

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: Shoshone-Bannock Tribes of the Fort Hall Reservation of

Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 1

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


Report Status: Submitted (Revision #1)

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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: Shoshone Bannock Tribes			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 820197554A		* c. Organizational DUNS: 793139684	
* d. Address:			
* Street 1:	P.O. BOX 306	* Street 2:	306 Pima Drive
* City:	FORT HALL	* County:	Bingham
* State:	ID	* Province:	
* Country:	United States	* Zip / Postal Code:	83203 -
e. Organizational Unit:			
Department Name: Consumer Services Program		Division Name: 477 Human Services Program	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.	* First Name: Dustin	Middle Name: Na-Zuid	* Last Name: Davis
Suffix:	Title: Consumer Service Manager, Shoshone Bannock Tribes	Organizational Affiliation: Tribe	
* Telephone Number: (208) 478-3709	* Fax Number: 208-478-3845	* Email: ddavis@sbtribes.com	
* 8a. TYPE OF APPLICANT: I: Indian/Native American Tribal Government (Federally Recognized)			
b. Additional Description:			
* 9. Name of Federal Agency:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles		93.568	Low-Income Home Energy Assistance Program
11. Descriptive Title of Applicant's Project Tribal Low-Income Energy Assistance and Weatherization Program			
12. Areas Affected by Funding: On the reservation and the surrounding 5 counties (Bingham, Bannock, Power, Caribou, Bonneville)			
13. CONGRESSIONAL DISTRICTS OF:			
* a. Applicant 2		b. Program/Project: LIHEAP Program	
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 Dustin Davis, Consumer Service Manager, Shoshone Bannock Tribes		18c. Telephone (area code, number and extension) (208) 478-3709	
		18d. Email Address ddavis@sbtribes.com	
18b. Signature of Authorized Certifying Official 		18e. Date Report Submitted (Month, Day, Year) 10/11/2023	
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
OMB Clearance No.: 0970-0075
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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	04/01/2024
<input checked="" type="checkbox"/>	Cooling assistance	07/01/2024	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

Energy Assistance and Weatherization will be starting on 10/1/23. FY23 LIHEAP and Tribal funding will be used to help supplement short comings or any delays to energy assistance if needed. End dates will be as such as long as funding is available and may be subject to change depending on funding levels for that certain period.

An additional supplemental LIHEAP benefit will be available if additional funding is allocated. Will put in the benefit schedule attached to this grant.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage (%)
Heating assistance	40.00%
Cooling assistance	5.00%
Crisis assistance	24.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	5.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	1.00%
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 checked="" type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify): Year around crisis assistance

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? Yes 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 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

Other(Specify) 1	Program Name	Heating	Cooling	Crisis	Weatherization
		<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? Yes No

If Yes, explain:

Due to the program joining LIHEAP to the 477 host of grants this will require all clients to do an application for services. Elders, and disabled we have served last year will be mailed the elder application and everyone else will need to apply on October 1st.

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?

Categorically eligible households will still be treated the same as we treat any Low-Income Households based upon our priority system regardless of income. Over-Income who are categorically eligible will fall into one of these priorities depending on household make up. And also no member of any federal recognized tribe will be discriminated against or denied an application for services based off their race, color, disability, creed, religion, national origin, sex, sexual orientation, political affiliation, or belief.

SNAP Nominal Payments

1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? Yes 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 type="checkbox"/>	Contract Income
<input type="checkbox"/>	Payments from mortgage or Sales Contracts

