. The household must be at 150% of the federal poverty guidelines. 7. Renters – if utilities are included in your monthly rent paid, the landlord must sign an agreement with the Tribe. The household must have a valid utility bill. 8. Service area is within the following Alabama counties: Coffee, Crenshaw, Covington, Geneva, Houston, Henry, Barbour, Dale, Pike, Bullock, and Montgomery. 9. All files/applications are kept confidential. 10. No client shall be treated adversely. 11. Complete the LIHEPA /General Assistance Application 12. Required Documents – a. A form of ids – such as driver's license, State ID, tribal ID card or tribal enrollment verification. All household members age 18 and older must present ID. All household members who are tribal citizens must present tribal identification. b. Must present Social Security Card for all household members. The social security card is not kept nor is a copy of the card. c. Income verification for all household members. d. Current utility bill. 13. Benefit Matrix – an updated matrix is submitted with the annual application and is used when determining benefit Determination of Eligibility The Tribe does consider households categorically eligible if one household member receives one or more of TANF, SSI, SNAP, or Means-tested Veterans Programs. Each year they need to reapply for LIHEAP, they are not automatically renewed. if the applicant or household member still meets the criteria for the categorically programs. How the Tribe ensures there is no difference in treatment of categorically eligible households from those not receiving other public assistance when determining eligibility & benefit amounts. The Ma-Chis Lower Creek Indian Tribe of Alabama will use their existing payment matrix which takes into consideration household income, household size, and energy cost. They also need to be within the service area. Highest benefits will go to the households with the lowest income and the largest family size. Households may also be made eligible where one or more individuals receive TANF, Food Stamps / SNAP, SSI, or certain means-tested veteran's program payments. Their benefit level will be as shown on the income by household size matrix but if their household is over income (and yet they are still categorically eligible), they would still receive

