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DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: United Tribes KS & s.e. NE

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

Report Period: 10/01/2018 to 09/30/2019

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Mandatory Grant Application SF-424

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
Expiration Date: 09/30/2020

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

<p>* 1.a. Type of Submission: <input checked="" type="radio"/> Plan</p>	<p>* 1.b. Frequency: <input checked="" type="radio"/> Annual</p>	<p>* 1.c. Consolidated Application/Plan/Funding Request? Explanation:</p>	<p>* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update</p>
		<p>2. Date Received:</p>	<p>State Use Only:</p>
		<p>3. Applicant Identifier:</p>	
		<p>4a. Federal Entity Identifier:</p>	<p>5. Date Received By State:</p>
		<p>4b. Federal Award Identifier:</p>	<p>6. State Application Identifier:</p>

Section 1 - Program Components

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Approval No. 0970-0075
Expiration Date: 09/30/2020

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2018 04/30/2019
<input checked="" type="checkbox"/>	Cooling assistance	05/01/2019 08/31/2019
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2018 08/31/2019
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2018 08/31/2019

Provide further explanation for the dates of operation, if necessary

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage (%)
Heating assistance	45.00%
Cooling assistance	5.00%
Crisis assistance	25.00%
Weatherization assistance	5.00%
Carryover to the following federal fiscal year	10.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%
Used to develop and implement leveraging activities	0.00%
TOTAL	100.00%

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

<input checked="" type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify:)

Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8

1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? 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 type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
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 type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Other(Specify) 1	Program Name	Heating	Cooling	Crisis	Weatherization
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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

If Yes, explain:

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?
The applications are processed on a first come basis.

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?

A copy of the utility bill or last propane bill is required upon the application being submitted by the applicant.

Determination of Eligibility - Countable Income

1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP

<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input type="checkbox"/>	Contract Income
<input type="checkbox"/>	Payments from mortgage or Sales Contracts

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

<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	Other per capita payments from gaming revenue
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>	

Section 2 - HEATING ASSISTANCE

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

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

Section 2 - Heating Assistance

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

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

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

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

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

Do you require an Assets test ? Yes No

Do you have additional/differing eligibility policies for:

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

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

If a person living in the household are disabled,elderly or have young children these households are given prorty over those that don't have any of the above. These clients are served first but are not do not get to apply before anyone else.

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.

Households with elderly people or young children are given benefits before others without either and elderly person or young child living in the household. This only applies when more than one application is received at a time.

2.5 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)

2.6 Describe estimated benefit levels for FY 2018:

Minimum Benefit	\$220	Maximum Benefit	\$1,050
------------------------	-------	------------------------	---------

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? Yes No

If yes, describe.

Blanket have been purchased and when an applicant qualifies for the LIHEAP benefit they are given a blanket.

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 SF - 424 - MANDATORY

Section 3 - Cooling Assistance

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

3.1 Designate The income eligibility threshold used for the Cooling component:

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

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

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

Do you require an Assets test ? Yes No

Do you have additional/differing eligibility policies for:

- | | |
|---|---|
| Renters? | <input 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 |

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

Households with elderly,disabled or young children are given priority over homes that have none of the above living within the household.

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

Households with elderly and young children are given priority over household with neither elderly or young children in the household. These are the clients that are given priority and served first.

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

<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)			
3.6 Describe estimated benefit levels for FY 2018:			
Minimum Benefit	\$300	Maximum Benefit	\$700
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <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 4 - CRISIS ASSISTANCE

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

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

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

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

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

When the household has no utility service or supply of fuel and does not have available resources to meet this need, or when extreme heat or cold constitutes a threat to the health of a member of the household, or when the household's means of heating requires repair.

4.3 What constitutes a life-threatening crisis?

When the household has no utility service or supply of fuel and does not have the available resources to meet this need. When extreme heat or cold constitutes a threat to the health of a member of the household, or when the household's means of heating requires repair. These clients are ones that need power to operate medical equipment.

Crisis Requirement, 2604(c)

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

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

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

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

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

Do you require an Assets test ? Yes No

Do you give priority in eligibility to :

Elderly? Yes No

Disabled? Yes No

Young Children? Yes No

Households with high energy burdens? Yes No

Other? Yes No

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank? Yes No

Must the household have been shut off or have an empty tank? Yes No

Must the household have exhausted their regular heating benefit? Yes No

Must renters with heating costs included in their rent have received an eviction notice ? Yes No

Must heating/cooling be medically necessary? Yes No

Must the household have non-working heating or cooling Yes No

equipment?	
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you have additional / differing eligibility policies for:	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Explanations of policies for each "yes" checked above:	
Households with elderly, disabled and young children with a shut off notice or with low fuel levels are given priority over households that have none of the above living within the household.	
Determination of Benefits	
4.8 How do you handle crisis situations?	
<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:
4.9 If you have a separate component, how do you determine crisis assistance benefits?	
<input type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	Other - Describe: The applicant must first qualify for the program. After the person is determined as qualified and amount with a maximum benefit of \$500.00 is sent to either the heating or cooling provider.
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.	
We are willing to travel to the household, mail applications, email applications, fax applications to the households.	
4.11 Do you provide individuals who are physically disabled the means to:	
Submit applications for crisis benefits without leaving their homes?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
Travel to the sites at which applications for crisis assistance are accepted?	
<input 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	\$500.00 maximum benefit
Summer Crisis	\$500.00 maximum benefit
Year-round Crisis	\$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	
Blankets are provided and we have provided window fans in the past also.	
4.14 Do you provide for equipment repair or replacement using crisis funds?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

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

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

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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.

