

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: Confederated Tribes Of Warm Springs Reservation Of Oreg

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

Report Period: 10/01/2024 to 09/30/2025


Report Status: Submission Accepted by CO (Revision #2)

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Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027	
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 type="radio"/> Initial <input checked="" type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	
		4a. Unique Entity Identifier (UEI) HLTFBBD3FTDG8	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:
7. APPLICANT INFORMATION			
* a. Legal Name: Confederated Tribes of Warm Springs Indian Reservation of Or			
* b. Address:			
* Street 1:	1144 Warm Springs Street	Street 2:	PO Box C
* City:	WARM SPRINGS	County:	Jefferson
* State:	OR	Province:	
* Country:	United States	* Zip / Postal Code:	97761 -
c. Organizational Unit:			
Department Name: Tribal Social Services		Division Name: Health & Human Services	
d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)			
* First Name: Jacqueline		* Last Name: MInson	
Title: Tribal Social Services Program Mgr.		Organizational Affiliation: Confederated Tribes Warm Sprin	
* Telephone Number: 5415534955		Fax Number 5415530508	
* Email: j.minson@wstribes.org			
* 8. TYPE OF APPLICANT: I: Indian/Native American Tribal Government (Federally Recognized)			
* a. Is the applicant a Tribal Consortium: <input type="radio"/> Yes <input checked="" type="radio"/> No			
* b. If yes please attach at least one the following documentation:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program	
10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Warm Springs			
11. AREAS AFFECTED BY FUNDING: Oregon			
12. CONGRESSIONAL DISTRICTS OF APPLICANT: 002			
13. FUNDING PERIOD:			
a. Start Date: 10/01/2024		b. End Date: 09/30/2025	
* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under 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.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
If Yes, explain:	
16. 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.	
17a. Typed or Printed Name and Title of Authorized Certifying Official Jacqueline Minson	17c. Telephone (area code, number and extension)
	17d. Email Address j.minson@wstribes.org
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 09/25/2024

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.: 0970-013
Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 1 - Program Components

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. 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	10/01/2024	09/30/2025
<input checked="" type="checkbox"/> Cooling assistance	10/01/2024	09/30/2025
<input checked="" type="checkbox"/> Summer crisis assistance	06/01/2025	09/30/2025
<input checked="" type="checkbox"/> Winter crisis assistance	10/01/2024	03/31/2025
<input checked="" type="checkbox"/> Year-round crisis assistance	10/01/2024	09/30/2025
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2024	09/30/2025

Provide further explanation for the dates of operation, if necessary

LIHEAP will be available and accept applications with all community members who want to apply and turn in the requested / required verification for the program to determine eligibility. A complete interview and reviewing the application is done with the primary applicant to make sure all verifications are received and if there additional verifications required , applicant can obtain and turn them in for eligibility.

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 (%)	Prior year totals
Heating assistance	60.00%	60.00%
Cooling assistance	5.00%	5.00%
Summer crisis assistance	5.00%	5.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	0.00%	0.00%
Weatherization assistance	15.00%	15.00%
Carryover to the following federal fiscal year	0.00%	0.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%	5.00%
Used to develop and implement leveraging activities	0.00%	0.00%
TOTAL	100.00%	100.00%

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative costs in excess of these limits must be paid from non-federal sources.

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:) Remains in crisis

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 at least one household member receives at least 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

1.4a. - Provide your definition of categorical eligibility.

Any person(s) living in a home and eligible for SSA benefits, DHS benefits TANF/SNAP or Medicaid), General Assistance benefits or Veterans benefits is eligible for assistance.

1.5 Do you automatically enroll households without a direct annual application? Yes No

If Yes, explain:

Yes I will assist a person and or household with a completed / signed application if one of the following: 1. Community member is homebound and unable to come into the office. 2. Community member has no reliable transportation at the time of assistance (need) and can come into the office within the next 2-3 days, or 3. Due to inclement weather and community member cannot leave the home due to dangerous road conditions.

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?

Maintaining open communication, being honest and explaining to each applicant why I am making the decision(s) I am about their request and application.

I review each application in person or over the telephone with the community member and explain what they may or not be eligible. (This includes asking them to contribute to the assistance should their household and monthly income change because someone within the home became employed or eligible for other benefits such as SSA benefits.

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?

I request a current copy of the electric bill to prove it belongs to the applicant. If they have a crisis or weatherization need, applicants are willing to take and send me pictures so I have a good idea of clarifying their need. I can also verify through Tribal Credit , Tribal Probate or Housing Authority the applicant owns the home.