the minimum payment shown for that household size. Our existing LIHEAP service area is the following Alabama counties: Coffee, Crenshaw, Covington, Geneva, Houston, Henry, Barbour, Dale, Pike, Bullock, and Montgomery. Income inclusions. The Tribe considers the following in determining income eligibility: Wages, self-employment income, unemployment insurance, supplemental security income, general assistance benefits, TANF, one-time lump sum payments, alimony, child support, Veteran's Administration, and income tax refunds. The Tribe does not count, Medicare, SNAP, retirement, strike pay, WIC, savings accounts, WIOA, jury duty, interest, commissions, insurance payments, and funds for the care of foster children or mileage reimbursements. [The law requires that households applying for energy assistance meet income guidelines to be eligible for LIHEAP benefits. (Maximum and minimum income guidelines are listed in section 2605(b) (2) of the law.) The law does not define for you what items or sources of funds are to be counted as income, so it is important to define what your tribe will count as income.] Calculation of countable income Base income is usually defined as the gross countable income of all persons living in the household. Income is based on the past month's income. Documentation can be a pay stub for the month or bi-weekly (and adjusted for a month). Benefit Determination The current income and benefit matrix are attached. It includes income, household size, type of service and amount of (possible) benefit. Energy Suppliers -Vendor information The Tribe makes payments directly to heating, cooling, and crisis energy suppliers Client Notification of amount of assistance paid Eligible households will receive a copy of the authorization form at the time of intake as per instructions in the operation policy. Eligible applicants are instructed at the time of intake to monitor monthly billing to ensure LIHEAP benefits are received. The authorization form will have the household name, current address, and current account number for crediting purposes. Statement of procedure to follow through with energy suppliers in the event of non-credit will be included in the information packet at the time of intake. Assurance that supplier will charge the client in the normal billing process the cost difference between the actual cost and the amount of the LIHEAP payment. All area energy suppliers will have agreements with the Tribe. All energy suppliers will charge households in the normal billing process the difference between the actual cost of home energy and the amount of LIHEAP payment. Eligible households will receive a copy of the authorization form at the time of intake as per instructions in the operation policy. Eligible applicants are instructed at the time of intake to monitor monthly billing to ensure LIHEAP benefits are received. The authorization form will have the household name, current address, and current account number for crediting purposes. Statement of procedure to follow through with energy suppliers in the event of non-credit will be included in the information packet at the time of intake. DENIAL The reasons for denial are as follows: 1. Failure to complete the application or supply requested information 2. Falsify documentation. 3. Not a Ma-Chis Lower Creek Indian Tribe of Alabama Tribal Citizen 4. Over income 5. Obtain energy assistance from another agency APPEAL PROCESS The Ma-Chis Lower Creek Indian Tribe of Alabama provides for a fair hearing to any household that is denied assistance, if the application is not denied or approved within the established timelines, or if the benefits are less than the household believes it should be. Clients are informed of their rights when they sign the application. The applicant has the right to file an appeal for a hearing before the Ethics Committee. The Ethics Committee consist of a 3- person panel that hears all complaints. If not satisfied with the Ethics Committee decision may appeal to Chief James Wright of the Ma-Chis Lower Creek Indian Tribe of Alabama, if not satisfied with Chief James Wright's decision, and then you may file a complaint with the entire Tribal Council of the Ma-Chis Lower Creek Indian Tribe of Alabama Tribal Council and Chief. This must be done in writing through the United States Registered mail within 14 business days of being denied. The address for the appeal is as follows: Ma-Chis Lower Creek Indian Tribe of Alabama, 64 Private Road 1312, Elba, Alabama 36323. This appeal may be for being denied, and/or delayed processing. Processing can only begin once all required information received and verifications have been completed. Definitions Administrative Cost: The Tribe can allocate up to 20% of the first \$20,000 (or \$4,000) plus 10% of the remaining amount of funds payable to administration and planning. The Tribe has been applying (for simplicity 5% of the full sum). The sum allocated for staffing is to be set by the Tribe based on the geographic size of the area, the number to be served, some eligible households, amount of funds available and the complexity of the program. If a Tribe's allotment is small, it may decide that there are not enough funds to administer the program and pay adequate benefits. Administrative and program operating costs other than direct payment of benefits include client intake accepting applications and determining household eligibility, informing them of eligibility, making payments, working with vendors, and record keeping. More administrative tasks include preparing grant reports, fair hearings, working with the annual Tribal audit, monitoring program operations, preparing the annual application and financial accounting and other costs typically associated with the Indirect Cost Rate Agreement negotiated with the federal government for all federal grant programs for administrative cost. Alien - Any person who is not a citizen or native of the United States. Appeal- provides for a fair hearing to any household that is denied assistance, if the application is