## DETAILED MODEL PLAN (LIHEAP)

Program Low Income Home Energy Assistance Name:

Grantee Name: Tanana Chiefs

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2019 to 09/30/2020 Report Status: Validated - with Warnings

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## **Mandatory Grant Application SF-424**

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

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

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)

	MODEL PLAN SF - 424 - MANDATORY							
* 1.a. Type o	f Submission:	* 1.b. Frequency:		* 1.c. Consoli /Plan/Fundin	dated A	application	* 1.d. Version:	
		11351134 RA	a tight	Explanation:	g Acqui		Resubmission Revision Update	
10.40				2. Date Receiv	ved:		State Use Only:	
				3. Applicant I				
5 - 17				4a. Federal E			5. Date Received By State:	
				4b. Federal A	ward Io	lentifier:	6. State Application Identifie	r:
	NT INFORMATION						***************************************	
* a. Legal Na	me: Dena'Nena'Henash	- Tanana Chiefs Confe	erence					
	r/Taxpayer Identificati	on Number (E1N/T1N	(): 920040308	* c. Organizat	ional D	UNS: 071	845358	
* d. Address:				1				
* Street 1:		hn Tribal Building		Street 2:		122 First	Avenue, Suite 600	
* City:	FAIRBANKS			County:				
* State:	AK			Province:				
* Country:	United States			* Zip / Post Code:	tal	99701 -		
e. Organizatio								
Department N Tribal Client				Division Namo Client Develo				
f. Name and c	ontact information of p	erson to be contacted	on matters inv	olving this appl	lication			
Prefix: Ms.	* First Name: Brenda		Middle Name K	* Last Na Krupa		ast Name: upa		
Suffix:	Title: Client Development D	Director	Organizationa Tanana Chief	al Affiliation: 's Conference		71/47		
* Telephone Number: 907 4528251 x3417	Fax Number 9074593885		* Email: brenda.krupa(	@tanunachiefs.o	1,6			
* <b>8a. TYPE O</b> K: Indian/Nativ	F <b>APPLICANT:</b> ve American Tribally De	signated Organization						
b. Additions	l Description:							
* 9. Name of F	ederal Agency:							
			g of Federal Dom sistance Number:				CFDA Title:	
10. CFDA Numb	ers and Titles	93568		L	ow-Inco	me Home E	nergy Assistance	
11. Descriptive Energy Assista	Title of Applicant's Pr mee Program	oject						
	eted by Funding: Conference Region, Inte	erior Alaskan Villages						
	SIONAL DISTRICTS							
			I					=

* a. Applicant AK		b. Program/Project: Alaska Interior		
Attach an additional list of Program	n/Project Congressional Districts if ne	eded.		
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:		
a. Start Date: 10/01/2019	b. End Date: 09/30/2020	* a. Federal (\$): \$0	b. Match (\$) \$	
* 16. IS SUBMISSION SUBJECT T	TO REVIEW BY STATE UNDER EX	ECUTIVE ORDER 12372 PROCESS?		
a. This submission was made ava	ailable to the State under the Executiv	e Order 12372		
Process for Review on :				
b. Program is subject to E.O. 12.	372 but has not been selected by State	for review.		
e. Program is not covered by E.O	D. 12372.			
* 17. Is The Applicant Delinquent ( YES NO Explanation:	On Any Federal Debt?			
complete and accurate to the best of	my knowledge. I also provide the req ny false, fictitious, or fraudulent stater	the list of certifications** and (2) that the stat uired assurances** and agree to comply with nents or claims may subject me to criminal, c	any resulting terms if I	
** The list of certifications and assu instructions.	rances, or an internet site where you r	nay obtain this list, is contained in the annour	icement or agency specific	
18a. Typed or Printed Name and Ti	tle of Authorized Certifying Official	18c. Telephone (area code, numb	per and extension)	
		18d. Email Address		
18b. Signature of Authorized Certif	ying Official	18e. Date Report Submitted (Mo	onth, Day, Year)	
Attach supporting doc	uments as specified in a	gency instructions.		

