

Table Of Contents

1	DETAILED MODEL PLAN (LIHEAP).....	2
2	DETAILED MODEL PLAN (LIHEAP) Cell Level Cover Page.....	51
3	Vikki Pretlow Letter.....	52
4	LIHEAP Matrix for FY-2019.....	53
5	NEW FY 12 LIHEAP Eligibility and Benefit Matrix.....	54
6	FY12BenefitsAllocationlww.....	55
7	LIHEAP Plan FY-2019.....	109
8	DETAILED MODEL PLAN (LIHEAP) Form Level Cover Page.....	110
9	letter 4 sig authority.....	111
10	LETTER OF AUTHORIZATION FOR SIGNATURE FOR LIHEAP GRANT.....	112
11	LETTER OF REQUEST FOR EXTENSION.....	113
12	NEW FY 12 LIHEAP ELIGIBILITY AND BENEFIT MATRIX.....	114

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: NORTHERN CHEYENNE TRIBAL COUNCIL

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

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

Report Status: Submitted (Revision #1)

Report Sections>

1. *Mandatory Grant Application SF-424* 2

2. *Section 1 - Program Components* 3

3. *Section 2 - HEATING ASSISTANCE* 7

4. *Section 3 - COOLING ASSISTANCE* 9

5. *Section 4 - CRISIS ASSISTANCE* 11

6. *Section 5 - WEATHERIZATION ASSISTANCE* 14

7. *Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)* 16

8. *Section 7 - Coordination, 2605(b)(4) - Assurance 4* 17

9. *Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6* 18

10. *Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7* 20

11. *Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10* 21

12. *Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)*
23

13. *Section 12 - Fair Hearings,2605(b)(13) - Assurance 13* 24

14. *Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16* 25

15. *Section 14 - Leveraging Incentive Program ,2607A* 26

16. *Section 15 - Training* 27

17. *Section 16 - Performance Goals and Measures, 2605(b)* 29

18. *Section 17 - Program Integrity, 2605(b)(10)* 30

19. *Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters* 34

20. *Section 19: Certification Regarding Drug-Free Workplace Requirements* 38

21. *Section 20: Certification Regarding Lobbying* 42

22. *Assurances* 44

23. *Plan Attachments* 49

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**

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

Section 1 - Program Components

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

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

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	05/30/2019
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2018	07/31/2019
<input type="checkbox"/>	Weatherization assistance		

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	80.00%
Cooling assistance	0.00%
Crisis assistance	10.00%
Weatherization assistance	0.00%
Carryover to the following federal fiscal year	0.00%
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 type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify:) CRISES FOR WINTER/SUMMER

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

1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? Yes No

If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.

	Heating	Cooling	Crisis	Weatherization
TANF	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
SSI	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
SNAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Means-tested Veterans Programs	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" 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?
If the applicant has young children, elders, handicap and meets the income guidelines we help them. These are a priority and we do these applications first.

SNAP Nominal Payments

1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? Yes No

If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

<input type="checkbox"/>	Once Per Year
<input type="checkbox"/>	Once every five years
<input type="checkbox"/>	Other - Describe:

1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?

Determination of Eligibility - Countable Income

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

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

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

<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" 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"/>	<input type="checkbox"/> Including MediCare deduction
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excluding MediCare deduction
<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	Retirement / pension benefits
<input type="checkbox"/>	General Assistance benefits
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input type="checkbox"/>	Alimony
<input type="checkbox"/>	Child support
<input type="checkbox"/>	Interest, dividends, or royalties
<input type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input 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 checked="" type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA

<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
<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

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

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

Explanations of policies for each "yes" checked above:

Elderly, Disabled, Young Children are a priority and households with high energy burdens

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.

We start the application process Oct. 1st and it is open to everyone who wants to apply. All the applications go through the approval/disapproval process and then the letter of approval/disapproval are mailed to the applicant. We do all the applications for the elderly, handicap and young children first.

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	\$500	Maximum Benefit	\$1,000
-----------------	-------	-----------------	---------

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

If yes, describe.

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

Section 3 - COOLING ASSISTANCE

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

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

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			0.00%

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? Yes No
- Renters Living in subsidized housing ? Yes No
- Renters with utilities included in the rent ? 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

Explanations of policies for each "yes" checked above:

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

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

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

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

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

3.6 Describe estimated benefit levels for FY 2018:

Minimum Benefit	\$0	Maximum Benefit	\$0
------------------------	-----	------------------------	-----

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? Yes 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

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

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.

The client's electricity is going to be disconnected during the winter months and it is very cold.
The client's propane is down to 5% and it is very cold. There is a problem with the furnace and we assist with wood.

4.3 What constitutes a life-threatening crisis?

Electricity has been disconnected and elderly, handicap and children live in the home, we assist in getting the electricity turned back on or get the propane tank filled.

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 24Hours

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:	
<p>Priority is for elderly, handicap and children during crises situations by completing crises applications first.</p> <p>The client must have shut-off notices for electricity or 5% of propane in tank.</p>	
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: As soon as we receive a call or when a person comes to the office we start the process for assisting them.
4.9 If you have a separate component, how do you determine crisis assistance benefits?	
<input checked="" type="checkbox"/>	Amount to resolve the crisis.
<input type="checkbox"/>	Other - Describe: There are funds set aside for crises situations for electricity and a minimum of 200 gallons of propane. The cost of propane is \$412.00 for 200 gallons. This is the minimum amount for propane and electricity.
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 can email or fax applications to each district on the reservation.	
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	\$200.00 maximum benefit
Summer Crisis	\$200.00 maximum benefit
Year-round Crisis	\$200.00 maximum benefit
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?	
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe	
4.14 Do you provide for equipment repair or replacement using crisis funds?	

Yes No

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

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

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.

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

Section 5 - WEATHERIZATION ASSISTANCE

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

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

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			0.00%

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

5.3 If yes, name the agency.

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

WEATHERIZATION - Types of Rules

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

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

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

Renters Yes No

Renters living in subsidized housing? Yes No

5.8 Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young Children?	<input type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input type="radio"/> No
If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input 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 type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance Repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input type="checkbox"/> Furnace/heating system modifications/ repairs	<input type="checkbox"/> Windows/sliding glass doors
<input type="checkbox"/> Furnace replacement	<input 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 type="checkbox"/> Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

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

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

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

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

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):

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

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

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

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

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

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

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**

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

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

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

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

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

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

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

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

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

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?

8.7 How many local administering agencies do you use?

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

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

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.

The payments are made directly to the vendors and this process goes through the Tribal Central Finance Office.

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

The client is notified when they come to the office and bring their electric bill in, we let them know much LIHEAP will pay and when. The client is notified when they call or come in to request for propane or wood, we tell them when their propane or wood will be delivered.

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 propane vendors bring in the invoice and delivering the fuel and it is checked to make sure the correct amount of fuel was delivered, the client also signs the invoice. The electric bill is brought to the office by the client and a payment voucher is made for payment, the wood vendor brings in the invoice for how much wood was delivered to the household and a payment voucher is made by the Tribal Central Finance Dept.

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?

There has not been a problem with this, in the event it should happen the Program Director will meet with the vendor to go over the vendor agreement where this is addressed.

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

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**

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

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

The LIHEAP office works with the Tribal Central Finance Dept., the award is received by the accountant, Lorna Sioux and she sets up and tracks the award amount, refunds and payments of benefits. The Central Finance systems that is used is Abila, MIP fund accounting which meets the requirements of the CFR. This is able to track down separate accounts. LIHEAP has one account and is tracked each week. Finance reports are given to the LIHEAP Program Director on a weekly basis. All the vendor payments go through the central finance system and the LIHEAP office mails out all the vendor checks weekly. All the original payment documents are sent to this office. The Central Finance accountant does the financial reporting and the SF 424 and carryover and re-allotments.

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)

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**

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:

There are no changes this year.

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

I did receive the following comments: Comment on accessibility of applications on the LIHEAP website. The applications were usually given out at the office, this year we will put it on the website so more people are aware.

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

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

	Date	Event Description
1	08/06/2018	Posted the LIHEAP Plan in the communities (5)

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

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

There was one person that came in to request for applications to be put on the LIHEAP website.

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

We will post the application on the LIHEAP website.

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

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

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

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

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

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 no hearings this year.