not denied or approved within the established timelines, or if the benefits are less than the household believes it should be. Boarder - A person who lives in a household and pays a set amount for room and meals. Contagious Property - Real property with boundaries which touch the home site property, disregarding the presence of streets, roads, rivers, or streams. Crisis- This exists when a household faces a sudden or unexpected event beyond their control resulting in the inability to pay household heating costs. Resolving of Crisis is to be done within 48 hours. Below are some examples: *Medical conditions *Sudden job loss or other benefits, income *Heating equipment malfunction *Domestic violence *Shut off notice. Denial-Decline the application due to failure to submit all required documentation, over income, obtained services from another agency, not a tribal citizen. Elderly - A person age 60 or over. Eligible Alien - A person who is not a United States citizen but who meets the alien status requirements in EP-175. He is included as an eligible energy household member. Energy Burden/Expense- The percentage of a household's income that is used to pay for all home energy costs and needs. Expenditures- Is when a check is cut for payment for the service agreed to in the purchase order but for the actual cost. Food and Nutrition Services-- A federal program which provides monthly benefits that help low-income households buy the food they need for good health. Green Card - A slang term describing the Alien Registration Receipt Card (Form I-151 or Form I-551). Most versions of these forms are not green in color. Homeless - An individual who lacks a permanent or fixed residence. Homesite-- Principle residence of applicant/recipient or energy household member. Illegal Alien - A person who (a) entered the United States without approval by the Immigration and Naturalization Service (INS) or (b) who, after entering legally, remained in the United States past the time limit granted by INS without authorization. Income- The Tribe considers all applicable income sources and how it relates to their gross income and the household's income eligibility. Life-threatening Crisis- This exists when a household member(s) health and/or well-being would likely be endangered if assistance is not provided, such as in extreme cold, or supply shortage of fuels. Resolving the life-threatening crisis is to be done within 18 hours. LIEAP (LOW INCOME ENERGY ASSISTANCE PROGRAM) - LIEAP provides for a onetime vendor payment annually to help eligible families pay their heating bills. Lump Sum - Money received with no anticipated recurrence. Medical Assistance (MEDICAID, MA) - A program to assist eligible aged, disabled, blind individuals, pregnant women, families and/or children with the cost of medical care under Title XIX of the Social Security Act. Medicare-A program of health insurance for aged and disabled individuals who meet the program's eligibility requirements under Title XVIII of the Social Security Act. Migrant Farm Worker- A person who moves with the migrant stream to follow seasonal farm work employment and does not return to his permanent home each night. Obligation - An obligation is when funds are encumbered (i.e., through a purchase order or use for the program. Project Share-Charitable donations Private Living Arrangement- Housing owned by an individual or private company. Public Housing - Housing owned by the government. This can be apartments or houses. Renter- Any individual who pays rent for separate living quarters. Energy costs may be included in the rent or may be paid separately. Roomer - A person who lives in a house and pays a set amount for a room only. SERVICE Provider- A vendor that provides a heating or cooling source to Energy Program applicants Supplemental Security Income (SSI) - A cash payment program administered by the Social Security Administration for low-income aged, blind, or disabled persons. Subsidized Housing - Any housing unit (household) which receives a federal subsidy to assist with utility bills. Temporary Assistance to Needy Families (TANF)- TANF is an assistance program which provides a money payment and medical assistance to certain relatives and children when the children have been deprived of parental support and care due to the death, physical or mental incapacity, continued absence of either parent from the home, or unemployment of one or both parents. Temporary Resident Status-- One-year period for which an alien has lawfully been granted the privilege of residing in the United States. The temporary status may be removed after one year when the Immigration Office rules favorably or unfavorably on granting permanent resident status to the alien. Tribal Citizen- A person who belongs to the Ma-Chis Lower Creek Indian Tribe of Alabama. Tribal Identification Card- A card shows the name of the Tribal citizen and roll number. Tribe- Ma-Chis Lower Creek Indian Tribe of Alabama Vulnerable - A household is said to be vulnerable if it is subject to the rising cost of heating and has a heat source. Fully Vulnerable Household - Vulnerable households are those who live in a private living arrangement and are subject to the rising cost of heating and have a heat source. Also includes households living in public housing where utilities for heat are billed separately from the rent or where utilities for heat are included in the rent, and the household has paid an excess in utilities for heat in the last 12 months at the current address. NOT Vulnerable Household - A household that is not subject to the cost of heating. Individuals who reside in an institution are not considered vulnerable. INTERNAL CONTROLS The basic purpose of Internal Control is to promote the efficient operation of this organization. The system of Internal Control will consist of measures employed by MCLCITA to (1) safeguard assets from waste, fraud, and inefficient use; (2) promote accuracy and reliability in the accounting records; (3) encourage and measure compliance with company policies, and