#### Section 1 - Program Components

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

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

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 I 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)

(No	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.)		Operation
		Start Date	End Date
34/2	Heating assistance	10/01/2019	09/30/2020
V	Cooling assistance	10/01/2019	09/30/2020
3/	Crisis assistance	10/01/2019	09/30/2020
V	Weatherization assistance	10/01/2019	09/30/2020

#### Provide further explanation for the dates of operation, if necessary

Heating Assistance: November through March are the coldest months in Interior Alaska, where temperatures can drop to below -60 plus degrees, although it starts getting a chill in the air around end of August and continues through May and beginning of June. Tanana Chiefs Conference will provide wood and oil throughout the Fiscal Year 2020. Cooling Assistance: Only 1% of funding set aside to assist Elders and vulnerable population in each village as the temperatures can reach 90 degrees, which is dangerous without help. Crisis Assistance: This will be utilized on a case by case basis, througout most of the fiscal year, with direction from the Tribe to eligible households, serving vulnerable populations first and foremost. Weatherization Assistance: Available to eligible households throughout most of the year, they have to request it on their initial application for energy assistance.

#### 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 LHIEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )
Heating assistance	65.00%
Cooling assistance	1.00%
Crisis assistance	5.00%
Weatherization assistance	7,00%
Carryover to the following federal fiscal year	10,00%

Administrative and	l planning costs					10,00%
Services to reduce	home energy needs including need	s assessment (Assurance 1	6)			1,00%
Used to develop an	Used to develop and implement leveraging activities					1.00%
TOTAL						100.00%
Alternate Use of Cris	sis Assistance Funds, 2605(c)(1)	(C)				
1.3 The funds reser	ved for winter crisis assistance	that have not been expo	ended by March	15 will be repro	grammed to:	
₩	ating assistance		~	Coolin	g assistance	
We	atherization assistance			Other	(specify:)	
- 4						
	ty, 2605(b)(2)(A) - Assurance 2					
column below? 1						f benefits in the left
If you answered "Y	es" to question 1.4, you must co	omplete the table below	and answer ques	stions 1.5 and 1.	6.	
		Heating	Cooling		Crisis	Weatherization
TANF		Yes No	C Yes C N		No	C Yes C No
SSI		C Yes No	Yes N	lo Yes	: O No	C Yes C No
SNAP		Yes ( No	Yes ON	o Yes	No No	C Yes C No
Means-tested Veterans	Programs	C Yes C No	CYcs CN	o Yes	No No	Yes No
	Program Name	Heating	Co	oling	Crisis	Weatherization
Other(Specify) 1		C Yes C No	Yes	C No C	Yes No	Yes No
1.5 Do you automati	cally enroll households without					*
when determining el	re there is no difference in the igibility and benefit amounts?	treatment of categorica	lly cligible house	cholds from thos	e not receiving	g other public assistance
SNAP Nominal Paym						
	LIHEAP funds toward a nomi					
	s" to question 1.7a, you must p	rovide a response to qu	estions 1.7b, 1.7c	, and 1.7d.		
	inal Assistance: \$0,00					
.7c Frequency of As Once Per Year		-				
Once Per Year						
Once every five	years:					
Other - Describ	e:					
.7d How do you con	firm that the household receivi	ng a nominal payment l	nas an energy cos	st or need?		
Determination of Eligi	bility - Countable Income					
	household's income eligibility	or LIHEAP, do you use	gross income or	r net income ?		
Gross Income			-			
Net Income						
9. Select all the appl	icable forms of countable inco	ne used to determine a	household's inco	me eligibility fo	r LIHEAP	
Wages						
Self - Employm	ent Income					

