DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: OK Absentee Shawnee Tribe

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

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

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

Report Sections>

1.	Mandatory Grant Application SF-424	2
2.	Section 1 - Program Components	4
	Section 2 - HEATING ASSISTANCE	
4.	Section 3 - COOLING ASSISTANCE	10
5.	Section 4 - CRISIS ASSISTANCE	12
6.	Section 5 - WEATHERIZATION ASSISTANCE	15
7.	Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)	17
8.	Section 7 - Coordination, 2605(b)(4) - Assurance 4	18
9.	Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6	19
	Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7	
11.	Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10	22
12.	Section 11 - Timely and Meaningful Public Participation, , $2605(b)(12)$ - Assurance 12, $2605(c)(b)$	(2)
	24	
13.	2,	25
	24 Section 12 - Fair Hearings,2605(b)(13) - Assurance 13 Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16	
14.	Section 12 - Fair Hearings, 2605(b)(13) - Assurance 13	26
14. 15.	Section 12 - Fair Hearings,2605(b)(13) - Assurance 13	26 27
14. 15. 16.	Section 12 - Fair Hearings,2605(b)(13) - Assurance 13 Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16 Section 14 - Leveraging Incentive Program ,2607A Section 15 - Training	26 27 28
14. 15. 16. 17.	Section 12 - Fair Hearings,2605(b)(13) - Assurance 13 Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16 Section 14 - Leveraging Incentive Program ,2607A	26 27 28
14. 15. 16. 17. 18.	Section 12 - Fair Hearings,2605(b)(13) - Assurance 13	26 27 28 30
14. 15. 16. 17. 18.	Section 12 - Fair Hearings,2605(b)(13) - Assurance 13	26 27 38 31 35
14. 15. 16. 17. 18. 19.	Section 12 - Fair Hearings, 2605(b)(13) - Assurance 13 Section 13 - Reduction of home energy needs, 2605(b)(16) - Assurance 16 Section 14 - Leveraging Incentive Program, 2607A Section 15 - Training Section 16 - Performance Goals and Measures, 2605(b) Section 17 - Program Integrity, 2605(b)(10) Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters.	26 27 38 31 35
14. 15. 16. 17. 18. 19. 20.	Section 12 - Fair Hearings, 2605(b)(13) - Assurance 13	26 27 36 31 35 39