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

The complaint will go to the Supervisor who is the Executive Administrator of the LIHEAP Director. The Supervisor will set up a meeting with the client and hear the complaint. A determination will be made if the Director is right or wrong and will meet with the Director of the outcome of the meeting with the client. A letter will go to the client that made the complaint from the Supervisor of the action taken and if it is not in favor of the client he/she can go to the next level which is the Tribal President.

12.5 When and how are applicants informed of these rights?

The applicants are informed of these rights when they apply for assistance. When they are found ineligible a letter is sent to them by mail. This is included in the application at the bottom of the application and states "If you are deemed eligible or ineligible you will be notified (30) days of the date of your application. If you are deemed ineligible you may appeal the decision to the Tribal Executive Administrator within (10) working days after being notified..

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

The Fair Hearing Rights is listed at the bottom of the application. This is also included in the denial letter and in the award letter. It states "If you are deemed eligible or ineligible you will be notified (30) days of the date of your application. If you are deemed ineligible you may appeal the decision to the Tribal Executive Administrator within (10) working days after being notified".

12.7 When and how are applicants informed of these rights?

The client is informed when they pick up the application for assistance. They are told the approximate date of approval and when services will begin.

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

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

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

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

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

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 make posters on program computers and print them and distribute in the communities (5)

Encourage the households to conserve energy by keeping their doors closed and keep their thermostats at medium when it is not really cold. Encourage households to sign up for weatherization to see if they are losing energy. If they are losing energy we refer them to State Weatherization to get assistance to fix the problem.

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

We make up to 20 copies so we really don't spend that much funds.

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

The highest burden of heat is electricity, the electricity rate is so high that the households use up what they were approved for in 2-3 months. There was a little difference in lowering the electricity bill.

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

Electricity was used more than the previous year, about 60% was used.

13.5 How many households applied for these services? 412

13.6 How many households received these services? 412

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

Section 14 - Leveraging Incentive Program ,2607A

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

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

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

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

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

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)

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**

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)

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

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 checked="" type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input 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 checked="" 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 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 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 checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor							
<input checked="" type="checkbox"/> Social Security income verified with SSA							
<input type="checkbox"/> Utilize state directory of new hires							
<input checked="" type="checkbox"/> Other - Describe:							

Letter of hire from place of employment and last pay check copy

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? 1 year
- 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)

520 Dullknife Drive * Address Line 1		
P.O. Box 128 Address Line 2		
Address Line 3		
Lame Deer * City	MT * State	59043 * 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	Vikki Pretlow Letter.docx	Plan Attachments <ul style="list-style-type: none"> • Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.
2	LIHEAP Matrix for FY-2019.xlsx	Plan Attachments <ul style="list-style-type: none"> • Heating component benefit matrix, if applicable
3	NEW FY 12 LIHEAP Eligibility and Benefit Matrix.xlsx	Plan Attachments <ul style="list-style-type: none"> • Heating component benefit matrix, if applicable
4	FY12BenifitsAllocationlww.xlsx	Plan Attachments <ul style="list-style-type: none"> • Heating component benefit matrix, if applicable
5	LIHEAP Plan FY-2019.docx	Plan Attachments <ul style="list-style-type: none"> • Minutes, notes, or transcripts of public hearing(s).



-WOHEHIV-
The Morning Star

**NORTHERN CHEYENNE TRIBE
OFFICE OF THE PRESIDENT**

Post Office 128, LAME DEER, MONTANA 59043
PHONE (406) 477- 4871 FAX (406) 477- 6210



-WOHEHIV-
The Morning Star

March 28, 2018

Vikki Pretlow
Energy Assistance Program Specialist
Washington, DC

RE: Delegation of Authority

Dear Ms. Pretlow,

I am authorized Ms. Letha Whitewolf, LIHEAP Director, signatory authority on my behalf on the FY-2019 LIHEAP Grant, along with the 16 Assurances and Certifications that are required.

If you have any questions, please feel free to contact my office at (406) 477-4871.

Sincerely,

L. JACE KILLSBACK, President
Northern Cheyenne Tribe

Cc: File
Letha Whitewolf, LIHEAP Director

LITTLE WOLF AND MORNING STAR – Out of defeat and exile they led us back to Montana and won our Cheyenne homeland that we will keep forever.

**Northern Cheyenne Tribe
LIHEAP Eligibility Worksheet
October 1, 2018 - September 30, 2019**

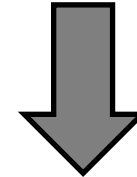
Client Name:

Bedrooms:

Step 1: Determine annual household income by entering your amount of income in the appropriate box

2019 Income Calculation Guidelines					
Frequency of Income:	Calculation Method			Income Amount	
Per month:	\$ -	x	12	=	\$ -
Per hour:	\$ -	x	2080	=	\$ -
Per week:		x	52	=	\$ -
Bi-weekly:		x	26	=	\$ -
Total Annual Income					\$ -

Should client proceed with Step 2?



YES

Step 2: Determine LIHEAP eligibility using Total Annual Income calculated in Step 1

2019 Participants Income Guidelines			
Persons in family	2019 NCT LIHEAP Eligibility		
	100%	110%	150%
1	\$ 12,140	\$ 13,354	\$ 18,210
2	\$ 16,640	\$ 18,106	\$ 24,690
3	\$ 20,780	\$ 22,858	\$ 31,170
4	\$ 25,100	\$ 27,610	\$ 37,650
5	\$ 29,420	\$ 32,362	\$ 44,130
6	\$ 33,740	\$ 37,114	\$ 50,610
7	\$ 38,060	\$ 41,866	\$ 57,090
8	\$ 42,380	\$ 46,618	\$ 63,570

*for families with more than 8 persons, add \$4,752.00 for each additional member.

Source: 2019 HHS Poverty Guidelines, Federal Register Notice

www.aspe.hhs.gov/poverty/11poverty.shtml

Step 3: If Step 2 determines you are eligible, determine amount by using this matrix

2019 Participant Benefits Matrix			
Bedrooms in home	Amount of Annual Award		
	100%	110%	150%
1	\$ 700	\$ 600	\$ 500
2	\$ 800	\$ 700	\$ 600
3	\$ 900	\$ 800	\$ 700
4	\$ 1,000	\$ 900	\$ 800

LIHEAP Office use only:

Client eligible for:

Disapproved reason:

Signature: _____

**Northern Cheyenne Tribe
LIHEAP Eligibility Worksheet
October 1, 2017 - September 30, 2018**

Client Name:

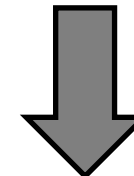
Persons in family:

Bedrooms:

Step 1: Determine annual household income by entering your amount of income in the appropriate box

2018 Income Calculation Guide					
Frequency of Income:		Calculation Method			Income Amount
Per month:	<input type="text"/>	x	12	=	<input type="text"/>
Per hour:	<input type="text"/>	x	2080	=	\$ <input type="text"/>
Per week:	\$ <input type="text"/>	x	24	=	\$ <input type="text"/>
Bi-weekly	\$ <input type="text"/>	x	52	=	\$ <input type="text"/>
Total Annual Income					\$ <input type="text"/>

Should client proceed with Step 2?