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

<input type="checkbox"/>	Other - Describe
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP	
<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits
<input type="checkbox"/>	<input type="checkbox"/> Including MediCare deduction
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)
<input checked="" type="checkbox"/>	Retirement / pension benefits
<input checked="" type="checkbox"/>	General Assistance benefits
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) 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 checked="" 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 checked="" type="checkbox"/>	Veterans Administration (VA) benefits

<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	
1.10 Do you have an online application process? <input type="radio"/> Yes <input checked="" type="radio"/> No	
1.10a If yes, describe the type of online application (Select all boxes that apply)	
<input type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
Please include a link(s) to a statewide application, if available:	
1.10b Can all program components be applied for online? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If no, explain which components can and cannot be applied for online.	
No application can be accessed online due to the fact I need to verify the application and the verifications in person, or if they are home bound, I will make a home visit to complete the application. They also have the option to mail the application with the verifications.	
1.11 Do you have a process for conducting and completing applications by phone? <input type="radio"/> Yes <input checked="" type="radio"/> No	
1.12 Do you or any of your subrecipients require in person appointments in order to apply? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	
1.13 How can applicants submit documentation for verification? Select all that apply:	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input type="checkbox"/>	Portal application
<input type="checkbox"/>	Other, please describe

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 2 - Heating Assistance

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	State Median Income	60.00%

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

If yes, describe: Do you have additional/differing eligibility policies for:

Renters? Yes No

If yes, describe:

Regardless of what type of housing an applicant lives in, I ask every applicant if their electricity is included in their rent?

Renters Living in subsidized housing? Yes No

If yes, describe:

Regardless of what type of housing an applicant lives in, I ask every applicant if their electricity is included in their rent and or mortgage monthly payment.

Renters with utilities included in the rent? Yes No

If yes, describe:

Regardless of what type of housing an applicant lives in, I ask every applicant if their electricity is included in their rent and or mortgage monthly payment.

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

I will review and process every application that is turned in same day , if not next business day.

Individuals with a disability? Yes No

If yes, describe:

If an applicant comes into the office and reports uses a CPAP , ventilator or a power wheelchair , I will advocate and call the electric company and see what I can do (in concert) with the electric company to retain or reconnect service.

Young children? Yes No

If yes, describe:

I do ask the applicant what their situation (HH) is , so I know how to best assist them to keeping electricity on.

Households with high energy burdens? Yes No

If yes, describe:

If the applicant states (complains) about high energy costs , I will interview and ask them why they think (or know) why their monthly bill is so high? If they need assessment for weatherization and or repair(s) , I will refer them Neighborimpact for example, who has a

weatherization program.			
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, describe:			
Explanations of policies for each "yes" checked above:			
I will interview every applicant to make sure I have all the required verifications needed to make a correct eligibility determination. (And at the same time, will refer every applicant I can for weatherization assessment for house repairs.			
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.			
I assist every applicant as they come into the office or call in to request assistance. Most people know when the program 's new year begins, so I generally receive several applications and work through them as they come into the office. Should anyone state their electricity has been disconnected , I will normally work with those first (Most critical to the least , which would be those customers who are current with their electric bills)			
2.5 Check the variables you use to determine your benefit levels. (Check all that apply):			
<input checked="" type="checkbox"/> Income			
<input checked="" type="checkbox"/> Family (household) size			
<input checked="" type="checkbox"/> Home energy cost or need:			
<input type="checkbox"/> Fuel type			
<input type="checkbox"/> Climate/region			
<input checked="" type="checkbox"/> Individual bill			
<input checked="" type="checkbox"/> Dwelling type			
<input type="checkbox"/> Energy burden (% of income spent on home energy)			
<input type="checkbox"/> Energy need			
<input type="checkbox"/> Other - Describe:			
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. Please note: the maximum and minimum benefits must be shown in the payment matrix.			
Minimum Benefit	\$250	Maximum Benefit	\$750
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?2 <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, 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 3 - COOLING ASSISTANCE

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 3 - Cooling Assistance

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	State Median Income	60.00%

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

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? Yes No

If yes, describe:

To turn in a copy of the rental agreement and or lease to verify if electricity is included in monthly rent.

Renters Living in subsidized housing? Yes No

If yes, describe:

To turn in a copy of the rental agreement and or lease to verify if electricity is included in monthly rent.

Renters with utilities included in the rent? Yes No

If yes, describe:

To turn in a copy of the rental agreement and or lease to verify if electricity is included in monthly rent.

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

If the elder explains absolute need and they have all the verifications, I will interview them for eligibility.

Individuals with a disability? Yes No

If yes, describe:

If the applicant expresses need and they have all the verifications, I will interview them for eligibility.

Young children? Yes No

If yes, describe:

If the applicant states they are a home with small or minor children and in most cases are threatened to be shut off and if they have all the verifications, I will interview them for eligibility.

Households with high energy burdens? Yes No

If yes, describe:

Yes . Most households that have come into the office that are working adults or families and explain they have had hard times, I will interview them and work with them to assist the best I can.