<input checked="" type="checkbox"/>	Unemployment insurance
<input type="checkbox"/>	Strike Pay
<input type="checkbox"/>	Social Security Administration (SSA) benefits
<input type="checkbox"/>	<input type="checkbox"/> Including MediCare deduction
<input type="checkbox"/>	<input type="checkbox"/> Excluding MediCare deduction
<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	Retirement / pension benefits
<input type="checkbox"/>	General Assistance benefits
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
<input type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input type="checkbox"/>	Alimony
<input 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 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"/>	
<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"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	<p>Other</p> <p>Any Per Capita payment that is distributed from the Shoshone Bannock Tribes or any other federally recognized tribal government that another tribal member is a member of. countable income is only counted if the tribal member has per capita that is over \$2000 for that fiscal year as stated in the transmittal IM 2011-02 Treatment of Per Capita payments.</p> <p>Eligibility for LIHEAP can be very different in which per capita is twice a year. But during that times of per capita that happens every December and June may shift a client out of eligibility for LIHEAP. However, any other months then those distribution months they may be eligible for LIHEAP during that time.</p> <p>Lease Payments: These are for the tribal land holders of the Ft. Hall Indian Reservation that recieve lease income that is over \$2000.</p>
<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 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 type="radio"/> Yes <input checked="" type="radio"/> No |
| Renters with utilities included in the rent? | <input checked="" type="radio"/> Yes <input 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? Veterans | <input checked="" type="radio"/> Yes <input type="radio"/> No |

Explanations of policies for each "yes" checked above:

2.2 The power bill must be in the name of the homeowner or another adult living in the household of the primary applicant. This must be to their primary residence and the benefit is made directly to the vendor.

2.3 An applicant that is a renter with energy utilities included in the rent must also provide a renters verification from the landlord along with the energy bill in the landlords name. The landlord will be responsible to make sure the benefit is credited to the tenants rent. This is in cases for private landlords that have one energy account for multiplexes.

This would also include bills that also include other utilities like water, sewer, and other related utilities with the power bill. This is specific to Bonneville county the city of Idaho Falls in which they have one bill with multiple utilities listed. The benefit would be to the clients account to that vendor.

2.3 Priority in eligibility for Elderly 62 years and older, disabled, and minors under 17 are given highest priority and first served for energy assistance, weatherization, the wood program. A target benefit multiplier is an increase of the base amount of the benefit of 25% per priority population. Wood is exempted wood. Wood benefit is 4 cords for priority populations and 2 cords for non-priority populations. The max is a 175% increase if the household has all three target populations living in the household. Applications are processed first for target populations in their respective order. September-October for Elders/Disabled, November for low-income families with minors, and December for low-income clients with no target populations in the household. Veterans are given preferential status in the wood or weatherization program as first, but cannot go over their eligibility priority status. Ex: a disabled veteran cannot be served before a low-income elder.

Households with high energy burdens will be given an additional 50% of the base amount of their winter energy allocation and can include a target populations benefit increase as well. This is for households that have a shut off or termination.

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.

A priority system will be in place for heating assistance (WEA), wood, and weatherization for target populations like elderly, disabled, and low-income families with minor children.

The target benefit multiplier for target populations is a 25% increase of their base WEA amount. We send out application as early as September to elders and disabled so we can assist them in October, families with minor children can apply in November. and Low-Income individuals will have their applications reviewed in December. Exemptions are confirmed shutoff in the home.

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 checked="" type="checkbox"/> Fuel type
<input checked="" type="checkbox"/> Climate/region
<input type="checkbox"/> Individual bill
<input 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 multiplication factor for shut-off or terminations will be an additional 50% increase with their base WEA amount. This can be included with target benefit multiplication factor as well. It will limit their access to crisis assistance for 90 days to assure that crisis assistance can be available to them later but does not limit them to access crisis assistance if the bill is higher than what WEA is able to provide.

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	\$206	Maximum Benefit	\$2,026
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2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? Yes No

If yes, describe.

The Consumer Services Program offers blankets, heated blankets, space heaters to low-income clients when requested. We provide weatherization DIY packages to clients who participate in our classes to weatherize their own home. We also provide winter packages like blankets, socks, gloves, and other warming items for elders during our elder christmas distribution.