"YES", "NO")

Step 2: Determine LIHEAP eligibility using Total Annual Income calculated in Step 1

2018 Participants Income Guidelines			
Persons in family	2018 NCT LIHEAP Eligibility		
	100%	110%	150%
1	\$ 12,060	\$ 13,266	\$ 18,090
2	\$ 16,240	\$ 17,864	\$ 24,360
3	\$ 20,420	\$ 22,462	\$ 30,630
4	\$ 24,600	\$ 27,060	\$ 36,900
5	\$ 28,780	\$ 31,658	\$ 43,170
6	\$ 32,960	\$ 36,256	\$ 49,440
7	\$ 37,140	\$ 40,854	\$ 55,710
8	\$ 41,320	\$ 45,452	\$ 61,980
		\$ -	\$ -
		\$ -	\$ -

*for families with more than 8 persons, add \$4598 for each additional person

Source: 2018 HHS Poverty Guidelines, Federal Register Notice

www.aspe.hhs.gov/poverty/11poverty.shtml

Step 3: If Step 2 determines you are eligible, determine amount by using this matrix

2018 Participant Benefits Matrix			
Bedrooms in home	Amount of Annual Award		
	100%	110%	150%
1	\$ 700	\$ 600	\$ 500
2	\$ 800	\$ 700	\$ 600
3	\$ 900	\$ 800	\$ 700
4	\$ 1,000	\$ 900	\$ 800

LIHEAP Office use only:

Client eligible for: \$

OR

Disapproved reason:

Signature: _____

Northern Cheyenne Tribe
LIHEAP Benefits - FY 2017
1-Nov-16

		209275.9		130000	
1	NAME	TRECO	BHE	CSV	Amerigas
89	Behan, Margaret	1,000.00			
64	Backer, Rose	1,100.00			
278	Bahr, Carol	1,100.00			
281	Ballard Lanell	770.00			330.00
143	Barney, Imelda	300.00			
57	Bear, Agnes	330.00			770.00
4	Bear, Henrietta	1,000.00			
279	Bearchum Eva	1,000.00			
33	Bearchum, Effie	900.00			
82	Bearquiver, Irene				770.00
5	Beartusk, Kenneth	700.00			
52	Bellymule, Kathleen	1,000.00			
31	Bement, James				1,000.00
162	Bigknife, Alice	1,000.00			
50	Blackwolf, Walter	270.00			630
19	Brady, Calvin			1,100.00	
120	Brady, Esther	300.00		700.00	
6	Brien, Venita	300.00			700
25	Bullcoming, Rhoda	300.00		700.00	
88	Burgess, Myrna	300.00			700.00
152	Burman, Atloa	300.00		700.00	
44	Burns, Hansa Faye	1,000.00			
157	Charette, Maretha	1,100.00			
155	Clubfoot, Hugh				1,100.00
70	Crazymule, Della			1000	
71	Crazymule, Theresa	1,100.00			
62	Curley, Billford Sr.	953.00			
117	Curley, Tex	700.00			300
7	Dewey, Imogene	900.00			
150	Dillard, Rose	1,000.00			
56	Elkshoulder, Andrew	300.00			700.00
32	Elkshoulder, Rebecca	330.00		770.00	
93	Fisher, Alberta	400.00			600
9	Fisher, Dudley	900.00			
39	Fisher, Floyd			1,000.00	
128	Fisher, Geraldine	1,000.00			
132	Flatness, Lonnie				1100
59	Flying, Oliver				630
24	Foote, Amy	1,000.00			
67	Foote, Daniel	1,000.00			
26	Foote, Inez	900.00			
136	Foote, Joy	1,000.00			

96	Foote, Katherine			1,100.00
127	Foote, Theda	900.00		
54	Runsabove, Leroy	1,000.00		
114	Freeman, Bertha			1000
34	Freeman, Linda	330.00		770.00
99	Gardner, Jolene	1,100.00		
35	Glenmore, Rhoda			1,000.00
90	Googles, Claude	1,000.00		
10	Guavera, Max	1,000.00		
3	Harris, Clinton		630.00	
83	Harris, Troy		1000	
98	Jackman, Dorothy	1,100.00		
137	Kellum, Betty	700.00		
53	Killsnight Rosella	770.00		
40	Killsnight, Ethelene	700.00		
163	Killsnight, Huberta	300.00		700.00
126	Killsnight, Merrill, Sr.	770.00		330.00
42	King, Raymond	300.00	700.00	
101	Kingfisher, Maxine	800.00		
113	LaFrance, Lucille			700.00
107	LaFranier, Roy	1,100.00		
21	LaRance, Albert	1,000.00		
158	LaRance, Martha	300.00		700.00
58	Limberhand, Annie			1,100.00
77	Limberhand, Bertha			1,000.00
55	Limberhand, Douglas	300.00		
45	Limberhand, Maurice, Sr.	630.00		
61	Limpy, Clifford	560.00		
86	Limpy, Francis			770
27	Littlebird, Harold	330.00	770	
121	Littlewhirlwind, Dorothy	770.00		330
11	Littlewhirlwind, Erlyce, Dolly			1000
46	Littlewolf, Claudine	700.00		
28	Littlewolf, Corliss			1,000.00
2	Longroach, Lawrence	1,000.00		
124	Manley, Glenn	1,000.00		
85	McMakin, Teddy			700.00
159	Medicinetop, Emmette	330.00	770.00	
22	Messer, Annie			1,000.00
165	Mexican Cheyenne, Tom	700.00		300.00
36	Moss, Hilda	1,100.00		
134	Parker, Jennie	900.00		
119	Peppers, Charlene	300.00		700
87	Pine, Leroy	1,100.00		
151	Redcherries, Rock	700.00		
12	Redneck Christine	300.00		700.00
16	Redneck, Marlene	700.00		

118	Risingsun, Margaret	1,000.00		
37	Robinson, Pam	700.00		
43	Robinson, Priscilla	700.00		
108	Rogers, Betty	330.00		770
129	Rowland, Patricia	900.00		
153	Runningwolf, Mike			700.00
140	Ryan, Anna	1,000.00		
95	Sanchez, Cheryl		300.00	700.00
94	Sanchez, Marie	900.00		
131	Selage, James	700.00		
75	Shoulderblade Delores	300.00		700
60	Shoulderblade, Magoo	800.00		
122	Shoulderblade, Marcelline	1,100.00		
92	Shoulderblade, Margaret			630.00
17	Sioux, Donita	300.00		700.00
74	Sioux, Lorna	900.00		
13	Small, Ervin		1000	
112	Small, Jeannie			1,000.00
106	Small, Lemual	300.00		700.00
66	Spang, James			1,000.00
104	Spang, Judy			1000
100	Spotted Elk, Adeline	900.00		
47	Strangeowl, Christine	1,000.00		
110	Strangeowl, Jeannie	300.00		700.00
23	Swallow, Frances			700
111	Talawyma, Phyliss	770.00		330.00
141	Tallbull, Harlan		330.00	770
79	Tallbull, Myron	800.00		
41	Tallwhiteman, Mercedes	1,000.00		
63	Twentystands, Howard	270.00		
125	Two Moons, Matthew, Sr.		330.00	770.00
81	Walker, Velma	42.83		700.00
105	Washee, Corrine	1,000.00		
116	Waters, Joe	900.00		
115	Weaselbear, Elsie	300.00		700.00
135	Whistlingelk, Mae	300.00		700.00
139	Whitecrane, Vincent	700.00		
138	Whitecrow, Delores	300.00		700.00
49	Whitedirt, Gilbert	300.00		
76	Whitedirt, Mae	1,000.00		
48	Whiteshirt, Amanda	900.00		
133	Whitewolf, Ruth	300.00		700.00
38	Whitewolf, Leslie	330.00		770.00
103	Wilson, Inez	700.00		
8	Wolfname, Lenora	700.00		
102	Yellowfox, Charles			1,000.00
84	Yellowrobe, Lloyd	1,000.00		

161	Yellowrobe, Nancy	700.00			300.00
277	Charette, Roselind Maria	1,000.00			
282	Whiteman, Leroy	900.00			
284	Harris, Matthew	300.00		700.00	
285	Stump, Ethelene	300.00			700.00
286	Small, Clinton	1,100.00			
280	Whiteshield, Nellie	330.00			770.00
65	Gardner, Evelyn				700.00
109	144 Elderly				
91	109 electric treco-bh-	78515.83	3590	12,780.00	39,270.00
154	Big Horn - 7			16.00	55.00
69					
72					
80					
20					
18					
142					
51	Bearchum, Cheryl	1,000.00			
164	Beaverheart, Thelma	900.00			
68	Bullcoming, Dwight	1,000.00			
156	Bigback, Charles	700.00			300.00
73	Biglefthand, Viola	700.00			300.00
78	Birdchief, Kenneth	700.00			
14	Foote, Edward, Sr.				1,000.00
15	Fox James	1,000.00			
160	Jaure, Amy	300.00			700.00
123	Limberhand, Maurice, Jr.	900.00			
29	Limpy, Cheryl	330.00			770.00
30	Littlehed Ronald	900.00			
144	Littlewolf, Susan				
145	Medicinebull, Charles	900.00			
146	Rowland, Raymond	300.00			700.00
147	Swank, Helen	900.00			
148	Threefingers, Judy	700.00			300
149	Walkslast, Gilbert	300.00			700.00
166	Whitewolf, Justine	900.00			
167	Quiroz, LaVonne	1,000.00			
168	Weaselbear, Robert, Jr.	700.00			300.00
169	Whitewolf, Stephanie				
170	Brady, Wanda	700.00			300.00
171	Whiteman, Philomena				800.00
172	Littlebird, Geofredo	1,000.00			
173	Foote, Verlin	700.00			
174	Threefingers, John	700.00			
175	LaRance, Kash	300.00		700.00	
176	Walksalong, Victor	1,100.00			
177	Ridgebear, Lujenia	700.00			