Other? Non owner /electric or home owner Yes No

If yes, describe:

I have interviewed a community member this past year that has tried to apply for energy assistance reporting he is 'house sitting' . Although he is housesitting for a friend, he tried to get me to determine eligibility using an electric bill from a person who died earlier in the year. Explained to the applicant , I cannot assist you with a bill that you do not own and the owner of the electric bill has passed away. Applicant understood.

Explanations of policies for each "yes" checked above:

Tribal Social Services Manager is requesting a copy of the rental agreement or lease as verification when the rental property advertises "utilities" are included in monthly rent.

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

It has been first come , first serve. There are applicants who have called or come into the office desperate to be seen because their electricity has been disconnected or the electric company is there to shut off because of non payment. Tribal Social Services does their best to serve all persons who come into the office requesting assistance.

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

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

- Income
- Family (household) size
- Home energy cost or need:
 - Fuel type
 - Climate/region
 - Individual bill
 - Dwelling type
 - Energy burden (% of income spent on home energy)
 - Energy need
 - Other - Describe:

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. Please note: the maximum and minimum benefits must be shown in the payment matrix.

Minimum Benefit	\$250	Maximum Benefit	\$750
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3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? Yes No

If yes, describe.
 The Oregon Health Authority sent Confederated Tribes of Warm Springs 50 air conditioners to hand out to the elder and vulnerable households.

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

Section 4 - CRISIS ASSISTANCE

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 4 - Crisis Assistance

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	State Median Income	60.00%

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

If you administer multiple crisis assistance programs (winter, summer, and/or year-round), Include all program definitions.

A crisis is a water leak , electrical outage or plumbing issue that causes pipes to break (burst) from inclement weather or natural disaster creating a household to be unsafe because they are without running water and or electricity.

4.3 What constitutes a life-threatening crisis?

Any home or building that does not have running (safe) drinking water and electricity.

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 18Hours

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)

	Winter Crisis	Summer Crisis	Year-Round Crisis
4.6 Do you have additional eligibility requirements for Crisis Assistance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

4.7 Check the appropriate boxes below to indicate type(s) of assistance provided

0

Do you require an Assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you give priority in eligibility to:			
Older Adults (60 years or older)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with a disability?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Young Children?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Households with high energy burdens?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify): Households reporting need	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Must heating/cooling be medically necessary?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify): Hot water heaters not working	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Do you have additional/differing eligibility policies for:			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explanations of policies for each "yes" checked above:			
<p>Tribal Social Services will complete an intake with anyone that reports they have a 'crisis' and to determine what the program is going to be able to do to resolve the crisis including contacting Neighbor impact to work together to resolve applicant's crisis within 18 hours of receiving the call.</p>			
Determination of Benefits			
4.8 How do you handle crisis situations?			
<input checked="" type="checkbox"/>	Separate component		
<input type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe: Tribal Social Services will complete an intake with anyone that reports they have a 'crisis' and to determine what the program is going to be able to do to resolve the crisis including contacting Neighbor impact to work together to resolve applicant's crisis within 18 hours of receiving the call.		
4.9 If you have a separate component, how do you determine crisis assistance benefits?			
<input type="checkbox"/>	Amount to resolve the crisis. \$0		
<input checked="" type="checkbox"/>	Other - Describe: At intake, Tribal Social Services will ask the applicant how much money they are able to contribute - while at the same time, contact Neighbor impact to determine if LIHEAP and Neighbor impact can share costs? There hasn't been a cap or maximum cost because we have experienced broken pipes in one home cost as low as \$ 2500 to a another plumbing repairs where the water pipes broke last winter requiring the entire home's plumbing to be replaced. Total cost for this one repair was \$ 21,000.00+.		
Crisis Requirements, 2604(c)			
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?			
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.			
Everyone who requests an application is given one .			
4.11 Do you provide individuals who are individuals with a disability the means to:			
Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			
If any TM or household member is primary applicant and is unable to leave their home with or without reasonable accommodations, (I) would do one of 2 things: 1. Make a home visit to complete the application and necessary paperwork, or , 2. Mail the application (with a stamped envelope) and or applicable paperwork to the client for review for completion and signature with an agreed upon timeline to mail the paperwork back to the Tribal Social Services office, or , if the primary applicant names a specific person to hand deliver the completed (and signed) paperwork to the office , that would be fine too.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?			
Benefit Levels, 2605(c)(1)(B)			
4.12 Indicate the maximum benefit for each type of crisis assistance offered.			
Winter Crisis	\$21,000.00 maximum benefit		
Summer Crisis	\$0.00 maximum benefit		
Year-round Crisis	\$2,500.00 maximum benefit		
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?			
<input checked="" type="radio"/> Yes <input type="radio"/> No If yes, Describe			

This summer, 2024, Oregon Health Authority shipped (50) air conditioners to Confederated Tribes of Warm Springs to hand out to vulnerable individuals (elders, families with minor children or disabled individuals).