I try to make contact with the fuel providers as soon as I know an applicant will receive benefits. Most of the fuel providers will accept my phone call as a verbal payment as long as I send most of them and email also. This delays any shut off proceedings.

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

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

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency.

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

WEATHERIZATION - Types of Rules

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

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

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>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.</p> <p>Renters are not given priority in the weatherization piece, they have landlords to make the repairs. Our program would supply weather door strips or plastic for windows for renters. We also offer other ways to get the repairs done, local churches, red cross, and salvation army.</p>	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.10 If yes, what is the maximum? \$0	
Types of Assistance, 2605(c)(1), (B) & (D)	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input checked="" 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 type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/ repairs	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: weather striping on doorways
<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 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

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

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

Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.

Publish articles in local newspapers or broadcast media announcements.

Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.

Mass mailing(s) to prior-year LIHEAP recipients.

Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.

Execute interagency agreements with other low-income program offices to perform outreach to target groups.

Other (specify):

Each county office is contacted alerting them to United Tribes being here for Native American people that may come through their offices.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8.6 What is your process for selecting local administering agencies?

We use the tribal government and county welfare offices.

8.7 How many local administering agencies do you use? 2

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

- Yes
 No

8.9 If so, why?

<input type="checkbox"/>	Agency was in noncompliance with grantee 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

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

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

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

Letter are sent out to each client with the amount that is sent to their provider, and a phone call is made to the client informing them of the amount also.

9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

The applicant are asked to monitor their statements from their suppliers and report any discrepancies to this office. We also have a close working relationship with most of the vendors and can check back with them to ensure the benefits have been applies to the correct amount when we feel and error may have occurred.

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

We have a close working relationship with the vendors and suppliers and we use the same suppliers that the clients are used to using if possible.

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.

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

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

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

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

As with other Federal Programs administered by United Tribes, LIHEAP will be subject to a standard approved accounting procedures, including monitoring. A general ledger and a summary of accounts will establish a clear accounting trail to documents and related materials. United Tribes uses Quick Books accounting software to keep records of all financial activities. The Fiscal Officer will verify all transactions and reports. All transactions are verified before completion and double checked with the program director/coordinator and the Fiscal Officer to verify accuracy. All documents are kept and initialed by all parties to show a clear accounting trail. Our organization has a yearly audit conducted by Julie D. Bauman, CPA out of Falls City, Nebraska. The audits are conducted usually in November or December.

Audit Process

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

Yes No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

10.4. Audits of Local Administering Agencies

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

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

Compliance Monitoring

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

Grantee employees:

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

Local Administering Agencies / District Offices:

<input type="checkbox"/> On - site evaluation
<input type="checkbox"/> Annual program review
<input type="checkbox"/> Monitoring through central database
<input type="checkbox"/> Desk reviews
<input type="checkbox"/> Client File Testing / Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
10.7. Describe how you select local agencies for monitoring reviews.
Site Visits:
Desk Reviews:
10.8. How often is each local agency monitored ?
10.9. What is the combined error rate for eligibility determinations? OPTIONAL
10.10. What is the combined error rate for benefit determinations? OPTIONAL
10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues?
10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues?
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)

**11.1 How did you obtain input from the public in the development of your LIHEAP plan?
 Select all that apply.**

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

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

The only comments I received is that the income guidelines are too low.

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

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

	Date	Event Description
1		

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

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

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

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

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

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

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

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

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

there were not any hearings and no changed made to the policy.

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

Denials--Applicants for all program componants will be provided with a "Notice of Fair Hearing" at the time of application. Applications will be acted upon within 30 working days after they are received in the office, notices will be sent out at the time indicating approval or denial. If denied, appicants will once again be notified of their right for a fair heaing and advised that they need to request a hearing in writing within 10 days. The United Tribes board of directors will conduct a fair heaing within 7 working days of a request for a fair hearing and notify the applicant of their decision within 2 days after the hearing.

12.5 When and how are applicants informed of these rights?

Households will be notified in writing and orally at the time of application and the time of denial was made. These rights are stated in the LIHEAP application.

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

Same as above.

12.7 When and how are applicants informed of these rights?

Same as 12.5

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

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

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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?

We offer weather stripping for doors and we also offer to cover leaky windows with plastic. Also we tell people if the sun is out to open blinds or curtains during the day to help heat the home.

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

We do a budget when we receive our allocation and we do not move money around for weatherization.

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

The impact hasn't been too bad because we used funds in the previous years to buy the stripping and plastic so now we can use both what we buy new and the old supplies. The old supplies are used first before more are purchased and it seems to get us through.

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

N/A

13.5 How many households applied for these services? 0

13.6 How many households received these services? 0

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

Section 14 - Leveraging Incentive Program ,2607A

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Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. Â§ 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

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Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other - Describe:

15.2 Does your training program address fraud reporting and prevention?

Yes

No

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

Section 16 - Performance Goals and Measures, 2605(b)

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

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

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

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

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

17.1 Fraud Reporting Mechanisms

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

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

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

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

17.2. Identification Documentation Requirements

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

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

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe any exceptions to the above policies.							
17.3 Identification Verification							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<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 grantees only)							
<input checked="" type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)							
<input type="checkbox"/> Other - Describe:							
17.4. Citizenship/Legal Residency Verification							
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.							
<input checked="" type="checkbox"/> Clients sign an attestation of citizenship or legal residency							
<input checked="" type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency							
<input type="checkbox"/> Noncitizens must provide documentation of immigration status							
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input type="checkbox"/> Noncitizens are verified through the SAVE system							
<input checked="" type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input type="checkbox"/> Other - Describe:							
17.5. Income Verification							
What methods does your agency utilize to verify household income? Select all that apply.							
<input checked="" type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input checked="" type="checkbox"/> Bank statements							
<input checked="" type="checkbox"/> Tax statements							
<input checked="" type="checkbox"/> Zero-income statements							
<input checked="" type="checkbox"/> Unemployment Insurance letters							
<input type="checkbox"/> Other - Describe:							
<input type="checkbox"/> Computer data matches:							
<input type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)							
<input type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor							
<input type="checkbox"/> Social Security income verified with SSA							
<input type="checkbox"/> Utilize state directory of new hires							
<input type="checkbox"/> Other - Describe:							

17.6. Protection of Privacy and Confidentiality

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.