178	Two Moons, Margaret	700.00			
179	Jones, Meryl				700.00
180	Redrobe, Serena	330.00			700.00
181	Walksnice, Josephine	1,000.00			
182	Hawkings, George, Jr.	270.00			630.00
183	Whiteman, Ardena	700.00			
184	Hodges, William				300.00
185	Littlesun, Horace, Jr.	1,100.00			
186	Seminole, Terri	770.00			330.00
187	Rowland, Gerald	630.00			
188	Prettyboy, Charity		700.00		300.00
189	Russell, Charles				1,000.00
190	Treco 35	24830	700.00	700.00	10,130.00
191	BH-2				
192		49.00		2.00	18.00
193					
194					
195					
196					
197					
198	Allen, Micah	900.00			
199	Abeyta, Pamela	700.00			300.00
200	Bement, Cleveland	770.00			330.00
201	Bruisedhead, Sandra				1,000.00
202	Bryant, Maureen	770.00			
203	Bahr, Benjamin	900.00			
204	Bird, Kaneisha	900.00			
205	Bigback, Leslie	300.00			700
206	Bullcoming, Lujuanna	1,000.00			
207	Gardner, Donine	700.00			300.00
208	Hardground, Thomasine	700.00			300.00
209	Hisbadhorse, Sean	900.00			
210	Hisbadhorse, Tempe	1,000.00			
211	Flying, Frank	1,000.00			
212	Kaline, Essence	300.00			700.00
213	LaRance, Rachel	1,000.00			
214	Little Eagle, Goldstein				1,100.00
215	Littlehead, Tonya	1,000.00			
216	Limberhand, Deanna	300.00			700.00
217	Limberhand, Maxine	630.00			
218	Limberhand, Timothy	1,000.00			
219	Maas, Robert	900.00			
220	Parker, Andreen	900.00			
221	Pine, Loretha	300.00			700.00
222	Pine, Rossalyn	1,000.00			
223	Russell, Cameron	330.00			770.00
224	Shoulderblade, Vanessa	1,100.00			

225	Sooktis, Jade	300.00		700.00
226	Spang, Robyn	800.00		
227	Speelman, Twilla	1,000.00		
228	Swank, Dawnette			1,000.00
229	Tallbull, Myles, Jr.	900.00		
230	Two Moons, Wilma	1,100.00		
231	Two Two, LenRay	300.00		700.00
232	Whiteman, Violet	700.00		300.00
233	Wounded Eye, Joyce	300.00		
234	Yellowrobe, Tia	300.00		700.00
235	Fourhorn, Deno			1,100.00
236	Longjaw, Frank, III	560.00		
237	Whiteman, Valentine	900.00		
238	Littlewhiteman, omar	330.00		770
239	Headswift, Sonya	1,100.00		
240	Shoulderblade, Raquel	900.00		
242	Holmes, Raymond	1,000.00		
243	American Horse, Rebecca	700.00		
244	Eagle, LaDonna	700.00		
245	Eaglefeathers, Duane	770.00		330.00
246	Fisher, Melissa			1,000.00
247	Fraser, Yolanda		700.00	
248	Harris, Delano	330.00		770.00
249	Hiwalker, Terry	1,000.00		
250	Killsnight, Louis, Jr.	900.00		
251	Killsnight, Velecia	1,000.00		
252	Lopez, Event	300.00		700.00
253	Pena, Rynalea	300.00		700.00
254	Redbird, Cleroy	1,000.00		
255	Ryan, Paul	1,000.00		
256	Shoulderblade, Starla	900.00		
257	Whitedirt, Lynette	700.00		300.00
258	Whiteman, Melanie	330.00		770.00
259	Grinsell, Robert, Sr.	300.00		700.00
260	Littlest, Notishia	1,000.00		
261	Poitra, Melanie	900.00	770.00	
262	Littleoldman, Charlene	270.00		
263	Onebear, Ida	330.00		
264	Roubideaux, Darrelle	800.00		
265	Walkslast, Mari	770.00		
266	Yellowrobe, Clarette	300.00		700.00
267	Youngbull, Renecia	300.00		700.00
268	Kingfisher, Quentin			1,000.00
269	Lonewolf, Crawford			700.00
270	Two Moons, Austin, III	1000		
271	Bailey, Robert D.	770		
272	Beartusk, Tara	900		

273	Bellymule, Shalimar	1000	
274	Bement, Robert C.	770	330.00
275	Bighorn, Allison	300	700.00
276	Blackwolf, Robert	700	
283	Castro, Apoloma		1,000.00
287	Chambliss, Watawna Sue	900	
288	Collins, Francine	900	
289	Costa, Victor	900	
290	Eagle, Tiffany		1,000.00
	Fisher, Tyree	700	300.00
	Hisbadhorse, Mary J.	900	
	James, Kinsey	900	
	Killsnight, Brandy		630.00
	Killsnight, Eric, Sr.	770	330.00
	LaFountain, LaVonne	300	700.00
	LaRoche, Daecia	630	270.00
	Longjaw, Allisa	1000	
	Littlesun, Tawni	300	700.00
	Lonebear, Eli	700	
	Longjaw, Carl	800	
	Means, Andrea	700	300.00
	Medicinetop, Jay Shawn	630	
	Neiss, Clayton	300	700.00
	Nightwalker, Tony	900	
	Pease, Leila	630	
	Risingsun, Williamette	1000	
	Rogers, Arlene	300	700.00
	Ryan, Quentin	900	
	Shoulderblade, Dana	900	
	Spang, Lynette	700	300.00
	Spang, Marion	800	
	Spear, Therese		900.00
	Strangeowl, Alvin	330	770.00
	Talawyma, Janelle	900	
	Threefingers, Jonathan	630	
	Threefingers, Justin	900	
	Two Two, Rachel	1100	
	Wandering Medicine, Lomar	770	
	Weaselbear, Mary Ann	700	300.00
	Whiteman, Deandra	300	700.00
	Whiteman, Florene	700	
	Whiteman, Wesley	300	700.00
	Whiteshield, Lori	330	770.00
	Wilson, Pamela		770.00
	Wounded Eye, Theresa	770	
	Clubfoot, Amber	300	700.00
	Bellymule, Leona R.	300	700.00

Burnette, Jamie		800.00
Brady, Ellen	1100	
Blackwolf, Alan	770	
Fisher, John	770	
Gondara, Galen	1000	
Hiwalking, Cleone	1100	
King, Delrae	1000	
Littlewolf, Susan	1000	
Littlecoyote, Dewanda	1000	
Limpy, Johnathan	300	700.00
Limberhand, Heather	1000	
Medicine Elk, Susie	300	700.00
Mason, Clayton	1000	
Quaempts, Kristina	900	
Russell, Kathryn	900	
Standingwater, Fern	300	700.00
Shoulderblade, Sheila	900	
Small, Jeana	900	
Woodenthigh, Tedi	1000	
Ziler, Ketty Belle	900	
Blackwolf, Artie		1,000.00
Carlson, Wedith	900	
Highwolf, Pauline	300	300.00
Littlebird, Annessa	1000	
Monteau, Dana	900	
Spang, Tamara	300	700.00
Standingelk, Conrad	770	300.00
Whistlingelk, Tawny	300	700.00
Archambault, Lurella	300	700.00
Elkshoulder, Shawn	1000	
Whitewolf, Lindsay	1000	
Bigback, LaRonna	330	770.00
Limpy, Tasheena		1,100.00
Eastman, Ida	300	700.00
Killsnight, Brandy		630.00
Strangeowl, Sylvia	330	700.00
Lockwood, Eric	900	
Foote, Eva Mae	900	
Spotted Elk, Diane		700.00
Oldman, Patricia	330	730.00
Eaglefeathers, Dana	1000	
Curley, Georgette	900	
Powell, David	1000	
James, Johnson		1,100.00
Risingsun, Tonya		1,000.00
Shoulderblade, Wendell	330	770.00
Seminole, Stella	900	