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pellet stove purchase	<input checked="" 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 type="checkbox"/>
Other (Specify): Assisted in purchasing a wood stove for (1) household November 2023. LIHEAP would consider a (year around) crisis situation that requires a "well technician, a electrician or plumber" to repair a heating system , primary in the fall /winter months, or a HVAC system in the spring/summer months. We did have (2) community member elders whose wells stopped working and needed repair(s) this past year , requiring both a well technician and a electrician to get dispatched for necessary repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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.

Tribal Social Services does not have a moratorium, Tribal Social Services advocates and works with the applicant and the utility or electric company to pledge on an account to prevent shut off or getting disconnected.

4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? Yes No

If yes, describe

Tribal Social Services will work with Health & Human Services General Manger , Emergency Management Services and the Secretary/ Treasurer of the Confederated Tribes of Warm Springs and inform them LIHEAP has funds to contribute to the natural disaster on the reservation.

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
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-013
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 5 - Weatherization Assistance

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	State Median Income	60.00%

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 and attach a copy of the Internal Agreement or Contract.

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:
When an applicant is requesting weatherization, Neighbor impact has requested LIHEAP to hand out their weatherization applications.

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:
LIHEAP will work with each applicant who seeks assistance, completes an application and is interviewed and has all the verifications requested . LIHEAP will work with Neighborimpact to determine if they have an existing application with the same applicant (to prevent duplication)

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 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 type="radio"/> Yes <input checked="" type="radio"/> No

5.8 Do you give priority in eligibility to:

Older Adults?	<input type="radio"/> Yes <input checked="" type="radio"/> No
---------------	---

Individuals with a disability?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Young Children?	<input type="radio"/> Yes <input checked="" 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.

I have the conversation with the primary applicant at the application all major repairs are to be taken care of by the landlord / aka home owner. LIHEAP funds will not be obligated to a non home owner/aka renter . However, if the home owner requesting assistance, (they) need to apply separately. If the renter needs assistance communicating with the homeowner , a ROI (Release of Information) form is completed and signed by the primary applicant for LIHEAP to call and speak with the the landlord/homewoener about the repairs.

Benefit Levels

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

5.9a If yes, what is the maximum? \$0

5.10 Do you use an Average Cost per Unit (ACPU). Yes No

5.10a If so, what is the ACPU amount? \$0

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

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

<input type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input type="checkbox"/> Furnace/heating system modifications/repairs	<input type="checkbox"/> Windows/sliding glass doors
<input type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input type="checkbox"/> Compact florescent light bulbs	<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 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 6 - Outreach**

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.
- Web Posting
- Email
- Texting
- Events
- Social Media
- Other (specify):
Office visits. Applicants will ask about other services Tribal Social Services offers - and in most cases, they're grateful and appreciate the information provided.

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 7 - Coordination**

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 (indicate programs included) Ongoing collaboration with Neighbor impact
<input checked="" type="checkbox"/>	Intake referrals to/from other programs (indicate programs included) Ongoing collaboration with Neighbor impact
<input type="checkbox"/>	One - stop intake centers
<input type="checkbox"/>	Other - Describe:

Tribal Social Services is the primary contact for all persons requesting electricity , temporary or emergency services. An intake is done and determined what the applicant needs are to decide if Neighbor impact will need to be contacted.

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

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.: 0970-013
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 8 - Agency Designation**

Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state Grant recipients 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 checked="" type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input type="checkbox"/>	State Department of Welfare (administers TANF, SNAP, and/or Medicaid)
<input type="checkbox"/>	Economic Development Agency
<input type="checkbox"/>	Other - Describe:

Include current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number. Used for Near hotline and OCS Service Provider Tool and clearinghouse.

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

If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" 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?

I interview each applicant when they are (unable to come into the office) complete the application, and ask them to stop by the office within 3 days of the intake.

8.3 How do you provide alternate outreach and intake for cooling assistance?>

Complete an intake . But if the applicant wants to complete an application for Neighbor impact, I will provide them with the application.

8.4 How do you provide alternate outreach and intake for crisis assistance?

Complete an intake. If the crisis is significantly high , I will contact Neighbor impact to staff and collaborate for cost share of repairs.