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

* 1.a. Type of Submission: Plan				* 1.c. Consolidated Application/Plan/Funding Request? Explanation:		ding	* 1.d. Version: C Initial Resubmission Revision Update
				2. Date Rece	ived:		State Use Only:
				3. Applicant	Identifier	:	
				4a. Federal	Entity Ide	ntifier:	5. Date Received By State:
				4b. Federal	Award Ide	entifier:	6. State Application Identifier:
7. APPLICANT	Γ INFORMATION						
* a. Legal Nam	e: Absentee Shawnee	Tribe of Indians of Ok	lahoma				
* b. Employer/ 730772869	Taxpayer Identificat	ion Number (EIN/TIN	():	* c. Organiz	ational DU	UNS: 071219	9943
* d. Address:							
* Street 1:	2025 S. GOF	RDON COOPER DRIVI	E	Street 2:			
* City:	SHAWNEE			County:			
* State:	OK			Province			
* Country:	United States			* Zip / Po Code:	stal	74801 -	
e. Organization	al Unit:						
Department Na Grants	nme:			Division Name:			
f. Name and contact information of person to be contacted on matters involving this application:							
f. Name and co	ntact information of	person to be contacted	l on matters inv	olving this ap	plication:		
f. Name and con Prefix: Ms.	* First Name: Katherine	person to be contacted	on matters inv		plication:		t Name: don
Prefix:	* First Name:	person to be contacted	Middle Nam		•	* Las	
Prefix: Ms.	* First Name: Katherine	person to be contacted	Middle Nam Organization * Email:	e:	•	* Las	
Prefix: Ms. Suffix: * Telephone Number: 405-275-4030 * 8a. TYPE OF	* First Name: Katherine Title: Program Specialist Fax Number APPLICANT:	person to be contacted	Middle Nam Organization * Email: kate.thomas	e: nal Affiliation	•	* Las	
Prefix: Ms. Suffix: * Telephone Number: 405-275-4030 * 8a. TYPE OF I: Indian/Native	* First Name: Katherine Title: Program Specialist Fax Number APPLICANT:		Middle Nam Organization * Email: kate.thomas	e: nal Affiliation	•	* Las	
Prefix: Ms. Suffix: * Telephone Number: 405-275-4030 * 8a. TYPE OF I: Indian/Native	* First Name: Katherine Title: Program Specialist Fax Number APPLICANT: American Tribal Gov		Middle Nam Organization * Email: kate.thomas	e: nal Affiliation	•	* Las	
Prefix: Ms. Suffix: * Telephone Number: 405-275-4030 * 8a. TYPE OF I: Indian/Native b. Additiona	* First Name: Katherine Title: Program Specialist Fax Number APPLICANT: American Tribal Gov	ernment (Federally Rec	Middle Nam Organization * Email: kate.thomas	e: nal Affiliation @ acf.hhs.gov	•	* Las	
Prefix: Ms. Suffix: * Telephone Number: 405-275-4030 * 8a. TYPE OF I: Indian/Native b. Additiona	* First Name: Katherine Title: Program Specialist Fax Number APPLICANT: American Tribal Gov Description:	ernment (Federally Rec	Middle Nam Organization * Email: kate.thomas cognized)	e: nal Affiliation @ acf.hhs.gov	:	* Las Hayo	don
Prefix: Ms. Suffix: * Telephone Number: 405-275-4030 * 8a. TYPE OF I: Indian/Native b. Additiona * 9. Name of Fo	* First Name: Katherine Title: Program Specialist Fax Number APPLICANT: American Tribal Gov Description:	Catalo As 93568	Middle Nam Organization * Email: kate.thomas cognized)	e: nal Affiliation @ acf.hhs.gov	:	* Las Hayo	CFDA Title:
Prefix: Ms. Suffix: * Telephone Number: 405-275-4030 * 8a. TYPE OF I: Indian/Native b. Additiona * 9. Name of Fo	* First Name: Katherine Title: Program Specialist Fax Number APPLICANT: American Tribal Gov Description: ederal Agency: ers and Titles Title of Applicant's	Catalo As 93568 Project Program	Middle Nam Organization * Email: kate.thomas cognized)	e: nal Affiliation @ acf.hhs.gov	:	* Las Hayo	CFDA Title:
Prefix: Ms. Suffix: * Telephone Number: 405-275-4030 * 8a. TYPE OF I: Indian/Native b. Additiona * 9. Name of Fo	* First Name: Katherine Title: Program Specialist Fax Number APPLICANT: American Tribal Gov Description: ederal Agency: ers and Titles Title of Applicant's tynee Tribe's LIHEAP eted by Funding:	Catalo As 93568 Project Program in Oklahoma	Middle Nam Organization * Email: kate.thomas cognized)	e: nal Affiliation @ acf.hhs.gov	:	* Las Hayo	CFDA Title:

05		05					
Attach an additional list of Program	/Project Congressional Districts if no	eded.					
14. FUNDING PERIOD:		15. ESTIM	ATED FUNDING:				
a. Start Date: 10/01/2018	b. End Date: 09/30/2019		* a. Federal (\$): \$0	b. Match (\$): \$0			
* 16. IS SUBMISSION SUBJECT T	O REVIEW BY STATE UNDER EX	ECUTIVE (ORDER 12372 PROCESS	?			
a. This submission was made ava	ilable to the State under the Executiv	e Order 123'	72				
Process for Review on :							
b. Program is subject to E.O. 123	72 but has not been selected by State	for review.					
c. Program is not covered by E.O). 12372.						
* 17. Is The Applicant Delinquent O YES NO							
Explanation:							
complete and accurate to the best of	tify (1) to the statements contained in my knowledge. I also provide the rec ny false, fictitious, or fraudulent state ion 1001)	juired assura	inces** and agree to comp	ply with any resulting terms if I			
** The list of certifications and assuinstructions.	rances, or an internet site where you	may obtain t	his list, is contained in the	e announcement or agency specific			
	tle of Authorized Certifying Official		18c. Telephone (area cod	de, number and extension)			
Phyllis Wahahrockah-Tasi	Phyllis Wahahrockah-Tasi						
18b. Signature of Authorized Certif		18e. Date Report Submi 09/24/2018	tted (Month, Day, Year)				
Attach supporting doc	uments as specified in a	igency i	nstructions.				

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

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

TOTAL

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	
Heating assistance	8 03/31/2019	
Cooling assistance 05/01/2019	9 09/30/2019	
Crisis assistance 11/01/2018	8 09/30/2019	
Weatherization assistance		
Provide further explanation for the dates of operation, if necessary	<u>"</u>	
Monday through Friday from 8:00 a.m. to 5:00 p.m.		
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 p must add up to 100%.	percentages Percentage	(%)
Heating assistance		40.00%
Cooling assistance		40.00%
Crisis assistance		20.00%
Weatherization assistance		0.00%
Carryover to the following federal fiscal year		0.009
Administrative and planning costs		0.00%
		0.009
Services to reduce home energy needs including needs assessment (Assurance 16)		0.007