Cox, Norman	1000			
Littlecoyote, Ateara	1000			
Medicine Elk, Sandra	330			770.00
Spang, Evonne		700		
Redbird, Thilla	700			300.00
Shoulderblade, Contessa				1,000.00
Brady, Jenna		300		700.00
Sioux calf, Silver		270	630.00	
LaFave, Angel	700			
Oldman, Carolyn				1,000.00
Spang, Cordelia	700			
Glenmore John	330			770.00
Deputee, Melissa	1000			
Tallbull, Zipporah				900.00
Bigeagle, Sarah	1000			
Wilson, John	700			300.00
Knowshisgun, Arshanda	700			300.00
	184.00	141540	3370	2,102.00
TRECO-159				67,428.00
BH-4			2.00	82.00
Otherbull, Alonzo	1000			
Small, Carrie	770			330.00
Knowshisgun, Rebecca	270			
Weaselbear, Tamera		1000		
Littlewhirlwind, Martha				
Archambault, Yvette				
American Horse, Lynette				900.00
Blackwolf, Zeniada	900			
Bryant, Michael	800.00			
Crazymule, Curtis	1,100.00			
Donnafield, Norma	700.00			
Jefferson, Ethelene	900.00			
Littlesun, Merlin, Sr.	800.00			
Marshall, Opalita	770.00			
Parker, Angela	300.00			700.00
Seminole, Donald				
Seminole, Dorothy	700.00			300.00
Shoulderblade, Vaughn				700.00
Two Moons, Betty	900.00			
Wetherwelt, Serena				1,000.00
Woodenthigh, David				
Bighorn, Benjamin	1,000.00			
Killsnight, Tara	900.00			

Mason, Sarah	1,000.00			
Harris, Brice	900			
Rapos, Don	1,000.00			
Shoulderblade, Keith				1,000.00
Moore, Travis	270.00			630.00
Limberhand, Enoch	300.00			700.00
Two Moons, Alden	700.00			
Woodenlegs, Matthew	900.00			
Sierra, Marty	800			
Killsnight, Lucas	770			
Morrison, James	240.00			
Whitecrane, Deanna				900.00
Roundstone, Harlan	800			
Sanchez, Charlotte				
Woodenthigh, Jodie	700.00			
	37.00	20190	1000	- 7,160.00
TRECO 7				- 10.00
BH2				
Electric	273735.83			325.00
Funding	248602.59			
Unmet need	25,133.24			
Propane CSV	15580			185.00
Propane Amerigas	123970			
TOTAL:	139550			
Funding	130000			
Unmet Need	9,550.00			
Wood	33,404.17			78.00
Funding	30000			
Unmet Need	3,404.17			
Total Unmet Needs:	38087.41			
Households for FY-2017	419			
Elderly	149.00			
Handicap	49.00			
Children in Household	184.00			
0 income	37.00			

\$30,000.00

WOOD	TOTAL	Elder	Handicap	Low Inc.	Children 0-5	Children 5yrs.-18 yrs	Enrolled Member	Enrolled Other Tr.
	W		1 SSA					1
	W		1 SSA				1	1
	W		1 SSA					1
	W		1 SSI				4	1
700.00	W		1					
	W		1 SSA					1
	W		1 SSA/SSI					1
	W		1					
			1 SSA					1
330			1 SSA					1
300			1					
			1 SSA			1		1
			2 SSA					
			1 1-SSA		1	4		1
			1 SSA					1
			1 SSA					
			1 Soc. Sec.					1
			1 SSA					1
			1 SSA					
			1 SSA		2	2		1
			2 SSA					1
			1 SSA					1
			1 SSA					1
			2 Soc.Sec				1	1
			1 SSI				5	1
			1 SSI					
147			1 1 Soc. Sec.				3	1
			1 1Soc.Sec.				1	1
			1 SSA				1	1
			1 SSA					1
			1		1			1
			1				3	1
			1 SSA				1	
			1 SSA					1
			1					1
			1 SSA					1
			1 Soc. Sec.					1
270			1 SSA					1
			1 SSA				5	1
			2 SSA					1
			1 SSA					1
			1 SSA				3	1

	1 SSA			2	1
	1 SSA				1
	1 SSA		1	2	1
	1 SSA				1
	1		1	1	1
	1				1
	1			3	1
	1 SSI				1
	1 SSA		1	3	1
270	1 SSA				1
	1 SSA				1
	1 SSA				1
300.00	1 SSA		1	3	1
330.00	1 SSA		2		1
300	1 SSA				1
	1 SSA				
	1 SSA	2	4		1
	2 SSA				1
	1 SSA				1
300	1 SSA				1
	2 SSA				1
	1 SSA				1
	1 SSA			1	1
	1 SSA				1
	1 SSA			4	1
700	1 SSI			2	1
270	1 SSA				1
240.00	1 SSA				1
330	2 SSA				1
	1 SSI		1	1	1
	1 SSA			1	1
	1 SSA				1
300	1 SSA				1
	1 SSA			1	1
	1 SSA				1
	1 SSA				1
300.00	1 SSA				1
	1 SSA				1
	1 SSA				1
	1				1
	1 SSA				1
	1 SSA			1	1
	1 SSA				1
	1 SSA				1
300	2 SSA				1
	1 SSA			2	1
300	1			3	1

	1 SSA			1	
300	1				
300.00	1 SSA		1	1	
	1 SSA		2	1	
	1 SSA				
300.00	2 SSA				1
	1 SSA	1	2	1	
	1			1	
	1 SSA		2	1	
300	1 SSA		1	1	
	1 SSA	3	1	1	
	1 SSA			1	
	1 SSA			1	
270	1 SSA			1	
	1 SSA			1	
	1	1	2	1	
	1 SSI	1		1	
	1 SSA			1	
	1 SSA			1	
	1 SSA			1	
	1 SSI				
	1			1	
	1 ssa	x		1	
	1 SSA		1	1	
300	1 SSA		1	1	
	1 SSA		1	1	
	2 1-SSA		1		1
	1 SSI			1	
	1 SSA			1	
630.00	1 SSA		1	1	
	1 SSA			1	
257.17	1			1	
	1			1	
	1 SSA		1	1	
	1 1SSA				1
300	1 SSA			1	
	1 SSA			1	
700	1	3	1	1	
	1 SSA		4	1	
	1 SSA		2	1	
300	1 SSA			1	
300.00	1 SSA			1	
	2 SSA				
	2 SSA		6	1	

	1 SSA				1
	2 SSA				1
	1 SSA				1
	1 SSA				1
	1				1
	1 SSA				1
	1 SSA			3	1
300.00	1 SSA				1
		123	23	94	
10544.17					
31.00					

	1-SSI				1	
	1-SSI		2	2	1	
	1-SSI			1		1
	1-SSI				1	
	1-SSI			3	1	
300	1-SSI			1	1	
	1-SSI			2	1	
	1-SSI				1	
	SSI			1	1	
	1-SSI				1	
	1SSI		1		1	
	SSI				1	
	SSI					
	1-SSI		2	5	1	
	1-SSI				1	
	1-SSI		1	1	1	
	1-SSI				1	
	1-SSI		1	3	1	
	1-SSI			1	1	
	1-SSI			3	1	
1,000.00	1-SSI			3	1	
	1-SSI				1	
	1-SSI				1	
	1-SSI		1	3	1	
300.00	1-SSI				1	
300.00	2-SSI			2	1	
	1-SSI			1	1	
	1-SSI			3	1	
300.00	1-SSI				1	

300.00	1-SSI		2	1
300.00	1-SSI			1
	1-SSI		1	1
	1-SSI		3	1
	1-SSI		1	1
300.00	1-SSI	1	1	1
700.00	1SSI		3	
	1SSI	1	3	1
	1ssi			1
270.00	1-SSI			1
	1-SSI	1	1	1
	SSI			

4070

10.00

		x		1	1
		x	1	1	1
		x	1	1	1
		x	1	1	1
330.00		x		2	1
		x		1	1
		x		2	1
		x	1	2	1
		x	1	3	1
		x	1	3	1
		x	1	2	1
		x	1		1
		x		4	1
		x		3	1
		x	2	2	1
270.00		x	1	3	1
		x		2	1
		x			1
		x	1	1	1
		x	1	2	1
	1 1-SSA	x			1
		x	3		1
		x	1	2	1