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Tribal Government	Tribal Government	Tribal Government	Non-profits
8.5b Who processes benefit payments to gas and electric vendors?	Tribal Government	Non-Applicable	Non-profits	

8.5c who processes benefit payments to bulk fuel vendors?	Non-Applicable	Non-Applicable	Non-Applicable	
8.5d Who performs installation of weatherization measures?				Non-profits
<p>Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.</p>				
<p>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.</p>				
<p>8.6 What is your process for selecting local administering agencies?</p> <p>The Confederated Tribes of Warm Springs Indian Reservation is in a rural area of central Oregon ,and LIHEAP has Neighbor impact as the sole community partner.</p>				
<p>8.7 How many local administering agencies do you use? 1</p>				
<p>8.8 Have you changed any local administering agencies in the last year?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>				
<p>8.9 If so, why?</p>				
<input type="checkbox"/>	Agency was in noncompliance with Grant recipient requirements for LIHEAP -			
<input type="checkbox"/>	Agency is under criminal investigation			
<input type="checkbox"/>	Added agency			
<input type="checkbox"/>	Agency closed			
<input type="checkbox"/>	Other - describe			
<p>8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? <input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>				
<p>8.10a If yes, please explain.</p>				
<p>8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. <input type="radio"/> Yes <input checked="" type="radio"/> No</p>				
<p>8.10c If yes, please explain.</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 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 9 - Energy Suppliers**

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

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

All energy assistance request pledges and heating and cooling costs are done with a requisition - and sent to the finance department to review and process payments; mails checks to the vendors.

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

Most cases , the client is still in the office when the pledge is made to the electric company. For other clients , Tribal Social Services will email or call them to report the pledge.

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?

Tribal Social Services will confirm with the customer service representative what the remaining balance is going to be applicant (customer) responsibility - after the pledge is made. I attach a copy of the customer bill to the requisition , covering customer name and address that is scanned to finance. I create a case number for each applicant, example current year and the lsat 4 digits of primary applicant SSN. Before I scan the requisition to finance, I call the electric company and pledge the eligible amount, for example, 23-1212 is eligible for \$ 450. I also inform the applicant I pledged on their account so they're aware of the pledged amount.

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?

I can't. However, I do assure with the electric company the applicant is going to do their best from now on to pay on their bill each month.

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.

Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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

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

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 10 - Program, Fiscal Monitoring, and Audit**

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

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

Excel spreadsheet is maintained by the Tribal Social Services Manager computer. After a pledge is made and the requisition is scan/em to tribes Budgets/Finance department, a copy of the electric bill is stapled and filed in a 3 ring binder. The eligibility sheet and the original electric bill is filed in applicant file. The tribes ' finance department keeps track using a specific accounting system, assigning a unique general ledger code number to the LIHEAP award.

10.1a Provide your definitions of the following:

Obligation

Tribal Social Services is responsible to review and determine eligibility for every applicant who turns in an energy assistance application with the required (requested) verifications(preferably same day). Also informing each applicant of his/her (in)/eligibility.

Expenditures

Money that is initially obligated to an existing and approved vendor of the Confederated Tribes of Warm Springs, and ultimately paid by check for approved services.

Expenditure timeframe

Funds awarded to the Confederated Tribes of Warm Springs Tribal Social Services to provide services to eligible applicants within authorized grant award year.

Administrative costs

Any cost associated with salaries and fringe benefits, as well as administering the annual award.

Audit Process

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

Yes No

10.2a - if yes, describe your auditor selection process.

Effective October 1,2024, LIHEAP will implement the following 'internal auditing process.': The Community Health Prevention Resource Manager will randomly choose a client case files to do case reviews at the end of each month to ensure applicants cases meet all eligibility factors and coincide with the grant application assurances and requirements for necessary reporting to the Health & Human Services General Manager and Tribal Council. If the CHPRM is unavailable to do case reviews, the Community Data Analyst will step in and complete the reviews. Should there be any corrections or recommended changes, LIHEAP will correct and or make changes , reporting back to the CHPRM or CDA,(reviewing) the corrections or changes are done. The tribes' selected an auditing firm with knowledge and experience with tribal governments .

10.3. Describe any audit findings of the grant recipient (i.e. State/Tribe/Territory) rising to the level of material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews 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 Grant recipient as part of compliance process.

<input type="checkbox"/> Grant recipient conducts fiscal and program monitoring of local agencies/district offices
<input type="checkbox"/> Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
Compliance Monitoring
10.5. Describe your monitoring process for compliance at each level below. Check all that apply.
Grant recipients have a policy in place for appropriate separation of duties and internal controls.
<input checked="" type="checkbox"/> Internal program review
<input type="checkbox"/> Departmental oversight
<input type="checkbox"/> Secondary review of invoices and payments
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
The Health & Human Services General Manager requires a monthly report of monies obligated and spent for energy assistance , temporary assistance and emergency services - that would include crisis requests.
Local Administering Agencies/District Offices:
<input type="checkbox"/> On - site evaluation
<input type="checkbox"/> Annual program review
<input type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input type="checkbox"/> Client File Testing/Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
At least monthly, Health & Human Services General Manager or their acting will randomly request to review an applicant file for completeness and accuracy as well as checking to make the required verifications and documents are on file.
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
Health & Human Services General Manager will randomly request to review an applicant file for completeness and accuracy as well as checking to make the required verifications and documents are on file.
10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.
Site Visits:
Its done (in-house) by the Health & Human Services General Manager.
Desk Reviews:
The Health & Human Services General Manager will request a case file to review , while at the same time, inquire about the services applicant may (not) received and what community partner(s) if any were involved?
10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.
Other
10.9. How many local agencies are currently on corrective action plans? 0
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027
<p>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 11 - Timely and Meaningful Public Participation</p>	