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 3 - COOLING ASSISTANCE

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

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

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

3.3 An applicant that is a renter with energy utilities included in the rent must also provide a renters verification from the landlord along with the energy bill in the landlords name. The landlord will be responsible to make sure the benefit is credited to the tenants rent. This is in cases for private landlords that have one energy account for multiplexes.

This would also include bills that also include other utilities like water, sewer, and other related utilities with the power bill. This is specific to Bonneville county the city of Idaho Falls in which they have one bill with multiple utilities listed. The benefit would be to the clients account to that vendor.

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

Vulnerable populations will be prioritized in case of limited funding. Elders will take highest priority with energy assistance and target populations will be included depending on funding available.

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

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

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

<input type="checkbox"/> Dwelling type	
<input type="checkbox"/> Energy burden (% of income spent on home energy)	
<input type="checkbox"/> Energy need	
<input checked="" type="checkbox"/> Other - Describe:	
Benefit determination is an up to amount of \$250. The minimum amount for assistance is \$100 if the client has a zero balance or has a credit. The goal of the benefit is to eliminate the bill and keep them ahead.	
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	\$100
Maximum Benefit	\$250
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No	
If yes, describe.	
We provide Air Conditioner Units for low-income families and prioritize target populations like elders, disabled, and families with minor children. The program will still provide Low-Income clients with the same service but must serve the vulnerable populations first. We do fans if they have already been provided an A/C unit, smaller A/C units or mobile A/C unit to clients that have smaller windows or different location in the home.	
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
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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.

Applicants who request energy assistance with a shutoff or a termination notice is considered a crisis. The application will be expedited with supporting documentation turned in to our front office now or additional documents can be submitted later but no future services authorized until the information is submitted. This process will take no longer than 48 hours. Exemption is wood.

Wood is not a Crisis benefit and cannot be expedited because of the labor and the high demand of this service. The program has a waitlist of clients that have applied months in advance for wood and the program is still delivering to those clients who can be higher priority then the client in crisis. We do offer emergency load deliveries in the month of January and deliver half cords of wood for clients in need every Friday.

Additional wood can be provided to clients when the program has delivered wood to all clients. And exception to wood being a crisis emergency is when the client only source of heat is wood and does not have another life support system.

4.3 What constitutes a life-threatening crisis?

A Life-Threatening Crisis is an emergency situation where the crisis is a life and death situation where energy is needed to help power medical devices to keep the client alive. Failure to have energy to the home and to these devices could turn terminal if energy is not maintained in the home. Timeline for this type of crisis will be taken care of within 18 hours of receiving the request and must be completed.

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?** Yes No

In Order to receive crisis assistance:

- Must the household have received a shut-off notice or have a near empty tank?** Yes No
- Must the household have been shut off or have an empty tank?** Yes No
- Must the household have exhausted their regular heating benefit?** Yes No
- Must renters with heating costs included in their rent have received an eviction notice?** Yes No
- Must heating/cooling be medically necessary?** Yes No