~	Contract Income						
	Payments from mortgage or Sales Contracts						
Y	Unemployment insurance						
	Strike Pay						
	Social Security Administration (SSA ) benefits						
	Including MediCare deduction  Excluding MediCare deduction						
	Supplemental Security Income (SSI)						
V	Retirement / pension benefits						
V	General Assistance benefits						
1.pt	Temporary Assistance for Needy Families (TANF) benefits						
	Supplemental Nutrition Assistance Program (SNAP) benefits						
	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits						
V	Loans that need to be repaid						
V	Cash gifts						
	Savings account balance						
V	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.						
	Jury duty compensation						
<b>Y</b>	Rental income						
<b>V</b>	Income from employment through Workforce Investment Act (WIA)						
~	Income from work study programs						
V	Alimony						
<b>Y</b>	Child support						
<b>V</b>	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						
<b>7</b>	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
$\vee$	Ameri-Corp Program payments for living allowances, carnings, and in-kind aid
	Reimbursements (for mileage, gas, lødging, meals, etc.)
	Other  Self-employment income for the cost of doing business deduction will be calculated as net income. Income received in the prior month from the application signature date will be the income used to determine eligibility. The following will be Exempt income: Permanent Fund Dividend, Old Age Benefit, Senior Assistance Program, and Interest payments from Alaska Native Claims Settlement Act, 1971up to \$2000. Per Capita payments from other Federal Recognized Tribal Corporations/Organizations up to \$2000.
	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	mponent:						
Add	Household size		Eligibility Guideline	Eligibility Threshold					
1	All Household Sizes		HHS Poverty Guidelines	150,00%					
2.2 Do you have : HEATING ASSIT	additional cligibility requirements for FANCE?	<b>♦</b> Yes	No						
2.3 Check the ap	propriate boxes below and describe the p	olicies for c	ach.						
Do you require a	n Assets test ?	Yes	Ĩ No						
Do you have add	itional/differing eligibility policies for:								
Renters?		( Yes	• No						
Renters Liv	ving in subsidized housing ?	TYes (	No No						
Renters wit	th utilities included in the rent ?	€ Yes 1	No No						
Do you give prior	rity in eligibility to:								
Elderly?		Yes !	No						
Disabled?		€ Yes € No							
Young child	dren?	€ Yes € No							
Households with high energy burdens?		Yes No							
Other?		C Yes C	No No						
Explanations of p	olicies for each "yes" checked above:								
heating benefit for more units will rec	their income/single family household size perive 75% of the total home heating benefit tleast 60 years of age, Disabled (certified m	oaid directly For their inc	neir rent, single, two and three-unit dwellings wi to the landlord to be applied to their rent. Rento ome/single family household size paid directly t ition), and to households with young children u	ers whose dwellings with four or					
	3enefits 2605(b)(5) - Assurance 5. 2605(c)(								
2.4 Describe how you prioritize the provision of heating assistance tovulnerable populations, e.g., benefit amounts, early application periods, etc.  Once funding is confirmed Energy Assistance applications are first mailed out two weeks prior to Elders, Disabled, and to households with young shildren, As Energy Assistance applications are received we screen each application for Elders. Disabled and young children living in the household, vulnerable household applications are placed ahead of all other non-vulnerable households' applications during the entire application period.									
2.5 Check the vari	iables you use to determine your benefit I	evels. (Che	ck all that apply):						
Income									
Family (hous	schold) size								
✓ Home energy									
	Fuel type								
	☐ Climate/region  ✓ Individual bill								