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.
Note: Tribes do not need to hold a public hearing but must ensure participation through other means.

<input type="checkbox"/> Tribal Council meeting(s)
<input type="checkbox"/> Public Hearing(s)
<input type="checkbox"/> Draft Plan posted to website and available for comment
<input type="checkbox"/> Hard copy of plan is available for public view and comment
<input type="checkbox"/> Comments from applicants are recorded
<input type="checkbox"/> Request for comments on draft Plan is advertised
<input type="checkbox"/> Stakeholder consultation meeting(s)
<input type="checkbox"/> Comments are solicited during outreach activities
<input checked="" type="checkbox"/> Other - Describe:
Created a survey and asked any applicant that received energy assistance to complete a survey and sign the survey using the last 4 digits of their SSN. Tribal Social Services also sent an announcement to the local radio station to advertise on FB to the community to contact Jackie Minson , Tribal Social Services Department at 541.553.4955 to complete the survey.

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

11.2 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		

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

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

From the dozen surveys I received, they were positive. Stating the application process was quick and easy. If there were questions, they were answered. And they found out about their applications quickly including if they had a balance to pay off.

11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?

NA

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

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.: 0970-013
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 12 - Fair Hearings**

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 0

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

12.3 Describe any policy and/or procedural changes made in the last federal Fiscal Year as a result of fair hearings?

Tribal Social Services wrote Program Policies&Procedures that includes: Eligibility. Program Processes. Payments. Compliance. Grievance Process/Fair Hearings' Rights.

12.4 Describe your fair hearing procedures for households whose applications are denied and/or not acted upon in a timely manner.

Any applicant who feels they were treated unfairly by : Not being notified of their application , received poor customer service, disagree with their eligibility, or their pledged amount, or ineligibility - has the right to speak with the Health & Human Services General Manager . And if they are not available, speaking with the (acting) to resolve applicant issue or complaint.

12.5 When and how are applicants informed of these rights?

At application.

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

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.: 0970-013
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 13 - Reduction of Home Energy Needs

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?

As needed, and in emergency situations, purchased energy efficient appliances ie, hot water heaters for households who needed replaced. For other needs as HVAC repair or replacement requests, referred applicant(s) to Neighbor impact weatherization program who requested LIHEAP at Warm Springs refer persons for these needs to them.

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

Case to case basis. Also, our finance department requests no less than 2 quotes for service requests ensuring we are being equitable with all existing vendors, and choosing the best price to render the service.

13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year.

LIHEAP assisted at least 3 households with replacing hot water heaters. The applicants were all grateful because there were varied age range persons living in the home at the time from young children to senior age.

13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.

LIHEAP assisted every applicant: 1) Energy assistance (Some applicants were assisted more than 2x - because they ended with disconnected or the power company at their ready to disconnect if at least one half of the bill (or more) was paid that day) 2) Assisted applicants with hot water heater replacements because theirs quit working. 3) Assisted elders and vulnerable individuals with air conditioners and or box fans to beat the summer weather.

13.5 How many households received these services? 37

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

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.: 0970-013
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 14 - Leveraging Incentive Program**

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.

NA

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
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-013
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 15 - Training

Section 15: Training

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

a. Grant recipient Staff:

Formal training provided virtually, on-site, and/or formal training conference

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

Tribal Social Services Manager did on site training with Targeted Case Manager(s) to review applications turned in that is signed and dated by applicant and all the required documents (ID for everyone in the household and reported income is attached). Complete the income eligibility form to determine pledge amount (using the benefits matrix for the income range and # of persons living in the home) . Call the electric company ; pledge amount. Finally, complete a requisition with applicant information and attach a copy of the electric bill covering the applicant name and address for privacy by scanning/emailing to the tribes' Budgets department email address. Lastly, leave the department copy of the requisition/electric bill in Tribal Social Services in box for updating EXCEL spreadsheet and filing.

b. Local Agencies:

Formal training provided virtually, on-site, and/or formal training conference

How often?

Annually

Biannually

As needed

Other, describe:

On-site training

How often?