Must the household have non-working heating or cooling equipment?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input 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 type="radio"/> Yes <input checked="" 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>The priority system prioritizes assistance for clients that are elders, disabled, or families with minors 17 and under. Their request will be go through an expedited process and can be remedied in less than 48 hours. If funding is low then it is prioritized with only those populations of elders, disabled, and minor children</p> <p>Crisis assistance must have a shut off or threat of a shut off or have a empty or near empty tank when it comes to propane. The heating benefit exhaustion is not considered a crisis indicator because they are usually using WEA concurrently with crisis assistance because of the size of the bill.</p> <p>Renters must provide a rent verification if their energy bill is linked to their landlord power bill and is facing an eviction. Medical devices, refrigerated medications, or appliances like HVAC, or AC Units would be considered life-threatening to keep them safe in extreme weather conditions. Crisis can also include failed life support, or appliances as well and can be used in such cases to help repair or replace if needed.</p> <p>Crisis can include situations in which the weather is so cold that failure to heating systems can cause pipes to burst. It is a preventative measure to prevent significant damage to the home along with no heat and water. Also this includes life support systems like HVAC, wood and pellet stoves, A/C units, fridges, baseboard heaters, ceiling fans, and central air if a system has failed. These systems are related as long as we can keep the home warm during the winter, cool during the summer in extreme weather cases.</p>	
Determination of Benefits	
4.8 How do you handle crisis situations?	
<input type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input checked="" type="checkbox"/>	Other - Describe: <p>Expedited applications go through the normal application process but are not limited by the priority system. Shutoffs or termination based upon the definition as mention aboved will expedite application process. This is only for energy assistance (except wood) and some weatherization services like life support repairs.</p> <p>Our intake office will get the application, the bill, the shutoff notice, and the supporting documentation will be sent to a case manager for processing. LIHEAP eligibilty will be determined by the case manger and determination of a benefit will be processed.</p> <p>If the shutoff or termination is a power bill or natural gas bill. Determination for the benefit is done and a call to the vendor company is made for the clients behalf pledging an amount to get there energy reestablished. Propane vendors or other energy vendors that do not honor pledges then a program credit card will be used to pay for the clients account so they can get the energy they need re-established.</p> <p>If there is a crisis that involves a major power outage that disrupts power and the weather is very extreme of being hot or cold then crisis assistance can be used to temporarily house clients in hotels. But they must be clients of the Consumer Servics Program and be LIHEAP eligible. Determination for this can be made after the fact due to situation of the crisis and limited ability of the program at the moment of crisis.</p>
4.9 If you have a separate component, how do you determine crisis assistance benefits?	
<input checked="" type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	Other - Describe: <p>Benefit amount will up to \$1500 with the goal to eliminate the bill and keep them ahead.</p> <p>Additional 2nd Crisis will be allowed for up to \$1000 for low income elders, disabled, and families with minor children only. This is not to be used concurrently with the first crisis assistance.</p> <p>If we have any additional funding we are unable to expend before the end of the year we will provide one final supplemental funding to all LIHEAP clients before the end of the year. The benefit will be divided equally by the amount of households we have served with electric energy assistance. This would be for our local electric vendors in the area.</p>
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.	
<p>All applications can be picked up at our current location located at 385 Bannock Trail Rd (Old Casino). They can be either turned in person or dropped off at our drop box located outside our offices if necessary. We also have our applications online and they can be emailed to the address on the application. They can take a picture of the application and send it to our work cell phone for our front office admin so they can be printed off and processed. If we have clients who are home bound and does not have technology we have the ability to go to their home, get their information and bring it back to our office to process a benefit for them.</p>	

4.11 Do you provide individuals who are physically disabled the means to:

Submit applications for crisis benefits without leaving their homes?

Yes No **If No, explain.**

Travel to the sites at which applications for crisis assistance are accepted?

Yes 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?

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	\$1,500.00 maximum benefit

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

Yes No **If yes, Describe**

We offer blankets, space heaters, fans, air conditioners, emergency housing in a life-threatening crisis, repair/replacement to life support systems.

The HVAC system replacement must be a failed system to their primary system.

The emergency housing must be an elder, or disabled client, or client that rely on medical devices that suffered an power outage beyond their control. This includes community wide power outages were the weather is exteme heat or cold. This must have a directive from our emergency command for the Sho-Ban Tribes in cases of community wide power outages.

4.14 Do you provide for equipment repair or replacement using crisis funds?

Yes No

If you answered "Yes" to question 4.14, you must complete question 4.15.

4.15 Check appropriate boxes below to indicate type(s) of assistance provided.

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Other (Specify): This would also include emergency electrical to the home in the case that the home needs an assessment before power is returned to the home. Or emergency electrical repairs to the home in which the power is cause the clients bill to be either high or not working in sections of the home. Emergency electrical is not considered when a complete rewire is required for the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?

Yes No

If you responded "Yes" to question 4.16, you must respond to question 4.17.