(4) evaluate the efficiency of operations. Internal Control consists of all measures taken to provide management with assurance that everything in the organization is functioning properly. CASH RECEIPTS AND DISBURSEMENTS Control objectives: To maintain control over all cash and checks received and to ensure that all cash receipts and disbursements are processed with adequate documentation and authorization. Procedures: 1. Banking Arrangements a. The Board of Directors will authorize those individuals to act as signatories. b. One handwritten or facsimile signature is sufficient on all checks less than \$1,000. Two signatures are required on all checks \$1,000 or greater. b. One handwritten or facsimile signature is sufficient on all checks less than \$1,000. Two signatures are required on all checks \$1,000 or greater. c. Any check made payable to an authorized signatory must be signed by a signatory other than the payee. d. Authorized check signers are not permitted to delegate this authority. e. Banks must be notified immediately when an authorized check signer leaves the employ of the organization. f. All check signers must be bonded. 2. Bank Transfers a. Only authorized check signers may do transfers between bank accounts. 3. Cash Receipts a. The persons opening mail must not be the person responsible for maintaining accounts receivable or other financial records. b. All incoming checks or money orders must be restrictively endorsed immediately upon receipt. c. All checks and currency should be deposited as soon as reasonably possible. Checks and currency that are not immediately deposited must be placed in a locked safe. d. All cash receipts must be recorded as of the date checks, or currency is received 4. Cash Disbursements a. All bank accounts must be recorded in general ledger accounts. b. All disbursements from bank accounts must be made on prenumbered checks. Copies and documentation must be kept for all voided or canceled checks. d. All checks presented for manual signature must be accompanied by supporting documents. e. Blank checks must never be signed. f. All unused checks must be stored in a locked file at the close of each day. 5. Reconciliation of Bank Accounts a. All bank accounts must be reconciled monthly by the bookkeeper and reviewed by the Executive Director, no later than fifteen business days within receipt of the bank statement. b. A copy of the bank statements and reconciliations will be presented to the Treasurer within 30 days of receipt of the statement. 6. Petty Cash a. A petty cash drawer may be kept covering miscellaneous daily business expenses such as postage, etc. b. The petty cash drawer shall contain no more than \$50 in currency at any given time. c. The petty cash drawer shall be stored in a locked file at the close of each day. d. Each petty cash transaction shall include an attached description of the transaction, including the amount, was taken, date, responsible person, and use of funds. A receipt must be attached to each description. e. Bookkeeper shall not replenish the petty cash drawer until it has been reconciled and entered the general ledger. MAINTENANCE OF RECORDS Control Objectives: To assure that the organization is maintaining adequate records. Procedures: 1. All organization data processing records must be "backed-up" daily, with backup tapes being stored either in a fire-proof locked cabinet inaccessible by the bookkeeper or off-site by a person other than the bookkeeper. 2. Hard copies of all loan files shall be kept in a locked file cabinet. 3. Hard copies of supporting documentation and appropriate authorization for all general ledger The bookkeeper shall keep entries. PAYMENT OF EXPENSES Control Objective: To ensure that expenses are properly authorized, calculated and classified. Procedures: The bookkeeper shall be authorized to pay the expenses of the organization during normal operations. In the bookkeeper absence, the Executive Director will pay such expenses. 1. All invoices presented for payment must be accompanied by a check request voucher. 2. All check request vouchers must be signed by the individual making the request and by the Executive Director. 3. All check request vouchers should include the date of activity and the general ledger account and class to which the payment should be applied. 4. Original invoices should be attached to check requests whenever possible. All invoices that are not originals must be verified before payment is made. 5. A detailed expense report must accompany any request for reimbursement. 6. Payments are made to vendor within three (3) business days of approval of application except for (a) crisis 48 hours life (b) life and death crisis 18 hours 7. The payments are noted as the following including fiscal year (October 1 to September 30): A. Crisis 1. Heating 2. Cooling 3. Year Round B. Heating 10-01nthru March 15 C. Cooling June 1 thru September 30 D. Weatherization year round E. Administrative-postage year round PROCESS A. Applications are taken 1. Processed for Crisis and if a crisis determined if Life or Death or Crisis immediate action is taken 2. All information is verified, and vendors are notified of payment amount. 3. Upon approval of application a request for payment is made to Payment Management Systems 4. Money is a direct deposit into the account 5. Checks are written and mailed to the vendors. 6. The clients are notified of the amount of the check and check number 7. 30 to 35 days the client is contacted regarding credit to energy account. PAYROLL PROCESSING/PERSONNEL RECORDS Control Objective: To ensure that all employees receive proper compensation and all adjustments have been duly authorized. Procedures: The bookkeeper shall maintain personnel files and records. The Bookkeeper shall be responsible for keeping accurate and updated records, assuring compliance with governmental regulations and standards, adequately safeguarding all personnel records, and restricting access to authorized individuals. 1. Concerning payroll disbursements, no cash payments shall be permitted. 2. No payroll disbursements shall be made without the approval of the Executive Director. 3. Timely remittance of payroll taxes shall be the responsibility of the bookkeeper and shall be approved by the Executive Director. 4. All changes to employees' compensation must be evidenced by a memo, copy of performance appraisal, minutes, etc. 5. All personnel files shall be kept in a locked file cabinet. 6. Access to personnel files shall be limited to the bookkeeper and Executive Director unless otherwise authorized by the Executive Director. The Executive Director's file shall be made available to the Board of Directors upon request. PROPERTY AND EQUIPMENT (INCLUDING FURNITURE) Control Objective: To maintain control at all points in the acquisition and recording of capital expenditures and to safeguard all property and equipment. Procedures: 1. The Executive Director must approve the purchase of all assets. 2. The acquisition or disposal of all assets should be duly recorded in appropriate detail records. An item shall be classified as an asset if it lasts more than a year and costs \$500 or more. 3. All transactions should be properly accumulated and categorized in the accounts. 4. There should be physical safeguards over property and equipment. 5. Subsidiary records should be maintained for individual assets by the Office Manager. These records should include a. A complete description. b. Type of equipment. c. Date of acquisition. d. Purchase price, cost of installation, and any other element of capitalized cost. e. Estimated useful life, depreciation method, and rate. 6. Subsidiary records shall be reconciled to the general ledger at least quarterly. 7. Fully depreciated assets and corresponding depreciation reserves shall continue to be carried in the general ledger. 8. Fixed assets shall not be moved, loaned, or otherwise disposed of without written authorization from the Executive Director. 9. A complete inventory of fixed assets shall be taken at least once every year. MLCITA will use the most current HHS poverty guidelines when assessing income eligibility. The current guidelines are published in the Federal Register and are available on the HHS website www.hhs.gov. The income of all members of each family unit must be included in determining the income eligibility. A family unit may be either: (1) related individuals; or (2) an unrelated individual. The term "related individuals" means two or more persons related by birth, marriage, and/or adoption who reside together. The term "unrelated individual" means an individual who is not an inmate of an institution: (1) who resides alone or (2) who lives with one or more persons who are not related to him/her by birth, marriage, and/or adoption. Each person of 18 and older must provide proof of income regardless of tribal status. Income includes total annual cash receipts before taxes from all sources, with the exceptions noted below. Specifically, income includes: • Wages and salaries before any deductions. • Net receipts from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses). • Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses). • Regular payments from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, and public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, and nonfederal-funded General Assistance or General Relief money payments), and training stipends. • Alimony, child sup