Annually

Biannually

As needed

Other, describe: Neighbor impact

Employees are provided with policy manual

Other, describe:

Neighbor impact representative will meet with Tribal Social Services Manager as needed and will provide any fliers, applications or updates Neighborimpact wants Tribal Social Services to hand out and explain to potential applicants requesting services associated with electricity, home appliances and or weatherization / home repairs. Neighborimpact has also informed Tribal Social Services about their rental assistance program and the averaged amount of money reported Neighbor impact has paid for persons who are in arrears with their rent.

c. Vendors

Formal training conference

How often?

<input type="checkbox"/>	Annually
<input type="checkbox"/>	Biannually
<input checked="" type="checkbox"/>	As needed
<input type="checkbox"/>	Other, describe:
<input type="checkbox"/>	Policies communicated through vendor agreements
<input type="checkbox"/>	Policies are outlined in a vendor manual
<input checked="" type="checkbox"/>	Other, describe: Tribal Social Services Manager will explain the tribes ' policy regarding payments to outside or off reservation vendors. Confederated Tribes of Warm Springs requires any new company to turn in a current , approved W 9 so the tribe can create a provider number for the company enabling tribes finance department to authorize and process payment for services rendered.
15.2 Does your training program address fraud reporting and prevention?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
<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 16 - Performance Goals and Measures, 2605(b)

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-013
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 16 - Performance Goals and Measures**

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.

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)

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 17 - Program Integrity**

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 Grant recipient 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:

Tribal Social Services communicates with all vendors and community partners to make sure there is no duplication of services (pledges) including other home repairs and appliances purchased for the same household. If there are duplicate applications and or requests, Tribal Social Services will contact the applicant and explain there is no duplication of services and they will need to choose which community partner they want assistance ; denying the second application.

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

- Printed outreach materials
- Posted in local administering agencies offices.
- Addressed on LIHEAP application
- Website
- Other - Describe:

Tribal Social Services explains to each applicant requesting additional services as emergency or crisis; they are not allowed or will receive the same service from 2 different community partners such as Tribal Social Services and Neighbor impact. The only exception to this rule is when the need is too significant for one department and case sharing the service cost benefits the applicant but Tribal Social Services and Neighborimpact.

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 checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Social Security Number (Without actual Card)	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input checked="" type="checkbox"/> Requested	<input checked="" type="checkbox"/> Requested	<input checked="" type="checkbox"/> Requested

Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested

17.3. Citizenship/Legal Residency Verification

What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.

- Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen
- Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.
- Non-Citizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Non-Citizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card

Other - Describe:

As a one time verification that are copied for the case file for every person living in the home at the time applicant turns in the application is required and requested. If the applicant is unable to obtain or does not have all persons living in the home ID on them to have copied ; Tribal Social Services will request CIBs (Certificate of Indian Blood) documents from the tribes' Vital Statistics Department, verifying one 's name, date of birth, enrollment number and SS number.

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17.4. Income Verification

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

- Require documentation of income for all adult household members
- Pay stubs
- Social Security award letters
- Bank statements
- Tax statements
- Zero-income statements
- Unemployment Insurance letters
- Other - Describe:
Persons who are working and are not salary - and has earned income for anyone 18 years old and older, paid hourly and their wages varies paycheck to paycheck, Tribal Social Services requires 2 months worth of paycheck stubs as verification. Social Security award letters for current year, Veterans' benefits award letters for current year, TANF and SNAP benefits for current month, General Assistance benefits for current month, Self employment income , verified by receipts, invoices and or tax documents. Zero income

Computer data matches:

- Income information matched against state computer system (e.g., SNAP, TANF)
- Proof of unemployment benefits verified with state Department of Labor
- Social Security income verified with SSA
- Utilize state directory of new hires

Other - Describe:

NA

b. Describe any exceptions to the above policies.

Tribal Social Services is not going to question any person reporting zero income. This is due to Tribal Social Services wants to and will respect every one requesting an application for assistance.