- Policy in place prohibiting release of information without written consent
- Grantee LIHEAP database includes privacy/confidentiality safeguards
- Employee training on confidentiality for:
 - Grantee employees
 - Local agencies/district offices
- Employees must sign confidentiality agreement
 - Grantee employees
 - Local agencies/district offices
- Physical files are stored in a secure location
- Other - Describe:

17.7. Verifying the Authenticity

What policies are in place for verifying vendor authenticity? Select all that apply.

- All vendors must register with the State/Tribe.
- All vendors must supply a valid SSN or TIN/W-9 form
- Vendors are verified through energy bills provided by the household
- Grantee and/or local agencies/district offices perform physical monitoring of vendors
- Other - Describe and note any exceptions to policies above:

17.8. Benefits Policy - Gas and Electric Utilities

What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.

- Applicants required to submit proof of physical residency
- Applicants must submit current utility bill
- Data exchange with utilities that verifies:
 - Account ownership
 - Consumption
 - Balances
 - Payment history
 - Account is properly credited with benefit
- Other - Describe:
- Centralized computer system/database tracks payments to all utilities
- Centralized computer system automatically generates benefit level
- Separation of duties between intake and payment approval
- Payments coordinated among other energy assistance programs to avoid duplication of payments
- Payments to utilities and invoices from utilities are reviewed for accuracy
- Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
- Direct payment to households are made in limited cases only
- Procedures are in place to require prompt refunds from utilities in cases of account closure
- Vendor agreements specify requirements selected above, and provide enforcement mechanism
- Other - Describe:

17.9. Benefits Policy - Bulk Fuel Vendors

What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.

- Vendors are checked against an approved vendors list
- Centralized computer system/database is used to track payments to all vendors
- Clients are relied on for reports of non-delivery or partial delivery
- Two-party checks are issued naming client and vendor
- Direct payment to households are made in limited cases only
- Vendors are only paid once they provide a delivery receipt signed by the client
- Conduct monitoring of bulk fuel vendors
- Bulk fuel vendors are required to submit reports to the Grantee
- Vendor agreements specify requirements selected above, and provide enforcement mechanism
- Other - Describe:

17.10. Investigations and Prosecutions

Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.

- Refer to state Inspector General
- Refer to local prosecutor or state Attorney General
- Refer to US DHHS Inspector General (including referral to OIG hotline)
- Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
- Grantee attempts collection of improper payments. If so, describe the recoupment process
- Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 2 years
- Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
- Vendors found to have committed fraud may no longer participate in LIHEAP
- Other - Describe:

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

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

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 pint is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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

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

identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

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

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

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

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

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

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

and

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

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

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

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

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

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

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1)

Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

3301 Thrasher Road

*** Address Line 1**

Address Line 2

Address Line 3

White Cloud

*** City**

Kansas

*** State**

66094

*** Zip Code**

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

Alternate II. (Grantees Who Are Individuals)

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

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other

designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any

person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

Assurances

Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

(B) the State will pay from non-Federal sources the remaining costs of planning

and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

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

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

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

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

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

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

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

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with

energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Plan Attachments

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

List of Cell Level Attachments

	File Name	Location
1	SCAN0003.PDF	Plan Attachments <ul style="list-style-type: none">• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.


IOWA TRIBE OF KANSAS AND NEBRASKA
EXECUTIVE COMMITTEE
AUGUST 21, 2014

- WHEREAS, The Iowa Executive Committee being duly organized, met in Special Session this 21st day of August, 2014; and,
- WHEREAS, The Iowa Executive Committee has authority to act for the Iowa Tribe under the present Constitutional authority as provided in Sec. 1.a., Article V - Powers; and,
- WHEREAS, The Iowa Tribe of Kansas and Nebraska being organized and empowered by their Constitution and Bylaws (approved November 6, 1978, and amended August 27, 1980); and,
- WHEREAS, The Executive Committee of the Iowa Tribe of Kansas and Nebraska does authorize United Tribes of Kansas and Southeast Nebraska, Inc., to act on behalf of the Iowa Tribe of Kansas and Nebraska in applying for and administering funds for the Low Income Energy Assistance Program (LIEAP) for FY 2015, beginning October 1, 2014 and ending September 30, 2015; and,
- WHEREAS, The Chairman of United Tribes of Kansas and Southeast Nebraska, Inc., has been designated the authority to sign all grant documents and assurances; and,

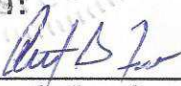
NOW THEREFORE BE IT RESOLVED that the foregoing Resolution is hereby adopted by the Executive Committee of the Iowa Tribe of Kansas and Nebraska this date: August 21, 2014.

CERTIFICATION

The foregoing Resolution was duly adopted this date, August 21, 2014 in a Special Session of the Executive Committee, at which 5 members of the Committee were present, constituting a quorum, by a vote of 4 for, 0 against. Chairman abstained.