Audit Process

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?

Yes No

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

10.4. Audits of Local Administering Agencies
What types of annual audit requirements do you have in place for local administering agencies/district offices? Select all that apply.
<input type="checkbox"/> Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
<input type="checkbox"/> Local agencies/district offices are required to have an annual audit (other than A-133)
<input type="checkbox"/> Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.
<input type="checkbox"/> Grantee conducts fiscal and program monitoring of local agencies/district offices
Compliance Monitoring
10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply
Grantee employees:
<input checked="" type="checkbox"/> Internal program review
<input type="checkbox"/> Departmental oversight
<input checked="" type="checkbox"/> Secondary review of invoices and payments
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
Local Administering Agencies/District Offices:
<input type="checkbox"/> On - site evaluation
<input type="checkbox"/> Annual program review
<input type="checkbox"/> Monitoring through central database
<input type="checkbox"/> Desk reviews
<input type="checkbox"/> Client File Testing/Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
The initially reviews are done with completion of the application and every six months. The applications are reviewed of accuracy, completeness the client account was credited. Other agencies are provided a list of clients that the tribe serves. The staff reviews all applications for completeness. March- April the heating, crisis, weatherization is reviewed. Then September and October cooling , crisis and weatherization is reviewed.
10.7. Describe how you select local agencies for monitoring reviews.
Site Visits: N/A
Desk Reviews: N/A
10.8. How often is each local agency monitored? N.A
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