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

Idaho has a Natural Gas Company and Idaho Power that honor moratoriums during the winters months of November-Februaryay that will

not shut off clients energy. They must have an elder, have a disability, have minor children in the home, or have a medical condition cleared by a doctor.

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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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 type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<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.

Policies related to renters is if the client is renting they must provide a letter from the landlord stating why weatherization is not done to the home via the landlord. On the reservation anyone renting a FHHA residence must go through the FHHA to get their request done. This includes cases for weatherization either being a high dollar amount or heavy labor related project. However easier and cost effective weatherization projects like water saving, low cost is allowable.

The Weatherization program is based on a priority system were we serve the most vulnerable of populations. We serve low-income elders, disabled, and families minor first. Low income individuals that do not have any of these criteria. Veteran request for weatherization will be top priority but they cannot go above a priority that they are eligible for. Ex. an disabled veteran cannot go ahead of an low income elder over 62.

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? \$0

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 checked="" 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 checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" 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: Plastics for windows, electrical repairs, ceiling fan repair/replace, skirting for homes to help with pipe insulation, HVAC duct repair/replacement, bathroom/kitchen exhaust fans, This will also include wood stove changout, and collaboration with wood stove changeout programs

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):

With outreach we have the 477 program, the local newspaper, our respective FB pages to go ahead and outreach to clients that are in need of energy assistance. We have also reached out to the respective 5 districts around the reservation as well before the program starts in the new fiscal year.

We haven't executed a standard interagency agreement but we have established Memorandum of Understanding between tribal and state program granting equitable access to the LIHEAP program in regards to energy assistance. This is still in development but gives us additional option to refer and defer clients to the respective CAA's as needed.

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 checked="" type="checkbox"/>	One - stop intake centers
<input checked="" type="checkbox"/>	Other - Describe:

The Consumer Services Program is part of the 477 Human Services Program for the Shoshone Bannock Tribes and we collaborate with the 477 program that provides TANF services to eligible clients. This coordination helps us better serve clients of this population. The 477 Program is set up to do multiple intake from multiple programs in one spot. We also are currently coordinating with the local CAA's in our area to further assist clients in cases their bill is either to high to assist or an available alternative to our program.

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

Section 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 type="checkbox"/>	Other - Describe:

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?

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

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

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?				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?

The Shoshone-Bannock Business Council has created the Consumer Services Department to be the administrator of the LIHEAP Grant. The process we must meet the standards and assurances of the grant. They grant the Consumer Services Program Manager as the administrator of the grant via a delegation letter and a Council Resolution. They will be both submitted with grant authorizing the administrator to apply for the LIHEAP Grant.

8.7 How many local administering agencies do you use? One

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.

Only in cases of rent if the energy bill is linked onto their rent. Then the benefit is paid to the landlord as part of their rent not the utility bill because the name on the bill is the landlord and not the tenant. This is only in cases if the landlord provides an itemized bill, the bill must have the services provided to the client, and provide a renters verification from the landlord. This is the same for multi-utility vendors that have water, septic and other related services.

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

The program will go ahead and call the client to notify them that a benefit was paid on their behalf. We now require the client to see us directly to let them fill out a personal responsibility contract since LIHEAP will part of the 477 host of grants. This will allow us to notify the client about the benefit awarded to them and their responsibility for their energy assistance.

What the Personal Responsibility Contract (PRC) is an agreement between the client and the program of what obligations they are required to abide by for receiving the services from our program. The agreement includes: They must maintain their energy bill, they would not be able to apply with the program for 90 days from their initial assistance, they must participate in a weatherization/financial literacy class if they have a very high bill, or history of not making payments, they must have a working phone number, (if its wood) they cannot sell, trade, or give away wood during the winter months, and they can apply for additional wood if we have wood available and when all deliveries are completed to everyone who has applied.