	1	x	2		1	
		x		4	1	
		x	1	2	1	
		x		1	1	
		x	1	4	1	
		x	3	1	1	
		x	2	4	1	
		x	1	2	1	
		x	2	3	1	
		x	2	1	1	
		x		3	1	
240		x	2	2	1	
		x		1	1	
		x	2		1	
		x		3	1	
		x	1		1	
		x		1	1	
300		x	1	3	1	
300		x		2	1	
		x		1	1	
		x		3	1	
300		x		3	1	
		x	1	4	1	
		x	1	5	1	
		x	2	3	1	
		x	2	3	1	
		x		1	1	
		x		3	1	
		x		1	1	
		x		1	1	
		x		1	1	
		x	2	3	1	
		x		1	1	1
		x		1	1	
		x		2	1	
630.00		x	1		1	
		x		3	1	
		x	2	3		
330.00		x		1	1	1
		x	3		1	
		x		5	1	
		x			1	
300.00		x	3	2	1	
		x		2	1	
300.00		x	3	3	1	
		x	1	1	1	

	x	2	2	1	
	x	1		1	
	x	1	2		1
300.00	x	1	1	1	
	x	2	2	1	
	X	1		1	
	X		2		1
	x		1		1
	x	1	2	1	
	x	1	1	1	
	x	1		1	
	x	2	1	1	
270.00	x				
	x		3	1	1
	x		1	1	
	x	2	1	1	
	x	1	1	1	
	x		2	1	
300.00	x		1	1	
	x		2	1	
	x	1	3	1	
270.00	x			1	
	x	1	2	1	
	x	1	2	1	
270.00	x	1	1	1	
	x		2	1	
	x			1	
	x	1		1	
	x	1	2	1	
	x		2	1	
	x		4	1	
	x		4	1	
	x	2		1	
	x	2		1	
270.00	x			1	
	x	2		1	
	x		4	1	
330.00	x	1	4	1	
	x	1	1	1	
	x	1	2	1	
300.00	x		1	1	
	x		2	1	
	x		6	1	
330.00	x	1		1	
330.00	x		3	1	
	x	2	1	1	
	x	1		1	

		x		3	1
		x		1	1
330.00		x		4	1
330.00		x	1	4	1
		x			1
		x		1	1
		x		2	1
		x		2	1
		x		1	1
		x	1	1	1
		x		2	1
		x	2	3	1
		x	1	3	1
		x		1	1
		x	1	1	1
		x	1	2	1
		x	1	4	1
		x	2		1
		x	1	2	1
		x	1	2	1
	x	x		3	1
		x	1		1
		x	1	2	1
		x	2		1
		x			1
		x	1	4	1
		x		4	1
		x	1		1
		x	2	1	1
		x	1	1	1
		x	1		1
		x		1	1
		x	1	1	1
		x			
270.00		x	1	2	1
		x	1	7	1
		x		3	1
		x		2	1
300.00		x		1	1
		x	1	3	1
		x	1	3	1
		x	1		1
		x		5	1

	x		1	
	x	1		1
	x	1	4	1
300.00	x		1	1
	x	2	2	1
	x	1	2	1
	x	2	3	1
	x	1	2	1
300.00	x	1	x	
	x	1	3 x	
300.00	x	2	x	
	x	2	1	1
	x	2	2	1
	x	1		1
	x	2	2	
	x		1	1
	x	1	1	1
12750				
27.00				
630.00				
	x			1
	x			1
900.00	x			1
	x			1
	x			1
	x			1
	x			1
	x			1
	x			1
	x			1
330.00	x			1
	x			1
1,000.00	x			1
	x			1
300.00	x			1
	x			1
	x			1
800.00	x			1
	x			1
	x			1

\$8,242.00

Crises

Weatherization

**Elec.
Prepay**

**TRIBAL
CRISES**

X
X
X
X
X
X
X
X

X
X

X

X
X

X
X
X
X
X
x
X

X
X
x
X
X
X
X
X
X
X
X

X

X
X
X
x

x
x
x

X x
 x

X
X

X

X
X

X

X
X

X x
x

x

X

X

X

X

x

x

x

X

x

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

x

x

x

x

x Not in household

x

x

x

x

X

x

X

x

x

X

x

X

x

X

x

X

x

x

X

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

X
X

X

X

X
X
X
X

X
X

X
X

X
X
X
X
X

X

X

X
X
X

X

X

X
X

X

X

x

x

x

x

x

x

x

x

x

x

Northern Cheyenne Tribe
LIHEAP Benefits Allocation - FY 2012
November 8, 2011

1	Fund:	Funding Source:	Amount:	Type:
2	345A	ACF - LIHEAP	\$ 45,475.10	Admin. Cost
3	345B	ACF - LIHEAP	\$ 369,000.00	Direct Service Cost
4				
5	TOTAL LIHEAP AWARDS:		<u>\$ 414,475.10</u>	
6				

Notes:

10% of Total Budget	4,000.00
---------------------	----------

Row Labels**HO&BHE****Highwolf Pauline**

360

840

BHE**Bearquiver Edmond**

840

(blank)

Cunningham Robert

840

360

Foote, Theda

1100

(blank)

Harris Clinton

560

(blank)

Harris Rosalee

770

(blank)

Robinson Priscilla

840

(blank)

Small Ervin

1200

(blank)

Tallbull Priscilla

1100

(blank)

Whitedirt Raylon

840

(blank)

HO**Brady Calvin Sr.**

(blank)

1300

Crazymule Della

(blank)

840

Haugen Audrey

(blank)

1000

Killsnight, Marcian

(blank)

1100

Littlewhirlwind Erly

(blank)

1200

Marshall Arlene

(blank)

840

Russell, Darlene

(blank)

1200

HO&TRECO

Ahmed, Gladys

270

630

Eastman, Ida

360

840

Firebear Edith

390

910

Killsnight Merrill, Sr.

390

910

Limberhand Darlene

360

840

Limpy Francis Sr.

300

700

Limpy, Cheryl

390

910

Two Moons Betty

360

840

HO/TRECO

BearRobe Serena

390

910

Gonzales Kayla

360

840

Sanchez Greg

390

910

Threefingers Judy

390

910

Weaselbear Elsie

(blank)

1200

Whiteman Anita

360

840

Home Oil

Bullcoming Rhoda

(blank)

1200

Freeman Bertha

(blank)

900

Onebear Robert

(blank)

1200

Peppers Charlene

(blank)

1200

Sanchez Marie

(blank)

1100

Threefingers John

(blank)

360

Whitewolf Leslie

(blank)

910

Woodenlegs John

(blank)

525

O&TRECO

Blackwolf Arty

360

840

Longroach Geri

360

840

Medicineflying Shar

390

910

Redneck Limona

330

770

Walker Velma

360

840

OPEN

Bigback Wilburta

(blank)

840

Fisher, Tyree

360

840

Littlewolf Robert

(blank)

900

Medicinetop Emmett

(blank)

910

Rowland Raymond

(blank)

1200

Shoulderblade Wend

(blank)

1300

T&C

Haugen Marita

(blank)

1200

Hodges William

(blank)

770

TRE/HO

Boushie Cordelia

840

360

TRECO

Abel, Chrystal

770

(blank)

Backer, Rose

1300

(blank)

Bahr, Benjamin

770

(blank)

Bahr, Carol

910

(blank)

Bahr, Joe, D.

1100

(blank)

Ballard, Lanell

1200

(blank)

Bearchum, Eva

1300

(blank)

Beartusk, Kenneth

840

(blank)

Bell Loretta

700

(blank)

Bellymule, Shalimar

1200

(blank)

Bement, Robert J.

840

(blank)

Bighawk, Sammi

1100

(blank)

Bigknife Alice

900

(blank)

Bigleftn Philomena

1000

(blank)

Bigleftn Viola

840

(blank)

Birdchief Kenneth

770

(blank)

Black, Alison

1200

(blank)

Brady Blane

840

(blank)

Brady Lavonda

1100

(blank)

Braidedhair, Elizab

840

360

Bullcoming Dewight

1200

(blank)

Burns Hansa Faye

900

(blank)

Burns Tiffany

840

(blank)

Capture Marcus

700

(blank)

Carlson Lee

1100

(blank)

Carlson, Cody

1200

(blank)

Castro Rosita L.