Timothy N. Rhodd, Chairman
Iowa Tribe of Kansas & Nebraska

ATTEST:



Anthony G. Fee, Secretary
Iowa Tribe Executive Committee

List of Form Level Attachments

	File Name
1	20181003083322915.pdf
2	20181003083317357.pdf
3	20180829113917024.pdf
4	20180829113913424.pdf
5	20180829113908818.pdf
6	20180829113903655.pdf
7	20171013130445049.pdf
8	20171013125953260.pdf
9	20171013125948026.pdf
10	20171013125939867.pdf
11	20171013125933783.pdf
12	201602051405.PDF
13	201512211303.PDF

2019 LIHEAP Cooling Season Payment Table - 130% FPL Maximum						
HH SIZE	HH SIZE	HH SIZE	HH SIZE	HH SIZE	Single Family Dwellings	Multiple Family Dwellings
1	2	3	4	5 or more		
\$8,498.00	\$11,522.00	\$14,546.00	\$17,570.00	\$20,594.00	\$ 700	\$ 385
\$12,140.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$ 595	\$ 335
\$15,782.00	\$21,398.00	\$27,014.00	\$32,630.00	Maximum	\$ 525	\$ 300

{Effective 6/1/19 through 8/31/19}

2019 LIHEAP Heating Season Payment Table - 130% FPL Maximum

HH SIZE	HH SIZE	HH SIZE	HH SIZE	HH SIZE	3=Kerosene 6=Fuel Oil	7=Wood	5=Propane	4=Natural Gas 1=Electricity 2=Coal/Corn/Water	All Fuel Types
1	2	3	4	5 or more	FUEL TYPES	FUEL TYPES	FUEL TYPES	FUEL TYPES	Multi Family Dwellings
\$ 8,498.00	\$11,522.00	\$ 14,546.00	\$ 17,570.00	\$ 20,594.00	\$1,050	\$800	\$850	\$700	\$380
\$12,140.00	\$16,460.00	\$ 20,780.00	\$ 25,100.00	\$ 29,420.00	\$650	\$600	\$580	\$550	\$300
\$15,782.00	\$21,398.00	\$ 27,014.00	\$ 32,630.00	Maximum	\$350	\$350	\$330	\$400	\$220

{Effective 10/1/18 through 9/30/19}

2018 LIHEAP Cooling Season Payment Table - 130% FPL Maximum						
HH SIZE	HH SIZE	HH SIZE	HH SIZE	HH SIZE		
1	2	3	4	5 or more		
\$8,442.00	\$11,368.00	\$14,294.00	\$17,220.00	\$20,146.00	\$ 680	\$ 365
\$12,060.00	\$16,240.00	\$20,420.00	\$24,600.00	\$28,780.00	\$ 575	\$ 315
\$15,678.00	\$21,112.00	\$26,546.00	\$31,980.00	Maximum	\$ 505	\$ 280

{Effective 6/1/18 through 8/31/18}

2018 LIHEAP Heating Season Payment Table - 130% FPL Maximum										
HH SIZE	HH SIZE	HH SIZE	HH SIZE	HH SIZE		3=Kerosene 6=Fuel Oil	7=Wood	5=Propane	4=Natural Gas 1=Electricity 2=Coal/Corn/Water	All Fuel Types
1	2	3	4	5 or more		FUEL TYPES	FUEL TYPES	FUEL TYPES	FUEL TYPES	Multi Family Dwellings
\$ 8,442.00	\$11,368.00	\$ 14,294.00	\$ 17,220.00	\$ 20,146.00		\$1,000	\$750	\$800	\$650	\$330
\$12,060.00	\$16,240.00	\$ 20,420.00	\$ 24,600.00	\$ 28,780.00		\$600	\$550	\$530	\$500	\$250
\$15,678.00	\$21,112.00	\$ 26,546.00	\$ 31,980.00	Maximum		\$300	\$300	\$280	\$350	\$170

{Effective 10/1/17 through 9/30/18}

2015 KANSAS

LIEAP Benefits for 2018

Natural Gas	One-Month Income	Utility Range	Household Size 1-4				Household Size 5 and Over			
			House Modular Mobil	Duplex	Apt	Trailer Other	House Modular Mobil	Duplex	Apt	Trailer Other
0 - 699	A	266	200	133	67	311	233	155	78	
	B	471	353	235	118	550	412	275	137	
	C	534	400	267	133	623	467	311	158	
	D	575	431	288	144	671	504	336	168	
	E	601	451	301	150	702	527	351	176	
	F	618	464	309	155	722	541	361	180	
	G	665	499	333	168	777	583	388	184	
	H	736	554	369	185	862	647	431	216	
	I	789	589	400	200	933	700	467	233	
	J	1,103	828	552	276	1,288	986	644	322	
	700 - 899	A	240	180	120	60	279	210	140	70
		B	424	318	212	108	495	371	247	124
C		480	360	240	120	561	420	280	140	
D		518	388	259	129	604	453	302	151	
E		541	406	271	135	632	474	316	158	
F		558	417	278	139	650	487	325	162	
G		599	449	299	150	699	524	350	175	
H		664	498	332	166	776	582	388	194	
I		719	539	360	180	840	630	420	210	
J		993	745	497	248	1,159	869	580	290	
900 - 1,299		A	213	160	107	53	248	186	124	62
		B	377	282	188	94	440	330	220	110
	C	427	320	213	107	498	374	249	125	
	D	460	345	230	115	537	403	269	134	
	E	481	361	240	120	562	421	281	140	
	F	495	371	247	124	577	433	289	144	
	G	532	399	266	133	621	466	311	155	
	H	590	443	285	148	690	517	345	172	
	I	639	480	320	160	747	560	373	187	
	J	883	662	441	221	1,030	773	515	258	
	1,300 & over	A	188	140	93	47	217	163	108	54
		B	329	247	165	82	385	289	192	96
C		374	280	187	93	436	327	218	109	
D		403	302	201	101	470	352	235	117	
E		421	316	210	105	491	369	246	123	
F		433	325	216	108	505	379	253	126	
G		466	349	233	116	544	408	272	136	
H		517	387	258	129	604	453	302	151	
I		559	420	280	140	653	490	327	163	
J		772	579	366	183	902	676	451	225	