17.5 Identification Verification

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

<input type="checkbox"/>	Verify SSNs with Social Security Administration
<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input type="checkbox"/>	Match with state Department of Labor system
<input type="checkbox"/>	Match with state and/or federal corrections system
<input type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input checked="" type="checkbox"/>	In-person certification by staff (for tribal Grant recipients only)
<input checked="" type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input type="checkbox"/>	Other - Describe: Tribal Social Services will obtain CIBs (Certificate of Indian Blood) from the tribes' Vital Statistics Department that verifies one's name , date of birth, tribal enrollment number and Social Security number. This is a one time verification unless at the next application, the applicant have additional people listed on the application requires them to turn in the identification as the required verification with the new application.
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 type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input type="checkbox"/>	Local agencies/district offices
<input type="checkbox"/>	Employees must sign confidentiality agreement
<input checked="" type="checkbox"/>	Grant recipient employees
<input type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location
<input checked="" type="checkbox"/>	Electronic files are protected in a secure location.
<input type="checkbox"/>	Other - Describe: Tribal Social Services Manager and any coworkers who assist applicants when the Tribal Social Services Manager is unavailable, understands all applicant information and their application is private and confidential and will not shared or discussed with anyone not associated with Tribal Social Services. All applicants' who turns in an application and verifications, a case file is created and filed in a secured cabinet. Tribal Social Services Manager maintains an online EXCEL spreadsheet for applicant pledges and amounts for monthly and annual reporting ; password protected.
17.7. Verifying the Authenticity	
What policies are in place for verifying vendor authenticity? Select all that apply.	
<input type="checkbox"/>	All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form
<input type="checkbox"/>	Vendors are verified through energy bills provided by the household
<input type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/>	Other - Describe and note any exceptions to policies above: Tribal Social Services follows (abides) by the Confederated Tribes of Warm Springs vendor add / existing vendors policy. Whenever a company is not a current vendor, the company will need to turn a current , authorized W9 for the Tribal Social Services Manager to complete a vendor add form to turn in to the tribes' finance to set up vendor and assign vendor number.
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 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 type="checkbox"/>	Consumption
<input type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe: The applicant's physical address must match electric billing physical address as well applicant has to be (co) /owner on the current electric bill requesting assistance. If this information is not accurate ; the application is denied. Tribal Social Services does verify with a customer service representative at the electric company what the payment history is. Tribal Social Services will verify with the electric company if there is a balance applicant owes after the pledge ; are they eligible for a time payment plan - that is explained to the applicant before leaving the office.
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities
<input type="checkbox"/>	Centralized computer system automatically generates benefit level
<input 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 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: Tribal Social Services Manager does maintain an EXCEL spreadsheet to with applicant information of pledge amount and date pledged - including Neighborimpact 's information;and is password protected. Many applicants turn in 2 applications , but has to choose one and the second one will be denied - unless circumstances requires an applicant to receive assistance from both agencies. Tribal Social Services will communicate with the electric company customer representative to make sure the pledge amount is correct and the applicant understands their ongoing responsibility for monthly payment(s).
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 type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe: Tribal Social Services Manager interviews the vendor and if they are not a current (wood cutter) ; they complete a one page applicant and turn in copies of the Tribal ID and driver's license. They're given a form to take to Forestry to obtain the permits (one permit per cord of wood) and a second form to take to the elder or individual for review and signature verifying they received their wood for Tribal Social Services to complete a requisition. These requests are also documented on the EXCEL spreadsheet, copies filed in 3 ring binder and applicant case file.
17.10. Investigations and Prosecutions	
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or 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 checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
<input type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process

If Tribal Social Services receives a complaint in -person, call or at a community event an elder did not receive the wood (paid) for , Tribal Social Services will call the vendor (in question) to come into the office to get why they have (not) cut and delivered the wood? Depending on what the vendor says (will) determine how Tribal Social Services will remedy the situation. 12 month

Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?

Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated

Vendors found to have committed fraud may no longer participate in LIHEAP

Other - Describe:

Tribal Social Services have not experienced any of the above. But if any of these occur in 2025 ; Tribal Social Services will take immediate action and report the incident to the Health & Human Services General Manager and make recommendations to remedy the situation , upon agreement with the H&HS GM , add policy(ies) in the CTWS LIHEAP PP.

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 Grant recipient 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 Grant recipient 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 Grant recipients other than individuals, Alternate I applies.
4. For Grant recipients who are individuals, Alternate II applies.
5. Workplaces under grants, for Grant recipients other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the Grant recipient does not identify the workplaces at the time of application, or upon award, if there is no application, the Grant recipient 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 Grant recipients 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 Grant recipient 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. Grant recipients 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 Grant recipient 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 Grant recipients payroll. This definition does not include workers not on the payroll of the Grant recipient (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the Grant recipients payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grant recipients Other Than Individuals)

The Grant recipient 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 Grant recipients 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 Grant recipients 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 Grant recipient 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 (*That this must be physical address. No PO Boxes allowed.*)

1233 Veterans Street * Address Line 1		
PO Box C Address Line 2		
Address Line 3		
Warm Springs * City	Oregon * State	97761 * Zip Code

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

Alternate II. (Grant recipients Who Are Individuals)

(a) The Grant recipient 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 Grant recipients 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.



By checking this box, the prospective primary participant is agreeing to the Assurances set out above.

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).
<ul style="list-style-type: none">• Policy Manual.
<ul style="list-style-type: none">• Subrecipient Contract.
<ul style="list-style-type: none">• Model Plan Participation Notes for Tribes.