In the context of the 2nd section of the PRC this is related to our benefit matrix in which we have increased the amount substantially to not only eliminate the bill but to keep them ahead for a time. There are also the multi-energy requests like wood/electric, or propane and electric in which they have exhausted both winter energy and crisis so we wouldn't be able to help them if they did ask again. This is specific to clients who request energy assistance and continue to request assistance from the program, preventing us from assisting other clients who have not requested our assistance from our program yet.

The Personal Responsibility Contract is required from clients who apply under the 477 program. This is fairly new as it is now LIHEAP is part of the 477. Changes will naturally occur and evolve as we still continue to navigate to prevent this to becoming a barrier to clients we serve.

Recently, we have discovered many of the clients contact information is not reliable so we will assist them regardless and mail them the PRC letting them know their responsibilities and what the program has done. We also now accept the PRC over the phone and mail them a copy of what we have talked about to lessen the burden of traveling to our offices. Shut offs are still considered priority and the PRC is covered with them when we reach out to them and if we are not able to make contact we will mail out the PRC to them.

This will be a continuously evolving method as this is something new to our program and will make changes as needed to make sure we are still assisting clients.

An attachment of a PRC will be with this.

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?

There is no control of how the program will treat the client when it comes to energy assistance. We usually piggyback via the Community Action Partnership Association of Idaho. They usually get the Idaho LIHEAP grant and they work with the Idaho Public Utilities Commission that regulates the cost of energy. Energy vendors that are independent of the IUC will be worked with as much as possible, however if abuse of high prices do persist that we will not do business with them and recommend that the client find another vendor to work with that is more reasonable with their energy cost and help them in all ways possible to get that set up with the new vendor.

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?

We have privacy rules insuring clients privacy is respected. The clients meet one on one with the with the case manager to discuss the their benefit and what the program can do for them. All clients are treated with respect, dignity and encourage the client to continue seeking assistance from the program if still needed and available.

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.

Most energy vendors that we do benefits to are under the Idaho Utilities Commision. The unregulated vendors like the propane vendors or The City of Idaho Falls. Usually our non regulated vendors are a tax compliant company that is found in our accounting database system. Anyone that is not willing to be under this system is denied payment according to our finance policies.

Furthermore, to better assist our clients with energy vendors that do not honor a pledge system to help stop the disruption of energy we have a program credit card available to make the payment immediately so delivery service (like propane) can be done as soon as possible.

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

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

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

10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?

The tribes uses a computerized financial accounting system called springbrook, a detailed accounting system and a vendor paying process called laserfiche to process payments to energy vendors. The system is supervised and maintained by an accounting staff comprised of 9 individuals including 4 accountants. The finance department is responsible for over 100 grants and contracts from various state and federal agencies, including the Bureau of Indian Affairs, Department of Health & Human Services, Department of Labor & Energy. A year end financial report is compiled and produced by independent auditors.

Audit Process

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

Yes No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

10.4. Audits of Local Administering Agencies

What types of annual audit requirements do you have in place for local administering agencies/district offices?
Select all that apply.

- Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
- Local agencies/district offices are required to have an annual audit (other than A-133)
- Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.
- Grantee conducts fiscal and program monitoring of local agencies/district offices

Compliance Monitoring

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply

Grantee employees:

- Internal program review
- Departmental oversight
- Secondary review of invoices and payments
- Other program review mechanisms are in place. Describe:

Local Administering Agencies/District Offices:

- On - site evaluation
- Annual program review
- Monitoring through central database
- Desk reviews

<input checked="" 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.
Each September our finance department starts the year end review over all the budgets the tribes utilized for the fiscal year. They go ahead and review if there are any discrepancies. If there are any discrepancies that are found we will go ahead and have them corrected.
10.7. Describe how you select local agencies for monitoring reviews.
Site Visits: The Fort Hall Business Council is responsible for selecting any agency to complete a monitor review.
Desk Reviews: Desk Review are completed ny Consumer Services Manager, and the 477 Human Services Director
10.8. How often is each local agency monitored?
Yearly. Monthly spending reports are sent from finance to the Consumer Services Manager for review and closer inspection of what was spent and that it was spent in the proper budget. Our payments processes keeps an active internal cuff account to assure we are monitoring our spending we do for the year for services like WEA, Crisis, Cooling, and Weatherization.
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)

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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:

We usually get public comment around the 5 districts around the reservation during their monthly meetings. We participated in resources fairs to further get public comment about the LIHEAP grant.