A) Westar

B) Kansas Power & Light

C) Brown Atchison Electric

D) City of Horton

~~E)~~

F) Doniphan Electric

G) Kansas Gas Service

Electricity	One-Month Income	Utility Range	Household Size 1-4				Household Size 5 and Over			
			House Modular Mobil	Duplex	Apt	Trailer Other	House Modular Mobil	Duplex	Apt	Trailer Other
0 - 699	A	726	545	363	182	848	636	424	212	
	B	886	664	443	221	1,034	776	517	259	
	C	954	716	477	239	1,113	835	557	278	
	D	1,018	763	509	254	1,188	891	594	297	
	E	1,055	791	527	264	1,231	923	618	308	
	F	1,079	809	540	270	1,260	945	630	315	
	G	1,121	841	561	280	1,309	981	654	327	
	H	1,185	889	593	296	1,383	1,037	692	346	
	I	1,254	940	627	313	1,463	1,088	732	366	
	J	1,476	1,107	738	369	1,724	1,293	862	431	
	700 - 899	A	654	490	327	163	763	572	382	191
		B	797	598	399	199	931	698	465	233
C		859	644	429	215	1,002	751	501	250	
D		916	687	458	229	1,069	802	535	267	
E		949	712	475	237	1,108	831	554	277	
F		971	728	486	243	1,134	851	567	284	
G		1,009	757	505	252	1,178	883	589	294	
H		1,087	800	533	267	1,245	934	622	311	
I		1,128	846	564	282	1,317	985	659	329	
J		1,328	996	664	332	1,551	1,163	776	388	
900 - 1,299		A	581	436	291	145	678	509	339	170
		B	708	531	354	177	827	620	414	207
	C	763	572	382	191	891	668	445	223	
	D	814	611	407	204	950	713	475	238	
	E	844	633	422	211	985	739	492	246	
	F	863	647	432	216	1,008	756	504	252	
	G	897	673	449	224	1,047	785	523	262	
	H	948	711	474	237	1,107	830	553	277	
	I	1,003	752	501	251	1,171	878	585	293	
	J	1,181	888	590	295	1,379	1,034	689	345	
	1,300 & over	A	508	381	254	127	593	445	297	148
		B	620	465	310	155	724	543	362	181
C		688	501	334	167	779	584	390	195	
D		713	534	356	178	832	624	416	208	
E		738	554	369	185	862	646	431	215	
F		755	567	378	189	882	662	441	221	
G		785	589	392	198	916	687	458	229	
H		830	622	415	207	988	726	484	242	
I		878	656	439	219	1,024	768	512	256	
J		1,033	775	517	258	1,206	905	603	302	

Other	One-Month Income	Utility Range	Household Size 1-4				Household Size 5 and Over			
			House Modular Mobil	Duplex	Apt	Trailer Other	House Modular Mobil	Duplex	Apt	Trailer Other
0 - 699			1,055	791	527	264	1,231	924	616	308
700 - 899			949	712	475	237	1,108	831	554	277
900 - 1,299			844	633	422	211	985	739	493	246
1,300 & Over			738	554	369	185	862	647	431	216



Iowa Tribe of Kansas and Nebraska

3345 B Thrasher Road
White Cloud, Kansas 66094
(785) 595-3258 or (785) 595-3259
Fax (785) 595-6610

August 29, 2018

Vikki L. Pretlow

Energy Assistance Program Specialist

U. S. Department of Health and Human Services

Office of Community Services

Division of Energy Assistance

330 C Street, SW

5th Floor, Suite 5510A

Washington, DC 20201

Dear Ms. Pretlow,

I Timothy N. Rhodd, Chairman delegate my authority to Robbie Craig to certify to the 16 assurances outlined in the Low Income Home Energy Assistance Act of 1981, as amended, and otherwise perform all necessary functions to properly administer the Low Income Home Energy Assistance Program.