100.00%

Alter	Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)									
1.3 T	1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:									
		Heating assistance				✓	Cooling assistance			
		Weatherization assistance					Otl	ner (specify:)		
Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8										
		der households categorically eligible Ves No	if one hou	sehold memb	er rec	eives one of the	follov	wing categories of	ben	efits in the left
If you	u answered	"Yes" to question 1.4, you must com	plete the t	able below a	nd ans	wer questions 1	.5 and	d 1.6.		
			_!	eating		Cooling		Crisis		Weatherization
TANE	र		C Yes	⊙ No	O_{Y}	es 🖸 No	0	Yes 💽 No	С	Yes 💽 No
SSI			C Yes	⊙ No	Oy	es 💿 No	0	Yes 💿 No	С	Yes 💽 No
SNAP	,		C Yes	⊙ No	Oy	es 🖸 No	0	Yes 💽 No	С	Yes O No
Mean	s-tested Vete	rans Programs	C Yes	⊙ No	Οy	es 💿 No	0	Yes 💿 No	С	Yes 💽 No
		Program Name		Heating	<u> </u>	Cooling	1	Crisis		Weatherization
Other	(Specify) 1		0	Yes 💽 No		O Yes O No		C Yes O No		CYes ⊙No
1.5 D	o von antor	natically enroll households without a	direct an	nual applicat	ion?	Yes O No				<u>"</u>
	s, explain:			aun upparent		165 - 110				
		ensure there is no difference in the tr ng eligibility and benefit amounts?	reatment o	f categoricall	y eligi	ble households f	rom	those not receivin	g otl	her public assistance
SNA	P Nominal F	avments								
		cate LIHEAP funds toward a noming	al payment	t for SNAP h	ouseho	olds? O Yes	No			
		"Yes" to question 1.7a, you must pro-								
1.7b	Amount of	Nominal Assistance: \$0.00		<u> </u>						
1.7c l	Frequency of	of Assistance								
	Once Per	Year								
	Once ever	y five years								
	Other - De	escribe:								
1.7d	How do you	confirm that the household receiving	ng a nomin	al payment h	as an	energy cost or n	eed?			
Deter	rmination of	Eligibility - Countable Income								
1.8. I	n determin	ng a household's income eligibility fo	or LIHEA	P, do you use	gross	income or net i	ncom	e ?		
>	Gross Inco	ome								
	Net Incom	e								
1.9. 8	Select all the	applicable forms of countable incom	ne used to	determine a	housel	ıold's income eli	igibili	ity for LIHEAP		
>	Wages									
>	Self - Emp	loyment Income								
>	Contract 1	ncome								
	Payments	from mortgage or Sales Contracts								
<u> </u>										

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

Stipends from senior companion programs, such as VISTA
Funds received by household for the care of a foster child
Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
Reimbursements (for mileage, gas, lodging, meals, etc.)
Other
ny of the above questions require further explanation or clarification that could not be made in the ds provided, attach a document with said explanation here.

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

	Section 2 - Heating Assistance					
Eligibility, 2605(l	b)(2) - Assurance 2					
2.1 Designate the	e income eligibility threshold used for the	heating co	omponent:			
Add	Household size		Eligibility Guideline	Eligibility Threshold		
1	All Household Sizes		State Median Income	60.00%		
2.2 Do you have HEATING ASSI	additional eligibility requirements for TANCE?	C Yes	⊙ No			
2.3 Check the ap	propriate boxes below and describe the po	olicies for	each.			
Do you require a	nn Assets test ?	C Yes	⊙ No			
Do you have add	litional/differing eligibility policies for:					
Renters?		C Yes	⊙ No			
Renters Li	iving in subsidized housing ?	C Yes	⊙ No			
Renters wi	ith utilities included in the rent ?	O Yes	⊙ No			
Do you give prio	ority in eligibility to:					
Elderly?		⊙ Yes	O No			
Disabled?		• Yes	C _{No}			
Young chil	ldren?	• Yes	C _{No}			
Household	s with high energy burdens ?	C Yes ⊙ No				
Other?		O Yes	⊙ No			
	policies for each "yes" checked above: the Elderly, Disabled and households with si	mall childr	en.			
Determination of	Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)				
2.4 Describe how	you prioritize the provision of heating as	sistance to	ovulnerable populations,e.g., benefit amounts,	early application periods, etc.		
	ations applications are processed immediatel Benefit Matrix Form.	y and the l	benefits are paid in full and/or to the maximum d	etermined by the Absentee		
	riables you use to determine your benefit	levels. (Cl	neck all that apply):			
✓ Income						
	usehold) size					
	rgy cost or need:					
	l type					
	nate/region					
Indi	ividual bill					
Dwe	elling type					
Ene	rgy burden (% of income spent on home e	nergy)				