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

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

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: 12/31/2024
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN 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?
 Select all that apply.**

- Tribal Council meeting(s)
- Public Hearing(s)
- Draft Plan posted to website and available for comment
- Hard copy of plan is available for public view and comment
- Comments from applicants are recorded
- Request for comments on draft Plan is advertised
- Stakeholder consultation meeting(s)
- Comments are solicited during outreach activities
- Other - Describe:

Zoom meeting held due to the extreme heat. The area has been under numerous heat warning and heat advisories. The draft was emailed to all tribal citizens and stakeholders.

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

Ewverybody povided a copy of their 1040 if taxes are filed and bank statements for the last 3 months top review. The household that are constantly in crisis needs to attend budgeting classes. Increase maxium amount to \$700.00.

Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only

11.3 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?

	Date	Event Description
1	08/07/2023	Zoom Meeting

11.4. How many parties commented on your plan at the hearing(s)? 6

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

Ewverybody povided a copy of their 1040 if taxes are filed and bank statements for the last 3 months top review. The household that are constantly in crisis needs to attend budgeting classes. Increase maxium amount to \$700.00.

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

Everyone will have to provide their 1040 fo gross incme and their bank statements for the last 3 months.. Increase maxium amount to \$700.00.

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

Section 12 - Fair Hearings,2605(b)(13) - Assurance 13

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Section 12: Fair Hearings, 2605(b)(13) - Assurance 13

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 0

12.2 How many of those fair hearings resulted in the initial decision being reversed? 0

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

None

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

DENIAL

The reasons for denial are as follows:

1. Failure to complete the application or supply requested information
2. Falsify documentation.
3. Not a Ma-Chis Lower Creek Indian Tribe of Alabama Tribal Citizen
4. Over income
5. Obtain energy assistance from another agency

APPEAL PROCESS

The Ma-Chis Lower Creek Indian Tribe of Alabama provides for a fair hearing to any household that is denied assistance, if the application is not denied or approved within the established timelines, or if the benefits are less than the household believes it should be.

Clients are informed of their rights when the sign the application.

The applicant has the right to file an appeal for a hearing before the Ethics Committee. The Ethics Committee consist of a 3- person panel that hears all complaints. If not satisfied with the Ethics Committee decision may appeal to Chief James Wright of the Ma-Chis Lower Creek Indian Tribe of Alabama, if not satisfied with Chief James Wright's decision, and then you may file a complaint with the entire Tribal Council of the Ma-Chis Lower Creek Indian Tribe of Alabama Tribal Council and Chief. This must be done in writing through the United States Registered mail within 14 business days of being denied.

The address for the appeal is as follows: Ma-Chis Lower Creek Indian Tribe of Alabama,2950 County road 377, Elba, Alabama 36323. This appeal may be for being denied, and/or delayed processing. Processing can only begin once all required information received, and verifications have been completed.

Review - Describe your fair hearing procedures for households

12.5 When and how are applicants informed of these rights?

At the time of the application a copy of the procedure is given to the client.

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

APPEAL PROCESS

At the time of the application a copy of the procedure is given to the client.

The Ma-Chis Lower Creek Indian Tribe of Alabama provides for a fair hearing to any household that is denied assistance, if the application is not denied or approved within the established timelines, or if the benefits are less than the household believes it should be.

Clients are informed of their rights when the application is given to the client.