Sincerely,

Timothy N. Rhodd

Kansas

17

LIEAP Benefits for 2017

Natural Gas	One-Month Income	Utility Range	Household Size 1-4				Household Size 5 and Over			
			House Modular Mobil	Duplex	Apt	Trailer Other	House Modular Mobil	Duplex	Apt	Trailer Other
0 - 699	A		281	211	141	70	328	246	164	82
	B		497	373	248	124	580	435	290	145
	C		563	423	282	141	657	493	329	164
	D		607	455	304	152	709	532	354	177
	E		635	476	317	159	741	556	371	185
	F		653	489	326	163	762	571	381	190
	G		702	527	351	176	820	615	410	205
	H		779	584	390	195	910	683	455	228
	I		844	633	422	211	985	739	493	246
	J		1,165	874	582	291	1,359	1,020	680	340
700 - 899	A		253	190	127	63	295	221	147	74
	B		447	335	224	112	522	392	261	131
	C		507	380	254	127	592	444	296	148
	D		546	410	273	137	638	478	319	159
	E		571	428	286	143	667	500	333	167
	F		587	441	294	147	686	514	343	171
	G		632	474	316	158	738	553	369	184
	H		701	526	351	175	819	614	410	205
	I		759	569	380	190	887	665	443	222
	J		1,048	786	524	262	1,224	918	612	306
900 - 1,299	A		225	169	112	56	262	197	131	66
	B		397	298	199	99	464	348	232	116
	C		451	338	225	113	526	394	263	131
	D		486	364	243	121	567	425	283	142
	E		508	381	254	127	593	445	296	148
	F		522	392	261	131	610	457	305	152
	G		562	421	281	140	656	492	328	164
	H		623	467	312	156	728	546	364	182
	I		675	506	337	169	788	591	394	197
	J		932	699	466	233	1,088	816	544	272
1,300 & over	A		197	148	98	49	229	172	115	57
	B		348	261	174	87	406	305	203	102
	C		394	296	197	99	460	345	230	115
	D		425	319	212	106	496	372	248	124
	E		444	333	222	111	519	389	259	130
	F		457	343	228	114	533	400	267	133
	G		491	369	246	123	574	430	287	143
	H		545	409	273	136	637	478	319	159
	I		591	443	295	148	690	517	345	172
	J		815	611	408	204	952	714	476	238

A) Westar

B) Kansas Power & Light

C) Brown Atchison Electric

D) City of Horton

F) Don.Phan Electric

G) Kansas Gas Service

LIEAP Benefits for 2017

Electricity		Household Size 1-4				Household Size 5 and Over			
One-Month Income	Utility Range	House			Trailer Other	House			Trailer Other
		Modular Mobil	Duplex	Apt		Modular Mobil	Duplex	Apt	
0 - 699	A	767	575	383	192	895	671	447	224
	B	935	701	467	234	1,092	819	546	273
	C	1,007	755	504	252	1,175	881	588	294
	D	1,073	804	536	268	1,252	939	626	313
	E	1,112	834	556	278	1,298	973	649	324
	F	1,139	854	570	285	1,330	998	665	333
	G	1,184	888	592	296	1,381	1,036	691	345
	H	1,251	938	626	313	1,460	1,095	730	365
	I	1,323	993	662	331	1,545	1,159	772	386
	J	1,558	1,169	779	390	1,819	1,364	910	455
700 - 899	A	690	517	345	172	805	604	403	201
	B	841	631	421	210	982	737	491	246
	C	906	680	453	227	1,058	793	529	264
	D	965	724	483	241	1,127	845	563	282
	E	1,000	750	500	250	1,168	876	584	292
	F	1,025	769	513	256	1,197	898	599	299
	G	1,065	799	533	266	1,243	932	622	311
	H	1,126	845	563	282	1,314	986	657	329
	I	1,191	893	596	298	1,390	1,043	695	348
	J	1,402	1,052	701	351	1,637	1,228	819	409
900 - 1,299	A	613	460	307	153	716	537	358	179
	B	748	561	374	187	873	655	437	218
	C	806	604	403	201	940	705	470	235
	D	858	644	429	215	1,002	751	501	250
	E	889	667	445	222	1,038	779	519	260
	F	911	683	456	228	1,064	798	532	266
	G	947	710	473	237	1,105	829	553	276
	H	1,001	751	500	250	1,168	876	584	292
	I	1,059	794	529	265	1,236	927	618	309
	J	1,246	935	623	312	1,455	1,092	728	364
1,300 & over	A	537	402	268	134	626	470	313	157
	B	654	491	327	164	764	573	382	191
	C	705	529	352	176	823	617	411	206
	D	751	563	375	188	876	657	438	219
	E	778	584	389	195	908	681	454	227
	F	797	598	399	199	931	698	466	233
	G	829	621	414	207	967	725	483	242
	H	876	657	438	219	1,022	767	511	256
	I	926	695	463	232	1,081	811	541	270
	J	1,091	818	545	273	1,273	955	637	318

Other		Household Size 1-4				Household Size 5 and Over			
One-Month Income	Utility Range	House			Trailer Other	House			Trailer Other
		Modular Mobil	Duplex	Apt		Modular Mobil	Duplex	Apt	
0 - 699		1,112	834	556	278	1,298	974	649	325
700 - 899		1,001	750	500	250	1,168	876	584	292
900 - 1,299		889	667	445	222	1,038	779	519	260
1,300 & Over		778	584	389	195	909	681	454	227

Only if Paper Budget is Needed.

476-000-200 Instructions for Computing Heating Payment Amounts: The worker shall determine heating payment amounts for eligible households according to countable income of the household, household size, household living arrangement, and fuel type.

To compute the heating payment-

1. Locate the column indicating household size;
2. Within this column locate the annual income for the household. If the household's income falls between two income levels on the chart, go to the higher of the two levels;
3. Using this income level, move to the right to determine the payment amount according to the type of fuel and living arrangement.

2018 LIHEAP Heating Season Payment Table - 130% FPL Maximum										
HH SIZE	HH SIZE	HH SIZE	HH SIZE	HH SIZE		3=Kerosene 6=Fuel Oil	7=Wood	5=Propane	4=Natural Gas 1=Electricity 2=Coal/Corn/Water	All Fuel Types
1	2	3	4	5 or more		FUEL TYPES	FUEL TYPES	FUEL TYPES	FUEL TYPES	Multi Family Dwellings
\$ 8,442.00	\$11,368.00	\$ 14,294.00	\$ 17,220.00	\$ 20,146.00		\$1,000	\$750	\$800	\$650	\$330
\$12,060.00	\$16,240.00	\$ 20,420.00	\$ 24,600.00	\$ 28,780.00		\$600	\$550	\$530	\$500	\$250
\$15,678.00	\$21,112.00	\$ 26,546.00	\$ 31,980.00	Maximum		\$300	\$300	\$280	\$350	\$170

{Effective 10/1/17 through 9/30/18}

Only if Paper Budget is Needed.