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	Minimum Benefit \$1 Maximum Benefit \$240					
2.7 Do you provide in-kind (e.g., blankets, space heaters	s) and/or othe	r forms of benefits? O Yes O No				
If yes, describe.						
n/a						
If any of the above questions require fur fields provided, attach a document with		nation or clarification that could not be m	ade in the			

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

	Section 3 - Cooling Assistance							
Eligibility, 2605(c	c)(1)(A), 2605 (b)(2) - Assurance 2							
3.1 Designate The income eligibility threshold used for the Cooling component:								
Add	Household size		Eligibility Guideline	Eligibility Threshold				
1	All Household Sizes		State Median Income	60.00%				
3.2 Do you have a	additional eligibility requirements for TANCE?	O Yes	€ No					
3.3 Check the ap	propriate boxes below and describe the po	4						
Do you require a	n Assets test ?	C Yes	⊙ No					
Do you have add	litional/differing eligibility policies for:							
Renters?		C Yes						
Renters Liv	ving in subsidized housing ?	C Yes						
Renters wi	th utilities included in the rent ?	C Yes	⊙ No					
Do you give prior	rity in eligibility to:							
Elderly?		⊙ Yes	O No					
Disabled?		Yes	O _{No}					
Young chil	dren?	Yes	C No					
Households	s with high energy burdens ?	C Yes	C Yes ⊙ No					
Other?		C Yes	⊙ No					
Explanations of p	policies for each "yes" checked above:							
Priority is given to	o the Elderly, Disability and households with	ı young ch	ildren.					
3.4 Describe how	you prioritize the provision of cooling ass	sistance to	ovulnerable populations, e.g., benefit amounts,	early application periods, etc.				
Vulnerable popula	ations applications are completed first and th	ıe benefit a	amounts are \$1.00 to \$240.00.					
Determination of	Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)						
3.5 Check the var	riables you use to determine your benefit	levels. (Ch	neck all that apply):					
✓ Income								
Family (hou	usehold) size							
✓ Home energ	gy cost or need:							
	l type							
	nate/region							
	vidual bill							
	elling type							
	rgy burden (% of income spent on home e	nergy)						
Energy burden (% of income spent on nome 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	Minimum Benefit \$1 Maximum Benefit \$240						
3.7 Do you provide in-kind (e.g., fans, air conditioners)	and/or other i	forms of benefits? O Yes O No					
If yes, describe.							
n/a							
* *	If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.						

Section 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

Section 4: CRISIS ASSISTANCE							
Eligibility - 2604(Eligibility - 2604(c), 2605(c)(1)(A)						
4.1 Designate the	income eligibility threshold used for the crisis compo	nent					
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 cris	is.					
A Crisis is when a	a household receives a shut-ff notice or has an empty tank	s and they have exhausted regular benefits.					
4.3 What constitu	utes a <u>life-threatening crisis?</u>						
When the weather	r is freezing; below 32 degrees or extremely hot; above 1	00 Degrees, and there is no heat or cooling in	the home.				
Crisis Requirem	ent, 2604(c)						
4.4 Within how n	nany hours do you provide an intervention that will r	esolve the energy crisis for eligible househo	olds? 48 hoursHours				
4.5 Within how n 18 hours Hours	nany hours do you provide an intervention that will r	esolve the energy crisis for eligible househo	olds in life-threatening situations?				
Crisis Eligibility,	2605(c)(1)(A)						
4.6 Do you have a ASSISTANCE?	additional eligibility requirements for CRISIS	C Yes O No					
4.7 Check the ap	propriate boxes below and describe the policies for ea						
Do you require a	n Assets test ?	C Yes O No					
Do you give prior	rity in eligibility to :						
Elderly?		⊙ Yes C No					
Disabled?		⊙ Yes C No					
Young Chi	ldren?	• Yes O No					
Household	s with high energy burdens?	C Yes O No					
Other? n/a	1	C Yes € No					
In Order to recei	ive crisis assistance:						
Must the h empty tank?	ousehold have received a shut-off notice or have a nea	r C Yes C No					
Must the h	ousehold have been shut off or have an empty tank?	• Yes • No					
Must the h	ousehold have exhausted their regular heating benefi	? O Yes O No					
Must rente received an evict	ers with heating costs included in their rent have ion notice ?	C Yes O No					
Must heati	ng/cooling be medically necessary?	⊙ Yes ONo					
Must the h equipment?	ousehold have non-working heating or cooling	C Yes O No					
Other? n/a	1	C Yes ⊙ No					