1200

(blank)

Clubfoot Amber

840

(blank)

Crazymule James

560

(blank)

Crazymule Kenny

800

(blank)

Crazymule Theresa

910

390

Crazymule, Arvelos

1200

(blank)

Crazymule, Rita

1000

(blank)

Curley Logan, Sr.

800

(blank)

Dewey, Imogene

1100

(blank)

Dillard Rose

1000

(blank)

Eagle, Serena

840

360

Eaglefeathers, Duan

910

390

Eagleman Clarice

1100

(blank)

Elkshoulder Candace

1300

(blank)

Fightingbear, Veta

1200

(blank)

Fisher George

300

(blank)

Fisher James

1100

(blank)

Fisher John

1100

(blank)

Fisher, Dudley

1100

(blank)

Fisher, Geraldine

900

(blank)

Fisher, Jamie

1200

(blank)

Foote Joy

1200

(blank)

Foote, Amy

1200

(blank)

Foote, Inez

1000

(blank)

Foote, Jasmine

1100

(blank)

Fox James

330

(blank)

Fox Luanna

840

360

Gardner, Jolene

1300

(blank)

Gondara Galen

840

360

Hardground, Thoma

840

360

Hart, Alfreda

630

270

Hiwalker, Floyd

840

360

Holmes Leann LB

770

330

Howey, Meigan

1000

(blank)

JACKMAN Dorothy

1100

(blank)

James Kinsey

840

360

Jefferson Ethelene

770

330

Killsnight Lois

770

330

Killsnight Lucas

910

(blank)

Killsnight Rosella

1300

(blank)

Killsnight Velevia

1200

(blank)

Killsnight, Charity

840

360

Killsnight, Ferdinand

700

300

Killsnight, Hazel

910

390

Killsnight, James

1000

(blank)

Killsnight, Lois

1100

(blank)

Kingfisher Maxine

1000

(blank)

Kingfisher, Cordelia

1000

(blank)

Knowshisgun, Arsh

1200

(blank)

LaFranier, Roy

1300

(blank)

Lamewoman, Gaylon

1200

(blank)

LaRance, Albert Jr.

1300

(blank)

Limberhand ElmoreIII

1300

(blank)

Limberhand MaurJr.

1100

(blank)

Limberhand, Enoch

840

(blank)

Limberhand, Maur Sr.

1100

(blank)

Littlebear Tamara

1100

(blank)

Littlecoyote Hailey

1200

(blank)

Littlecoyote, Gina

1200

(blank)

Littlehead Ronald

1100

(blank)

Littlesun Horace Jr.

910

(blank)

Littlesun Janae

700

(blank)

Littlewhirlwind Dor

910

390

Littlewhiteman lind

1000

(blank)

Littlewhiteman, Em

700

(blank)

Littlewolf Claudine

(blank)

(blank)

Littlewolf Susan

840

(blank)

Lockwood Eric

1100

(blank)

Lonebear, Don,Sr.

1200

(blank)

Manley Glenn

1200

(blank)

Mason, Clayton

1100

(blank)

Med. Bull Marie

910

390

Medicine, Monte

630

(blank)

Monteau Dana

1100

(blank)

Morrison Arcenia

1100

(blank)

Neiss, Mary Ann

840

360

Nightwalker Tony

1100

(blank)

Olbear Davita

1100

(blank)

Oldman Shawntay

840

(blank)

Parker Andreen

1100

(blank)

Pease, Leila

840

(blank)

Pine Raymond

1200

(blank)

Plentycamps Wreat

840

(blank)

Quiroz, Lavonne

1200

(blank)

Redcherries Kimb

1100

(blank)

Redneck Jolene

910

390

Ridgebear Frank

1100

(blank)

Risingsun Margaret

800

(blank)

Risingsun, Williamet

840

360

Roundeau Dean

770

(blank)

1100

(blank)

Russette Louella

840

(blank)

Russette, Tonya

1100

(blank)

Ryan, Claudine

700

(blank)

Sandcrane, Eldon

840

(blank)

Selage James

840

(blank)

Shoulderblade Cont

840

360

Shoulderblade Mago

800

(blank)

Shoulderblade Marc

700

(blank)

Shoulderblade, Vinc

1100

(blank)

Small Clinton

840

(blank)

Sooktis Pamela

910

390

Spottedeagle Donna

840

(blank)

Spottedeagle, Dean

840

(blank)

Spottedelk Adeline

770

(blank)

Standinglk, Henriet

840

(blank)

Strangeowl Frank

1100

(blank)

StrangeOwl, Aljo

1200

(blank)

Strangeowl, Roberta

900

(blank)

Tallbull Miles

1100

(blank)

Tallbull Myron

300

(blank)

Tallbull, Zipporah

1100

(blank)

Twentystands Howa

770

(blank)

Two Moons, Loren

840

(blank)

Two Moons, Mat Jr.

1000

(blank)

Vance Owen

910

(blank)

Walksalong, Clarice

1200

(blank)

Walkslast, Josephine

840

(blank)

Walkslast, Mari

840

(blank)

Washee Corinne

840

360

Wheeler Morgan

1000

(blank)

Whitedirt, Elrena

840

(blank)

Whitedirt, Mae

1200

(blank)

Whiteman Francine

700

(blank)

Whiteman Valentine

1100

(blank)

Whiteman, Deandra

840

360

Whitewolf Justine

1100

(blank)

Wick Monika

840

360

Wilson, Inez

840

(blank)

Wolfblack Verna

1100

(blank)

Wolfblack, Joann

700

(blank)

Wolfname Hank

840

(blank)

Wolfname Lenora

700

(blank)

Yellowrobe Jeanie

(blank)

1200

Yellowrobe Lloyd

840

(blank)

Yellowrobe Loveda

1000

(blank)

Yellowrobe Nancy

840

360

Youngbear Nikki

910

(blank)

V1

American Horse June

(blank)

1200

Bearchum Irma J.

(blank)

770

Biglefthand Silas

(blank)

840

Brien Germain

390

910

Brien Venita

(blank)

1200

Crazymule Sonny

(blank)

1200

Fightingbear, Ron

(blank)

1200

Flying Mary Jane

(blank)

900

Foote, Michael, Sr.

(blank)

1100

Harris

(blank)

900

Highbull, Corliss

(blank)

1200

Killsontop Stella

(blank)

840

Limberhand Anna

(blank)

1300

Limberhand Bertha

(blank)

1200

Risingsun Peggy

330

770

Roundstone Wayne

(blank)

1200

Rowland Pearl

(blank)

1200

Sanchez, Cheryl

(blank)

840

Shoulderblade Fern

(blank)

1200

Shoulderblade Rita

(blank)

1200

Sooktis Charles

(blank)

1200

Speelman Twilla

(blank)

1100

Spotteelk Phoebe

(blank)

1200

Swallow Frances

(blank)

1200

Teeth Phyliss

(blank)

1200

Two Moons Mat Sr.

(blank)

1300

Whistlingelk Mary A

(blank)

1200

Whiteman, Philomena

(blank)

1000

V1&BHE

Prettyboy Charity

360

840

V1&TRECO

Bear Agnes

390

910

Bearcomesout Jordan

330

770

Beckman Brett

360

840

Bird Betty

360

840

Blackwolf Hubert

360

840

Bowers Edith

360

840

Curley Tex

360

840

Goudleaux Amber

360

840

Jaure, Amy

360

840

Killsnight, Ethelene

360

840

LaRance Kash

330

770

LaRance, Martha

360

840

Littlebird Steven

360

840

ROGERS, Betty

390

910

Russell Margaret

360

840

Russell, Wanda

390

910

Ryan Paul

300

700

Seminole Dorothy

360

840

Strangeowl Jeanie

360

840

Walkslast Gilbert

360

840

Whistlingelk Mae

360

840

Whitecrow Delores

360

840

Whiteshield Nellie

360

840

V1/TRECO

Bearchum Robert

360

840

Bearquiver Irene

(blank)

910

Burgess Myrna

360

840

Killsnight Drucilla

360

840

LaFrance Lucille

(blank)