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

Changing the target benefit to substantially increase winter energy assistance without it impacting Crisis Assistance. Providing an additional crisis benefit for energy assistance.

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	08/16/2023	Lincoln Creek Lodge Monthly Meeting
2	08/17/2023	Tribal Health and Human Services Resource Fair
3	08/21/2023	Gibson Lodge Monthly Meeting
4	08/24/2023	Ross Fork Lodge Monthly Meeting
5	08/24/2023	Tribal Health and Human Services Resource Fair 2nd
6	08/28/2023	Fort Hall Lodge Monthly Meeting
7	08/30/2023	Bannock Creek Lodge Monthly Meeting

11.4. How many parties commented on your plan at the hearing(s)? 42

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

N/A Tribes did the public participation and will be attached with this grant

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

Increasing WEA to prevent shut offs, Change the energy matrix for electricity, and delaying the wood program one month.

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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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
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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? 2

12.2 How many of those fair hearings resulted in the initial decision being reversed? N/A

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

Nothing was change and the decision was upheld twice due to failure to appeal the denial of services

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

See attachment, "Program Responsibilities and Right to Appeal"

12.5 When and how are applicants informed of these rights?

They are informed to these rights when they are required to go to orientation. They also will be provided when they sign off on their personal responsibility contract.

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

If the client had a request and that request is denied or delayed for their services not acted on in a timely manner it is first explained informally via in person, phone, or by email.

If they do a formal letter stating they did not get the services requested then the Consumer Services Manager will write them a letter stating why a denial for their services and point out in the tribal policies why this type of service they requested is denied and they have a right to appeal that denial in writing and have 10 days to repsond to the denial.

We try to inform them informally about any denial and delays and tell them they can appeal and try to seek out a resolution for this. If no resolution is made informally than the denial is justified via a letter stating the tribal LIHEAP policies

12.7 When and how are applicants informed of these rights?

They are notified on their applicaiton when they request services and at orientation.

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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August 1987, revised 05/92,02/95,03/96,12/98,11/01
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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?

With Assurance 16 funding we are hosting a set of weatherization classes and energy informationals. With these classes we would like see our client interested in weatherizing their home learn how to DIY weatherization to their home. Also help co-host resource fairs with other programs that can provide them with information about resources around the area. Then teach clients about financial literacy and tips to help save money and be better consumers.

With this we also put out information on energy savings in our annual elder christmas basket giveaway. Where we provide them with items that they can use to keep themselves warm during the winter time.

Help host a resource fair to distribute information about our program what we do and other similar programs have to offer.

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

We usually submit a budget for the year of the activities we plan on doing for Assurance 16 activiites. most case we usually budget 5% of the cost for those activities and has a designated specific line item in our finance ledger and is set at the 5% allowable cost for this line item. This is also cost shared with other budgets like our tribal funds or the CSBG under the 477 program.

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

The impact of the acitivities that we host is that the people will know the resources that are available from the program. They will know what to expect when doing weatherization to their homes and be proactive consumer and save where they can during the winter months.

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

There isn't any direct benefits provided to those households that benefit from Assurance 16. We use these funds as promotion about LIHEAP, what it can offer, Weatherization classes, informationals, resource fairs, and financial literacy. We hope the benefits and outcomes from these activities are lower power usage and being better consumers

13.5 How many households applied for these services? 0

13.6 How many households received these services? 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 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.