Do you have additional / d	iffering eligibility policie	es for:			
Renters?	Renters? C Yes O No				
Renters living in sub	Renters living in subsidized housing?			C Yes ⊙ No	
Renters with utilities	Renters with utilities included in the rent?			C Yes ⊙ No	
Explanations of policies fo	r each "yes" checked ab	ove:	<u> </u>		
Elderly, disabled, children a Those medically in need, sh		empty tank, e	xhausted reg	ualar heating benefit recieve crisis assitance.	
Determination of Benefits					
4.8 How do you handle cri	sis situations?				
	Separate component				
Y	Fast Track				
	Other - Describe:				
_	n/a				
4.9 If you have a separate			risis assistan	nce benefits?	
	Amount to resolve the o	crisis.			
	Other - Describe:				
Crisis Requirements, 2604(c	e)				
		ssistance at s	ites that are	e geographically accessible to all households in the area to be served?	
The LIHEAP program is ad	ministered at the Tribal Ho	eadquarters a	nd is accessi	iable to the households in the community.	
4.11 Do you provide indivi	duals who are physically	disabled th	e means to:		
	crisis benefits without le	aving their	homes?		
Yes O No If No,	explain.				
	ich applications for crisi	s assistance	are accepted	1?	
Yes O No If No,					
If you answered "No" to b disabled?	ooth options in question 4	1.11, please e	explain alter	rative means of intake to those who are homebound or physically	
Benefit Levels, 2605(c)(1)(B)				
	4.12 Indicate the maximum benefit for each type of crisis assistance offered.				
	Winter Crisis \$300.00 maximum benefit				
	300.00 maximum benefi				
	Year-round Crisis \$300.00 maximum benefit 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?				
C Yes No If yes, Do		caters, rans)	and/or othe	e forms of benefits.	
Tes Sino Hyes, De	escribe				
4.14 Do you provide for equipment repair or replacement using crisis funds?					
O 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.					
EF E		Winter	Summer	Year-round Crisis	
		Crisis	Crisis		
Heating system repair					

Heating system replacement				
Cooling system repair				
Cooling system replacement				
Wood stove purchase				
Pellet stove purchase				
Solar panel(s)				
Utility poles / gas line hook-ups				
Other (Specify):				
4.16 Do any of the utility vendors you work with er	nforce a mor	atorium on	shut offs?	
C 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

Sec	tion 5: WEATHE	RIZATION ASSISTANCE	
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assa	urance 2		
5.1 Designate the income eligibility thresh	old used for the Weatheriz	ation component	
Add House	hold Size	Eligibility Guideline	Eligibility Threshold
1			0.00%
5.2 Do you enter into an interagency agree No	ement to have another gove	ernment agency administer a WEATHERIZ	ATION component? O Yes
5.3 If yes, name the agency.			
5.4 Is there a separate monitoring protoco	ol for weatherization? CY	es O No	
WEATHERIZATION - Types of Rules			
5.5 Under what rules do you administer L	IHEAP weatherization? (C	Check only one.)	
Entirely under LIHEAP (not DOE)	rules		
Entirely under DOE WAP (not LIH	EAP) rules		
Mostly under LIHEAP rules with the	ne following DOE WAP rul	le(s) where LIHEAP and WAP rules differ (Check all that apply):
Income Threshold			
Weatherization of entire mult units or will become eligible within 180 da		is permitted if at least 66% of units (50% in	2- & 4-unit buildings) are eligible
Weatherize shelters temporar care facilities).	ily housing primarily low i	ncome persons (excluding nursing homes, pr	isons, and similar institutional
Other - Describe:			
Mostly under DOE WAP rules, with	1 the following LIHEAP ru	le(s) where LIHEAP and WAP rules differ (Check all that apply.)
Income Threshold			
Weatherization not subject to	DOE WAP maximum state	ewide average cost per dwelling unit.	
Weatherization measures are	not subject to DOE Saving	s to Investment Ration (SIR) standards.	
Other - Describe:			
Eligibility, 2605(b)(5) - Assurance 5			
5.6 Do you require an assets test?	C Yes C No		
5.7 Do you have additional/differing eligib	pility policies for :		
Renters	C Yes C No		
Renters living in subsidized housing?	O Yes O No		
5.8 Do you give priority in eligibility to:			
Elderly?	C Yes C No		
Disabled?	C Yes C No		