476-000-201 Instructions for Computing Cooling Payment Amounts: The worker shall determine cooling payment amounts for eligible households according to countable income of the household, household size, and household living arrangement.

To compute the cooling payment -

1. Locate the column indicating household size;
2. Within this column locate the annual income for the household. If the household's income falls between two income levels on the chart, go to the higher of the two levels; and
3. Using this income level, move to the right to determine the payment amount according to the living arrangement.

2018 LIHEAP Cooling Season Payment Table - 130% FPL Maximum						
HH SIZE	HH SIZE	HH SIZE	HH SIZE	HH SIZE		
1	2	3	4	5 or more		
\$8,442.00	\$11,368.00	\$14,294.00	\$17,220.00	\$20,146.00	\$ 680	\$ 365
\$12,060.00	\$16,240.00	\$20,420.00	\$24,600.00	\$28,780.00	\$ 575	\$ 315
\$15,678.00	\$21,112.00	\$26,546.00	\$31,980.00	Maximum	\$ 505	\$ 280

{Effective 6/1/18 through 8/31/18}

476-000-202 INCOME GUIDELINES FOR NON-PUBLIC ASSISTANCE HOUSEHOLDS

130% FEDERAL POVERTY LEVEL GUIDELINES – 2018

SIZE OF HOUSEHOLD	ANNUAL INCOME
1	\$15,678
2	21,112
3	26,546
4	31,980
5	37,414
6	42,848
7	48,282
8	53,599

For each additional household member, add \$5,434



Iowa Tribe of Kansas and Nebraska

3345 B Thrasher Road
White Cloud, Kansas 66094
(785) 595-3258, or (785) 595-3259
Fax (785) 595-6610

October 13, 2017

Vikki L. Pretlow

Energy Assistance Program Specialist

U.S. Department of Health and Human Services

Office of Community Services

Division of Energy Assistance

330 C Street, SW

5th Floor, Suite 5510A

Washington, DC 20201

Dear Ms. Pretlow,

I Timothy N. Rhodd, Chairman delegate my authority to Robbie Craig to certify to the 16 assurances outlined in the Low Income Home Energy Assistance Act of 1981, as amended, and otherwise perform all necessary functions to properly administer the Low Income Home Energy Assistance Program.

Sincerely,


Timothy N. Rhodd,

Iowa Tribe of Kansas and Nebraska, Chairman

LOW-INCOME HOME ENERGY ASSISTANCE SUB-GRANTEE AGREEMENT


THIS AGREEMENT, made and entered into this 12th day of February, 2016, by and between the Kickapoo Tribe in Kansas, hereinafter referred to as "Grantee", and the United Tribes of Kansas and Southeast Nebraska, hereinafter referred to as "Sub-Grantee".

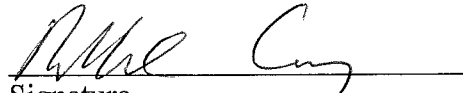
WHEREAS, the KTIK hereby contracts with United Tribes as follows:

1. The purpose of this Agreement is to memorialize an award of funding from Grantee to Sub-Grantee so that Sub-Grantee may facilitate the provisions of the Low-Income Home Energy Assistance Program ("LIHEAP") (42 U.S.C. § 8621 et seq., § 8626a, § 6861, 1397a(d), 45 C.F.R. § 96.72, and 45 C.F.R. § 96.85). The funds are available through the Department of Health and Human Services (DHHS).
2. By signing this agreement, United Tribes acknowledges that it is familiar with all of LIHEAP requirements and agrees to fully comply with all LIHEAP provisions allocating funds to which participants may be eligible.
3. Sub-Grantee agrees to comply with all statements, assurances, and provisions set forth in any proposal, application for funding, program narrative, plan, budget, or other document approved and used as a either a basis for obtaining funds or allocating funds under the LIHEAP program.
4. Upon execution, this Agreement shall become effective as of February 1, 2016 and remain in effect through January 30, 2017.
5. This Agreement shall be governed by and construed in accordance with the laws of the Kickapoo Tribe in Kansas. If any term, covenant, condition, or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect.
6. Sub-grantee shall ensure the cooperation of its employees, officers, board members, and subcontractors in any review, audit, or inspection conducted by authorized representatives of Grantee, or the United States Government.
7. In Witness Whereof, Grantee and Sub-Grantee have, through their duly authorized representatives, entered into this Agreement. The parties, having read and understood the foregoing terms of this Agreement, do by their respective signatures dated below hereby agree to the terms thereof.