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			

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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Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Bi-annually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

Weatherization updates for the weatherization crew about policies and details when it comes to weatherization. Financial Literacy training so we have our admin crew certified to teach financial literacy classes Fraud warning and protection for admin staff in cases of fraud. We will be training 477 case managers about energy assistance and eligibility so they are able to provide LIHEAP services to eligible tribal members

b. Local Agencies:

Formal training conference

How often?

Annually

Bi-annually

As needed

Other - Describe:

On-site training

How often?

Annually

Bi-annually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

c. Vendors

Formal training conference

How often?

Annually

Bi-annually

As needed

Other - Describe:

Policies communicated through vendor agreements

<input type="checkbox"/> Policies are outlined in a vendor manual
<input checked="" type="checkbox"/> Other - Describe: Information is given out at our resource to energy vendors that attend.
15.2 Does your training program address fraud reporting and prevention? <input checked="" type="radio"/> Yes <input type="radio"/> 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
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
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Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (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.

N/A for tribal grantees.

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

In reporting of Fraud this is either reported indirectly via a phone call or in person about fraudulent behavior of people abusing services. The Consumer Services Manager will investigate accusation and make a determination if the accusation is credible. This includes fraud of the application, energy fraud, or wrongful benefit payment fraud.

If there is a case of fraud the client will be written a letter telling them they will have 10 working days to respond to the letter stating what happened and their right to appeal. They will be sent information verifying the fraud. If they respond to the letter and bring in supporting evidence to support no fraud is happened then the case is closed. However, if the client fails to meet with the Consumer Services Manager then they are suspended from the program and their per-capita garnished for the benefit amount awarded to them. If there is cases that a client is frauding an energy vendor or a local CAA, then we will notify that vendor immediately and request that they look into this matter on their end.

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 checked="" type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Social Security Number (Without actual Card)	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input checked="" type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Government-issued identification card	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input checked="" type="checkbox"/> Required

(i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<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	Certificate of Indian Blood if they don't have a tribal ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Medicaid/Medicare Card with Social security Numbers listed. Would be for Elders that have a Medicaid/Medicare Card that no longer have a social security card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	Tribal Identification Cards with Social Security Numbers listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Social Security Letters for applicants that are collecting Social Security. Must come from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

b. Describe any exceptions to the above policies.

Exceptions to the above policies are going to be elders 62 on up. From time to time we run into elders who no longer need their Social Security Card and it is either lost and not retrieved. They can request a replacement, however they have a Medicare or Medicaid Card or it is listed on their Social Security statement they get from Social Security. They also have their Social Security number on a verified government ID (Tribal ID) which can pass through a TSA checkpoint when traveling.

This other exception is a letter from the social security office if they are applying for a replacement. It will be noted and part of the application and no future assistance will be done until we have that card. This is for applicants that are facing a shut off termination or threat of a shut off or termination.

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

<input checked="" type="checkbox"/> Social Security award letters
<input checked="" type="checkbox"/> Bank statements
<input checked="" type="checkbox"/> Tax statements
<input checked="" type="checkbox"/> Zero-income statements
<input checked="" type="checkbox"/> Unemployment Insurance letters
<input type="checkbox"/> Other - Describe:
<input type="checkbox"/> Computer data matches:
<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input type="checkbox"/> 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.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 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 checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input 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 type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input type="checkbox"/>	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/>	Grantee attempts collection of improper payments. If so, describe the recoupment process The client will be mailed a letter detailing inconsistencies with their application and their assistance awarded. They will have 10 working days to explain these inconsistencies. If these inconsistencies are in relation to an internal issue with the program they will not be held accountable and will be taken care of internally. If the client is to be at fault of frauding the program they will be suspended from the program and will be garnished their per capita for the benefit awarded to the client. If they are a member of another tribe they will be routed to the tribal court to recoup the fraudulent payment.
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 Calendar Year or until the benefit is paid back in full
<input checked="" 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)

Shoshone Bannock Tribes * Address Line 1		
P.O. Box 306 Address Line 2		
306 Pima Drive Address Line 3		
Fort Hall * City	ID * State	83203 * 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).