Young Children?	C Yes C No			
House holds with high energy burdens?	C Yes C No			
Other?	C Yes C No			
If you selected "Yes" for any of the option below.	as in questions 5.6, 5.7, or 5.8, you	u must provide further explanation of these policies in the text field		
Benefit Levels				
5.9 Do you have a maximum LIHEAP we	atherization benefit/expenditure	per household? C Yes C No		
5.10 If yes, what is the maximum? \$0				
Types of Assistance, 2605(c)(1), (B) & (D)				
5.11 What LIHEAP weatherization measu	ares do you provide ? (Check all	categories that apply.)		
Weatherization needs assessments	/audits	Energy related roof repair		
Caulking and insulation		Major appliance Repairs		
Storm windows		Major appliance replacement		
Furnace/heating system modificati	ions/ repairs	Windows/sliding glass doors		
Furnace replacement		Doors		
Cooling system modifications/ repa	airs	Water Heater		
Water conservation measures		Cooling system replacement		
Compact florescent light bulbs		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

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):
Article in the Tribal Newspaper.
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 Desc WAP, et	ribe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, tc.).
	Joint application for multiple programs
>	Intake referrals to/from other programs
	One - stop intake centers
	Other - Describe:
n/a	

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

Section 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

Sec	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 respons	ibility of your Sta	ate agency?		
	Administration Agency				
	Commerce Agency				
	Community Services Agency				
	Energy / Environment Agency				
	Housing Agency				
	Welfare Agency				
	Other - Describe:				
If you se 8.2 How 8.3 How	e Outreach and Intake, 2605(b)(15) - Assu- lected "Welfare Agency" in question 8.1, y do you provide alternate outreach and inta do you provide alternate outreach and inta do you provide alternate outreach and inta	ou must complet ake for HEATING ake for COOLING	G ASSISTANCE?	8.4, as applicable.	
	EAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5b Wh	o determines client eligibility? o processes benefit payments to gas and vendors?				
	processes benefit payments to bulk fuel				
	8.5d Who performs installation of weatherization measures?				
•	of your LIHEAP component lete questions 8.6, 8.7, 8.8, and		•	ered by a state a	gency, you must
8.6 What is your process for selecting local administering agencies?					

8.7 How	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?					
	Agency was in noncompliance with grantee requirements for LIHEAP -					
	Agency is under criminal investigation					
	Added agency					
	Agency closed					
	Other - describe					
	of the above questions require further explanation or clarification that could not be made in the 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

fields provided, attach a document with said explanation here.

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

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 C No
Crisis • Yes O No
Are there exceptions? O Yes O No
If yes, Describe.
n/a
9.2 How do you notify the client of the amount of assistance paid?
Upon receiving the application a determination of eligibility is determined and the client is notified verbally, additionally, a notice of approval is mailed to the client stating the amount that you have been approved for LIHEAP for the company name and amount.
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 Vendor Agreement contains a provision to assure customer recieving assistance from the LIHEAP will be charged in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment.
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?
The Vendor Agreement contains a provision to assure customer recieving assistance from the LIHEAP will not be treated adversely because of such assistance under applicable provisions of state, federal laws and public regulatory requirements.
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.
n/a
If any of the above questions require further explanation or clarification that could not be made in the

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 N	Monitoring.	and Audit.	26050	(b)	(1)	0)

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

The AST Financial Manual establishes the framework and procedures for budgeting, reporting, internal controls, cost allocations, and accountability as described in the cost principles applicable to the grant. AST Finance conducts monthly reconciliation of funds and expenditures to ensure accuracy and reliability for data reporting. All LIHEAP expenditures are tracked and monitored using the financial software. In addition to program and fiscal compliance monitoring, the Absentee Shawnee Tribe is required to have an independent, single A-133 audit once per year. The Auditor Reviews the LIHEAP's compliance process.

Audit Process

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

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	Туре	Brief Summary	Resolved?	Action Taken
1	financial	Material Weakness-Accounts Payable-Cutoff. In the summary of the auditor's results while there is material weakness identified, there are no reported significant deficiency and no noncompliance material to financial statements noted. This matter is not related to LIHEAP. Auditor's recommendation is to establish effective financial statement review and reconciliation policies and procedures. As recommended, in the Spring of 2018 the Tribe has an fully revised/updated financial manual.	Yes	procedure/policy changes

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:
The Tribe's Finance Department monitors LIHEAP in a separate fund account. Heating, Cooling, and Crisis Assistance have their own line item. Each transaction is written on a purchase requisition and is approved by the Program Director and Controller.
Local Administering Agencies / District Offices:
On - site evaluation
Annual program review
Monitoring through central database
Desk reviews
Client File Testing / Sampling
Other program review mechanisms are in place. Describe:
n/a
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
n/a
10.7. Describe how you select local agencies for monitoring reviews.
Site Visits:
n/a
Desk Reviews:
n/a
10.8. How often is each local agency monitored ?
n/a
10.9. What is the combined error rate for eligibility determinations? OPTIONAL
n/a
10.10. What is the combined error rate for benefit determinations? OPTIONAL
n/a
10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? n/a
10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? n/a
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 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)