Kickapoo Tribe in Kansas

United Tribes of Kansas and Southeast Nebraska


Signature


Signature

Tomasa Truesdell
Name and Title

Robbie Craig - Chairman
Name and Title

2-5-16
Date

2-5-16
Date

Robbie Craig

From: Lewis Kimsey <Lewis.Kimsey@df.ks.gov>
Sent: Monday, December 21, 2015 12:42 PM
To: Craig, Robbie (rcraig@iowas.org)
Subject: Matrix for 2016 LIEAP

Robbie,

Here is the 2016 matrix information:

LIEAP Benefits for 2016

Natural Gas One-Month Income	Utility Range	Household Size 1-4				Household Size 5 and Over			
		House Modular Mobil	Duplex	Apt	Trailer Other	House Modular Mobil	Duplex	Apt	Trailer Other
0 - 699	A	400	300	200	100	467	350	234	117
	B	618	464	309	155	722	542	361	181
	C	690	518	345	173	806	605	403	202
	D	724	543	362	181	845	634	423	211
	E	742	557	371	186	866	650	433	217
	F	743	557	372	186	867	650	434	217
	G	758	569	379	190	885	664	443	221
	H	807	605	404	202	942	707	471	236
	I	912	684	456	228	1,065	799	533	266
	J	1,030	773	515	258	1,202	902	601	301
700 - 899	A	360	270	180	90	420	315	210	105
	B	556	417	278	139	650	487	325	162
	C	621	466	311	155	725	544	363	181
	D	652	489	326	163	761	570	380	190

900 - 1,299	E	668	501	334	167	779	585	390	195
	F	669	502	334	167	780	585	390	195
	G	682	512	341	171	797	597	398	199
	H	726	545	363	182	848	636	424	212
	I	821	616	410	205	959	719	479	240
	J	927	695	464	232	1,082	811	541	270
	A	320	240	160	80	374	280	187	93
	B	494	371	247	124	578	433	289	144
	C	552	414	276	138	645	484	322	161
	D	579	434	290	145	676	507	338	169
1,300 & over	E	594	445	297	148	693	520	346	173
	F	594	446	297	149	694	520	347	173
	G	606	455	303	152	708	531	354	177
	H	646	484	323	161	754	565	377	188
	I	730	547	365	182	852	639	426	213
	J	824	618	412	206	962	721	481	240
	A	280	210	140	70	327	245	163	82
	B	433	324	216	108	505	379	253	126
	C	483	362	242	121	564	423	282	141
	D	507	380	253	127	592	444	296	148
E	519	390	260	130	606	455	303	152	
F	520	390	260	130	607	455	303	152	
G	531	398	265	133	620	465	310	155	
H	565	424	282	141	659	495	330	165	
I	638	479	319	160	746	559	373	186	
J	721	541	361	180	841	631	421	210	

Electricity

One-Month

Utility

House
Modular

Household Size 1-4

Trailer

House
Modular

Household Size 5 and Over

Trailer

Income	Range	Mobil	Duplex	Apt	Other	Mobil	Duplex	Apt	Other
0 - 699	A	646	485	323	162	755	566	378	189
	B	928	696	464	232	1,083	812	542	271
	C	1,006	755	503	252	1,174	881	587	294
	D	1,074	806	537	269	1,253	940	627	313
	E	1,114	836	557	279	1,301	976	651	325
	F	1,135	851	568	284	1,325	994	663	331
	G	1,164	873	582	291	1,359	1,019	680	340
	H	1,213	910	607	303	1,416	1,062	708	354
	I	1,279	959	640	320	1,493	1,120	747	373
	J	1,500	1,125	750	375	1,751	1,313	876	438

Income	Range	Mobil	Duplex	Apt	Other	Mobil	Duplex	Apt	Other
700 - 899	A	581	436	291	145	680	510	340	170
	B	835	626	418	209	975	731	487	244
	C	905	679	453	226	1,057	792	528	264
	D	967	725	483	242	1,128	846	564	282
	E	1,003	752	501	251	1,171	878	585	293
	F	1,022	766	511	255	1,193	894	596	298
	G	1,048	786	524	262	1,223	917	612	306
	H	1,092	819	546	273	1,274	956	637	319
	I	1,151	863	576	288	1,344	1,008	672	336
	J	1,350	1,013	675	338	1,576	1,182	788	394

Income	Range	Mobil	Duplex	Apt	Other	Mobil	Duplex	Apt	Other
900 - 1,299	A	517	388	258	129	604	453	302	151
	B	742	557	371	186	866	650	433	217
	C	805	604	402	201	939	704	470	235
	D	859	644	430	215	1,002	752	501	251
	E	891	668	446	223	1,041	781	520	260
	F	908	681	454	227	1,060	795	530	265
	G	931	698	466	233	1,087	815	544	272
	H	970	728	485	243	1,133	850	566	283
	I	1,023	767	512	256	1,194	896	597	299
	J	1,200	900	600	300	1,401	1,051	700	350

1,300 & over	A	452	339	226	113	529	396	264	132
	B	650	487	325	162	758	569	379	190
	C	704	528	352	176	822	616	411	205
	D	752	564	376	188	877	658	439	219
	E	780	585	390	195	911	683	455	228
	F	795	596	397	199	928	696	464	232
	G	815	611	407	204	951	713	476	238
	H	849	637	425	212	991	743	496	248
	I	895	671	448	224	1,045	784	523	261
	J	1,050	788	525	263	1,226	919	613	306

Other	Household Size 1-4					Household Size 5 and Over				
	One-Month Income	Utility Range	House Modular Mobil	Duplex	Apt Other	Trailer	House Modular Mobil	Duplex	Apt Other	Trailer
	0 - 699		1,114	836	557	279	1,301	976	650	325
	700 - 899		1,003	752	501	251	1,171	878	585	293
	900 - 1,299		891	668	446	223	1,041	780	520	260
	1,300 & Over		780	585	390	195	911	683	455	228

Please let me know if you have any questions.

LEWIS A. KIMSEY | State Refugee Coordinator | LEAP Program Manager
 Kansas Department for Children and Families | 785.296.0147 P|785.220.5662 C|785.296.6960 F | Lewis.Kimsey@dcf.ks.gov
 555 S. Kansas | Topeka KS 66603



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