The applicant has the right to file an appeal for a hearing before the Ethics Committee. The Ethics Committee consist of a 3-person panel that hears all complaints. If not satisfied with the Ethics Committee decision may appeal to Chief James Wright of the Ma-Chis Lower Creek Indian Tribe of Alabama, if not satisfied with Chief James Wright's decision, and then you may file a complaint with the entire Tribal Council of the Ma-Chis Lower Creek Indian Tribe of Alabama Tribal Council and Chief. This must be done in writing through the United States Registered mail within 14 business days of being denied.

12.7 When and how are applicants informed of these rights?

APPEAL PROCESS

At the time of the application a copy of the procedure is given to the client.

The Ma-Chis Lower Creek Indian Tribe of Alabama provides for a fair hearing to any household that is denied assistance, if the application is not denied or approved within the established timelines, or if the benefits are less than the household believes it should be.

Clients are informed of their rights when they sign the application.

The applicant has the right to file an appeal for a hearing before the Ethics Committee. The Ethics Committee consist of a 3-person panel that hears all complaints. If not satisfied with the Ethics Committee decision may appeal to Chief James Wright of the Ma-Chis Lower Creek Indian Tribe of Alabama, if not satisfied with Chief James Wright's decision, and then you may file a complaint with the entire Tribal Council of the Ma-Chis Lower Creek Indian Tribe of Alabama Tribal Council and Chief. This must be done in writing through the United States Registered mail within 14 business days of being denied.

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

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
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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?

Provide free literature regarding energy saving techniques

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

In-kind service

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

The energy saving was provided to 500 people with 200 being at or below poverty. This service is provided as part of tribal meeting, emails which includes various health topics, safety issues such as food, medication recalls, reducing the cost of energy burdens

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

Energy audit performed on 2 houses The cost for weatherization the homes were greater than the value of the home. Energy saving light bulbs given to 10 families

13.5 How many households applied for these services? 12

13.6 How many households received these services? 10

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

Section 14 - Leveraging Incentive Program ,2607A

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
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Section 14:Leveraging Incentive Program, 2607(A)

14.1 Do you plan to submit an application for the leveraging incentive program?

Yes No

14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.

N/A

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 15: Training

15.1 Describe the training you provide for each of the following groups:

a. Grantee Staff:

<input type="checkbox"/> Formal training on grantee policies and procedures	
How often?	
<input type="checkbox"/> Annually	
<input checked="" type="checkbox"/> Bi-annually	
<input type="checkbox"/> As needed	
<input type="checkbox"/> Other - Describe:	
<input checked="" type="checkbox"/> Employees are provided with policy manual	
<input type="checkbox"/> Other-Describe:	

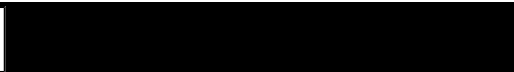
b. Local Agencies:

<input type="checkbox"/> Formal training conference	
How often?	
<input type="checkbox"/> Annually	
<input type="checkbox"/> Bi-annually	
<input type="checkbox"/> As needed	
<input type="checkbox"/> Other - Describe:	
<input type="checkbox"/> On-site training	
How often?	
<input type="checkbox"/> Annually	
<input type="checkbox"/> Bi-annually	
<input type="checkbox"/> As needed	
<input checked="" type="checkbox"/> Other - Describe: quarterly	
<input checked="" type="checkbox"/> Employees are provided with policy manual	
<input type="checkbox"/> Other - Describe	

c. Vendors

<input type="checkbox"/> Formal training conference	
How often?	
<input type="checkbox"/> Annually	
<input type="checkbox"/> Bi-annually	
<input type="checkbox"/> As needed	
<input type="checkbox"/> Other - Describe:	
<input checked="" type="checkbox"/> Policies communicated through vendor agreements	
<input type="checkbox"/> Policies are outlined in a vendor manual	

Other - Describe:



15.2 Does your training program address fraud reporting and prevention?

- Yes
- No

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 16 - Performance Goals and Measures, 2605(b)

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
Expiration Date: 12/31/2024

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

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

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

Not 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.