SF	MODEL PLAN - 424 - MANDATORY	STO WILLIAM)
Section 11: Timely and Meaning	ngful Public Participation, 260)5(b)(12), 2605(C)(2)
11.1 How did you obtain input from the public in the development and that apply.	lopment of your LIHEAP plan?	
Tribal Council meeting(s)		
Public Hearing(s)		
Draft Plan posted to website and available for co	mment	
Hard copy of plan is available for public view an	d comment	
Comments from applicants are recorded		
Request for comments on draft Plan is advertised	d	
Stakeholder consultation meeting(s)		
Comments are solicited during outreach activitie	es	
Other - Describe:		
The General Council report serves as outreach activity, Tribal to this meeting. The Notice of Pubic Hearing is throughout the throughout the ABsentee Shawnee Tribal Complex. See 11.1 1.1.2 What changes did you make to your LIHEAP plan as None	e Absentee Shawnee Tribal Complex. The Trib Pdf.	suggestions. All Tribal members are invited al LiHEAP Assistanc Flyer is posted
Public Hearings, 2605(a)(2) - For States and the Common	wealth of Puerto Rico Only	
11.3 List the date and location(s) that you held public hear	ring(s) on the proposed use and distribution of	of your LIHEAP funds?
	Date	Event Description
11.4. How many parties commented on your plan at the he	earing(s)?	
11.5 Summarize the comments you received at the hearing n/a	g(s).	
11.6 What changes did you make to your LIHEAP plan as	a result of the comments received at the pul	olic hearing(s)?
If any of the above questions require furth fields provided, attach a document with sa		at could not be made in the

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?

None

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

Applications are processed within 4 days, due to contacting other surrounding tribes and DHS to verify no duplication of funds. If an applicant is denied they are informed by a letter that is mailed to them, stating why they were denied with a statement they have 20 days to request a hearing from the date of notification, of their right to a fair hearing when they receive the letter of denial. If the applicant request a hearing, then the applicant and social service worker will meet with the Abentee Shawnee Tribal Executive Committee to discuss the matter of denial.

12.5 When and how are applicants informed of these rights?

The Applicant is notified immediately by mail of the denial and of their right to a Fair Hearing.

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

In accordance with section 2605 (b) of Public Law, 9735, applicants are provided information regarding a fair hearing when assistance is denied or is not acted upon with reasonable promptness. The applicants are informed in writing and orally at the time of application of his/her right to a fair hearing and the method by which a hearing may be requested.

12.7 When and how are applicants informed of these rights?

A LIHEAP application is completed and signed and dated by the applicant and the Tribal representative, at the time of application. The application includes a checklist and information regarding the status of the application. The applicants are informed in writing and orally at the time of application of his/her right to a fair hearing and the method by which a hearing may be requested.

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

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?
n/a
13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?
n/a
13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.
n/a
13.4 Describe the level ofdirect benefitsprovided to those households in the previous Federal fiscal year.
n/a
13.5 How many households applied for these services? 0
13.6 How many households received these services? 0
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

Section 14 - Leveraging Incentive Program ,2607A

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? \bullet Yes \bullet No

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

LIHEAP leveraging activities plan include coordinating with the Tribal Energy Assistance Program for tribal members with the LIHEAP program. The Tribal Energy Assistance Program is created from funds generated from tribal revenue. Once LIHEAP funding is expended, tribal energy assistance is then used for eligible tribal members.

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. \hat{A} § 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	1	Tribal funds	Tribal funds	LIHEAP is expended, then Tribal Funds pick up the balance.				

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

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: one on one training
Employees are provided with policy manual
Other-Describe: New employees are trained in the LIHEAP Process.
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: no agencies involved.
Employees are provided with policy manual
Other - Describe
c. Vendors
Formal training conference
How often?
Annually
Biannually
As needed
Other - Describe: As the vendor is used

	Policies communicated through vendor agreements
	Policies are outlined in a vendor manual
>	Other - Describe:
As an Ap	plicant uses a Vendor, the plan is explained to the vendor.
15.2 Does Yes No	s your training program address fraud reporting and prevention?
	of the above questions require further explanation or clarification that could not be made in the 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