840

Littlewhiteman Stev

360

840

McManus Cleve

360

840

Pine Laretha

390

910

Redneck Christine

360

840

Wilson Annie

360

840

Wolfblace Anna

390

910

Wolfblack Sherry

360

840

Grand Total

Wood Vendors

Don Rapos NAME	Amount of Cords	Authorized Amount	Date Ordered	Amount Paid
Fraser, Yolanda	1 c. Pine Split		147 12-7-16	
Gardner, Kim	1 c. Pine Split		147 *12-9-16	
Killsnight, Ethelene	1 c. Pine Split		147 *12-6-16	
Limberhand, Maurice, Sr.	1 c. Pine Split		147 *12-9-16	
Limberhand, Maxine	1 c. Pine Split		147 *12-6-16	
Littlesun, Merlin	1 c. Pine Split		147 *12-6-16	
Redneck, Marlene	1 c. Pine Split		147 *12-9-16	
Threefingers, Johnathan	1.68 c. Pine Split		270 *12-6-16	
Wilson, Inez	2 c. Pine Split		294 *12-6-16	
Woodenthigh, David	1 c. Pine Split		147 *12-6-16	
Redcherries, Rock	1 c. Pine Split		147 *12-12-16	
Archambault, Yvette	1 c. Pine Split		147 *12-6-16	
Stanley/Ladonna Eagle	2 1/4c pine split		300 *12-8-16	

Allan Spang NAME	Amount of Cords	Authorized Amount	Date Ordered	Amount Paid	Check No.
Imelda, Barney	2 c. Pine Split	294	12/8/2016	294	41664
Stella Seminole	1 c. Pine Split	147	12/6/2016	147	41664
Loren Two Moons	1 c. Pine Split	147	12/7/2016		
Howard Twenty Stands			12/2/2016	147	41664
Ardena Whiteman	1 c. Pine Split	147	12/16/2016		
Verlin Foote	1 c. Pine Split	147	12/16/2016		
Lujenia Ridgebear	2.4 c. Pine Split	300	12/12/2016		
Diane Spottedelk	1 c. Pine Split	147	12/14/2016		
Peggy Risingsun	1 c. Pine Split	147	12/14/2016		

Theresa Small NAME	Amount of Cords	Authorized Amount	Date Ordered	Amount Paid
John, Fisher	1 c. Pine Split	147	*12-6-16	
Bilford Curley	1 c. Pine Split	147	*12-12-16	
Rebecca Knowshisgun	1 c. Pine Split	147	*12-12-16	
Douglas, Limberhand	1 c. Pine Split	147	*12-12-16	
Frank, Longjaw III	1 c. Pine Split	147	*12-12-16	
Opalita, Marshall	1 c. Pine Split	147	*12-12-16	
Pam Robinson	1 c. Pine Split	147	*12-12-16	
Conrad Standingelk	1 c. Pine Split	147	*12-12-16	
Velma Walker	1 c. Pine Split	147	*12-12-16	
Ardena Whiteman	1 c. Pine Split	147	*12-12-16	
Stephanie Whitewolf	1 c. Pine Split	147	*12-12-16	
Lenora Wolfname	1 c. Pine Split	147	*12-12-16	

LIHEAP
PLAN
FISCAL YEAR 2019

PROPOSED CHANGES:

This year we do not have any changes, we will still have one primary source of heat with no secondary heating.

Primary heating is what heats your home during the winter months either electricity or propane.

There will be no changes in the matrix this year so we will be able to assist more clients.

If you have any comments send them to:

LIHEAP Program, Box 128-Lame Deer, MT 59043

The deadline for comments is August 17, 2018.

Letha Whitewolf, LIHEAP Director

List of Form Level Attachments

	File Name
1	letter 4 sig authority.pdf
2	LETTER OF AUTHORIZATION FOR SIGNATURE FOR LIHEAP GRANT.PDF
3	LETTER OF REQUEST FOR EXTENSION.DOCX
4	NEW FY 12 LIHEAP ELIGIBILITY AND BENIFIT MATRIX.XLSX



NORTHERN CHEYENNE TRIBE

ADMINISTRATION

P.O. Box 128
LAME DEER, MONTANA 59043
(406) 477-6284
FAX (406) 477-6210



October 3, 2017

Vikki Pretlow
Energy Assistance Program Specialist
Washington, D.C.

RE: Delegation of Authority

Dear Ms. Pretlow:

I am authorizing Ms. Letha Whitewolf, LIHEAP Director, signatory authority on my behalf on the FY-2018 LIHEAP Grant, along with the 16 Assurances and Certifications that are required.

If you have any questions, please feel free to contact my office at (406) 477-4871.

Sincerely,

Lawrence J. Killsback, President
Northern Cheyenne Tribe

cc: file
L. Whitewolf, LIHEAP Director

LITTLE WOLF AND MORNING STAR - Out of defeat and exile they led us back to Montana and won our Cheyenne homeland that we will keep forever.



NORTHERN CHEYENNE TRIBE

ADMINISTRATION

P.O. Box 128
LAME DEER, MONTANA 59043
(406) 477-6284
FAX (406) 477-6210



September 2, 2016

Josephine (jocie) Rago-Adia, MSW
Energy Assistance Program Specialist
Washington, DC

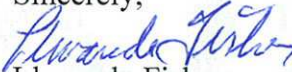
Re: Delegation of Authority

Dear Mrs. Rago-Adia:

Due technical difficulty with the computer (electronic signature), I am authorizing Ms. Letha Whitewolf, L.I.H.E.A.P. Director, signatory authority on my behalf on the FY2017 LIHEAP Grant, along with the 16 Assurances and Certifications that are required.

If you have any questions, please feel to contact my office at 406-477-4871.

Sincerely,


Llevando Fisher
President

c: File

L. Whitewolf, LIHEAP Director

Hi Letha,

It was good visiting with you yesterday! You have the approval from the state for an extension of time for the submittal of your 2017 LIHEAP plan application.

Please let me know if you have additional questions or need other information which we may be able to help with.

Marcia Lemon

Energy & Community Services Manager

DPHHS/IHSB

P O Box 202956

Helena MT 59620-2956

mlemon@mt.gov

Phone (406) 447-4276

Fax (406) 447-4287

**Northern Cheyenne Tribe
LIHEAP Eligibility Worksheet
October 1, 2016 - September 30, 2017**

Client Name:

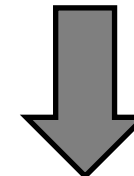
Persons in family:

Bedrooms:

Step 1: Determine annual household income by entering your amount of income in the appropriate box

2017 Income Calculation Guide					
Frequency of Income:		Calculation Method			Income Amount
Per month:	<input type="text"/>	x	12	=	\$ -
Per hour:	\$ <input type="text"/>	x	2080	=	\$ -
Per week:	\$ <input type="text"/>	x	24	=	\$ -
Bi-weekly	\$ <input type="text"/>	x	52	=	\$ -
Total Annual Income					\$ -

Should client proceed with Step 2?



YES

Step 2: Determine LIHEAP eligibility using Total Annual Income calculated in Step 1

2017 Participants Income Guidelines			
Persons in family	2017 NCT LIHEAP Eligibility		
	100%	110%	150%
1	\$ 11,770	\$ 12,947	\$ 17,655
2	\$ 15,930	\$ 17,523	\$ 23,895
3	\$ 20,090	\$ 22,099	\$ 30,135
4	\$ 24,250	\$ 26,675	\$ 36,375
5	\$ 28,410	\$ 31,251	\$ 42,615
6	\$ 32,570	\$ 35,827	\$ 48,855
7	\$ 36,730	\$ 40,403	\$ 55,095
8	\$ 40,890	\$ 44,979	\$ 61,335
9	\$ 44,710	\$ 49,181	\$ 67,065
10*	\$ 48,530	\$ 53,383	\$ 72,795

*for families with more than 8 persons, add \$3,820 for each additional person

Source: 2016 HHS Poverty Guidelines, Federal Register Notice

www.aspe.hhs.gov/poverty/11poverty.shtml

Step 3: If Step 2 determines you are eligible, determine amount by using this matrix

2017 Participant Benefits Matrix			
Bedrooms in home	Amount of Annual Award		
	100%	110%	150%
1	\$ 800	\$ 700	\$ 600
2	\$ 900	\$ 800	\$ 700
3	\$ 1,000	\$ 900	\$ 800
4	\$ 11,000	\$ 1,000	\$ 900

LIHEAP Office use only:

Client eligible for: \$

OR

Disapproved reason:

Signature: _____