Section 17 - Program Integrity, 2605(b)(10)

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Section 17: Program Integrity, 2605(b)(10)

17.1 Fraud Reporting Mechanisms

a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.

- Online Fraud Reporting
- Dedicated Fraud Reporting Hotline
- Report directly to local agency/district office or Grantee office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
- Other - Describe:

b. Describe strategies in place for advertising the above-referenced resources. Select all that apply

- Printed outreach materials
- Addressed on LIHEAP application
- Website
- Other - Describe:

17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?						
	Applicant Only		All Adults in Household		All Household Members		
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Other		Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Describe any exceptions to the above policies.

17.3 Identification Verification

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff (for tribal grantees only)
- Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)
- Other - Describe:

17.4. Citizenship/Legal Residency Verification

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.

- Clients sign an attestation of citizenship or legal residency
- Client's submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card
- Other - Describe:

17.5. Income Verification

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

- Require documentation of income for all adult household members
 - Pay stubs
 - Social Security award letters
 - Bank statements
 - Tax statements
 - Zero-income statements
 - Unemployment Insurance letters
- Other - Describe:
- Computer data matches:
 - Income information matched against state computer system (e.g., SNAP, TANF)
 - Proof of unemployment benefits verified with state Department of Labor
 - Social Security income verified with SSA
 - Utilize state directory of new hires
 - Other - Describe:

17.6. Protection of Privacy and Confidentiality

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

<input type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
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.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
17.9. Benefits Policy - Bulk Fuel Vendors
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
<input checked="" type="checkbox"/> Vendors are checked against an approved vendors list
<input type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
<input type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/> Two-party checks are issued naming client and vendor

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

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

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

Instructions for Certification

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

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

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

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

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

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

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or

voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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

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

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

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

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

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

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

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

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

Instructions for Certification

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later

determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

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

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

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

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

Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

By checking this box, the prospective primary participant is providing the certification set out above.

Section 19: Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification

number(s) of each affected grant;
 (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
 (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

2950 County Road 377 * Address Line 1		
Address Line 2		
Address Line 3		
Elba * City	AL * State	36323-0110 * Zip Code

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

By checking this box, the prospective primary participant is providing the certification set out above.

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

The submitter of this application certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By checking this box, the prospective primary participant is providing the certification set out above.

Assurances

Assurances

(1) use the funds available under this title to--

(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);

(B) intervene in energy crisis situations;

(C) provide low-cost residential weatherization and other cost-effective energy-related home repair;and

(D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;

(2) make payments under this title only with respect to--

(A) households in which one or more individuals are receiving--

(i)assistance under the State program funded under part A of title IV of the Social Security Act;

(ii) supplemental security income payments under title XVI of the Social Security Act;

(iii) food stamps under the Food Stamp Act of 1977; or

(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

(B) households with incomes which do not exceed the greater of -

(i) an amount equal to 150 percent of the poverty level for such State; or

(ii) an amount equal to 60 percent of the State median income;

(except that a State may not exclude a household from eligibility in a fiscal year solely on the basis of household income if such income is less than 110 percent of the poverty level for such State, but the State may give priority to those households with the highest home energy costs or needs in relation to household income.

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income

energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

(6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -

(A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

(B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;

(7) if the State chooses to pay home energy suppliers directly, establish procedures to --

(A) notify each participating household of the amount of assistance paid on its behalf;

(B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grantees and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and

(B) the State will treat owners and renters equitably under the program assisted under this title;

(9) provide that--

(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursement of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

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

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

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

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

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

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

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and

thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Plan Attachments

PLAN ATTACHMENTS
The following documents must be attached to this application
<ul style="list-style-type: none">• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.
<ul style="list-style-type: none">• Heating component benefit matrix, if applicable
<ul style="list-style-type: none">• Cooling component benefit matrix, if applicable
<ul style="list-style-type: none">• Minutes, notes, or transcripts of public hearing(s).