Section 17: Program Integrity, 2605(b)(10)						
17.1 Fraud Reporting Mechanisms						
a. Describe all mechanisms availab	le to the public for reporting cases of	suspected waste, fraud, and abuse. Se	lect all that apply.			
Online Fraud Reporting	g S					
Dedicated Fraud Repor	ting Hotline					
Report directly to local	agency/district office or Grantee offic	e				
Report to State Inspecto	or General or Attorney General					
Forms and procedures i	in place for local agencies/district offic	ces and vendors to report fraud, wast	e, and abuse			
Other - Describe:						
n/a						
b. Describe strategies in place for a	dvertising the above-referenced resou	rces. Select all that apply				
Printed outreach mater	ials					
Addressed on LIHEAP	application					
Website						
Other - Describe:						
n/a						
17.2. Identification Documentation	Requirements					
a. Indicate which of the following for members.	orms of identification are required or	requested to be collected from LIHE.	AP applicants or their household			
		Collected from Whom?				
Type of Identification Collected		Conected from whom:				
	Applicant Only	All Adults in Household	All Household Members			
Social Security Card is	Required	Required	Required			
photocopied and retained						
	Requested	Requested	Requested			
Social Security Number (Without actual Card)	Required	Required	Required			
	Requested	Requested	Requested			
Government-issued identification	Required	Required	Required			

	driver's license, state ID,									
Tribal ID, passport, etc.)			Requested			Requested		Requested		
			Applicant Only	Applicant On	lv	All Adults in	All Adults in	ī	All Household	All Household
	Other		Required	Requested	ily	Household Required	Household Requested		Members Required	Members Requested
1									Y	
b. De	escribe any exceptions to the a	bove	policies.							
n/a										
17.3	Identification Verification									
Des appl	cribe what methods are used to y	o ver	ify the authenticity	of identificati	on d	ocuments provid	ed by clients or h	ous	ehold members.	Select all that
	Verify SSNs with Social Se	curit	y Administration							
	Match SSNs with death red	ords	s from Social Secur	ity Administra	tion	or state agency				
>	Match SSNs with state elig	ibilit	y/case managemen	t system (e.g.,	SNA	P, TANF)				
	Match with state Departme	ent o	f Labor system							
	Match with state and/or fee	deral	l corrections systen	1						
~	Match with state child supp	port	system							
	Verification using private s	oftw	are (e.g., The Wor	k Number)						
~	In-person certification by s	taff	(for tribal grantees	only)						
~	Match SSN/Tribal ID num	ber v	with tribal databas	e or enrollmen	t rec	ords (for tribal g	rantees only)			
	Other - Describe:									
none										
17.4	. Citizenship/Legal Residency	Veri	fication							
Wh	at are your procedures for ens			embers are U.	S. cit	izens or aliens w	ho are qualified t	o re	ceive LIHEAP b	enefits? Select
	Clients sign an attestation	of c	itizenship or legal ı	residency						
~	Client's submission of Soc	ial S	Security cards is acc	cepted as proof	of lo	egal residency				
V	Noncitizens must provide	docı	umentation of imm	igration status						
	Citizens must provide a co	ору с	of their birth certifi	cate, naturaliz	atior	n papers, or pass	port			
	Noncitizens are verified th	ırou	gh the SAVE system	n						
~	Tribal members are verifi	ied tl	hrough Tribal enro	llment records	/Tri	bal ID card				
	Other - Describe:									
n/a										
17.5	Ingomo Vorification									
	What methods does your agency utilize to verify household income? Select all that apply.									
V	Require documentation of income for all adult household members									
	Pay stubs									
	Social Security award letters									
	✓ Bank statements									
	Tax statements									
	Zero-income statem	ents								
	✓ Unemployment Inst	ıranc	ce letters							
	Other - Describe:									

n/a
Computer data matches:
✓ Income information matched against state computer system (e.g., SNAP, TANF)
V Proof of unemployment benefits verified with state Department of Labor
Social Security income verified with SSA
✓ Utilize state directory of new hires
Other - Describe:
Employer verification
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:
n/a
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.
✓ Vandors one varified through energy bills provided by the household.
vendors are vermed through energy bins provided by the nousehold
Grantee and/or local agencies/district offices perform physical monitoring of vendors
Other - Describe and note any exceptions to policies above:
n/a
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
Applicant is notified of LIHEAP payment in writing.

	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:
n/a	
15 O I	
	Benefits Policy - Bulk Fuel Vendors procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood,
	her 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:
n/a	
17.10.	Investigations and Prosecutions
Descri	ibe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to ommitted 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
n/a	
~	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 5 years
~	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
~	Vendors found to have committed fraud may no longer participate in LIHEAP
	Other - Describe:
n/a	
If an	y of the above questions require further explanation or clarification that could not be made in the

fields provided, attach a document with said explanation here.

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

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

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.BrBbr.
- 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

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)

2025 South Gordon Cooper Drive * Address Line 1		
Address Line 2		
Address Line 3		
Shawnee * City	Oklahoma * State	74801 * 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

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 disbursal 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		
• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.		
Heating component benefit matrix, if applicable		
Cooling component benefit matrix, if applicable		
• Minutes, notes, or transcripts of public hearing(s).		