Dwelling type						
Energy burden (% of income spent on	home energy)					
Energy need						
Other - Describe:						
Applicants will be asked to submit a copy of their most recent heating bill from the local heating vendor with their application. If paper verification is not provided with application, a phone call will be placed to the heating vendor and a verbal verification will be obtained and documented.						
Benefit Levels, 2605(b)(5) - Assurance 5. 2605(c)(1)(1	В)					
2.6 Describe estimated benefit levels for FY 2020:						
Minimum Benefit	\$488	Maximum Benefit	\$5,406			
2.7 Do you provide in-kind (e.g., blankets, space he	aters) and/or other	forms of benefits? • Yes No				
If yes, describe.						
Supplement benefit payment made to household if additional heating assistance funds are available at the end of the season. Supplement benefit payment is calculated as a percentage of what they received in their original benefit payment to the household.						
If any of the above questions require fields provided, attach a document wi	further explan	nation or clarification that could not be	made 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

<u> </u>								
	Section 3 - Cooling Assistance							
Eligibility, 2605(	(c)(1)(A), 2605 (b)(2) - Assurance 2							
3.1 Designate Th	he income eligibility threshold used for t	he Cooling	component:					
Add	Household size		Eligibility Guideline	Eligibility Threshold				
1	All Household Sizes		HHS Poverty Guidelines	150.00%				
3.2 Do you have COOLING ASSI	additional eligibility requirements for TANCE?	C Yes	€ No					
3.3 Check the ap	ppropriate boxes below and describe the	policies for	r each.					
Do you require a	an Assets test ?	C Yes	No No					
Do you have add	litional/differing eligibility policies for:							
Renters?		Yes	No					
Renters Li	iving in subsidized housing ?	Yes	No					
Renters wi	ith utilities included in the rent ?	Yes	No					
Do you give prio	rity in eligibility to:							
Elderly?		@ Yes	C No					
Disabled?		€ Yes € No						
Young chil	ldren?	C Yes C No						
Household	s with high energy burdens?	Yes No						
Other?		C Yes C No						
Explanations of p	policies for each "yes" checked above:							
Priority will be give	ven to Elders, Disabilities in the household	ls, and prefe	erence to households with young children und	der 6yoa.				
3.4 Describe how	you prioritize the provision of cooling a	ssistance to	ovulnerable populations,e.g., benefit amou	nts, early application periods, etc.				
the extreme hot te	mperatures. The vulerable populations car local gathering places such as Tribal Halls.	i be assistec	ound the 90's in some places. The Elders espe d with fans, window screens for airflow and k Tribes have air conditioned office space of E	geen out the mosquitos, and air				
	Benefits 2605(b)(5) - Assurance 5, 2605(c)							
/	iables you use to determine your benefit	t levels. (Cl	heck all that apply):					
Income								
Family (hou	sehold) size							
Home energ	y cost or need:							
Fuel	type							
Clim	ate/region							
Indiv	└ Individual bill							

Dwelling type									
Energy burden (% of income spent on home energy)									
E	Energy need								
<b>₽</b> 0	Other - Describe:								
Requests from	Tribal offices for assistance with vulnerab	le populations v	vill be the priority, then assistance to other household requests	i.					
Benefit Levels	, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)								
3.6 Describe es	stimated benefit levels for FY 2020:								
Minimum Benefit \$20 Maximum Benefit \$350									
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? Tyes 🚺 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

Section 4: CRISIS ASSISTANCE				
Eligibility - 2604	(c), 2605(c)(1)(A)			
	e 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	r LIHEAP program's definition for determining a crisi	is.	HH-	
Households who heating units and	have a soul source heating unit and they are in jeopardy o they are in jeopardy of running out of both heating fuel so	of running out of heating fuel source within 5 of ources within 5 days.	days. Households with duel source	
4.3 What constitu	utes a <u>life-threatening crisis?</u>			
service and there i	Household who are in jeopardy of having services discontinued within 2 days by their identified vendor because of the applicant's inability to pay for service and there is no other heating fuel source available to heat their home. Household who have a non-functioning heating unit and does not have another heating source available in order to heat their home. Household is out of fuel source or will be out of fuel source within 2 days.			
Crisis Requireme				
	nany hours do you provide an intervention that will re			
4.5 Within how m 18Hours	nany hours do you provide an intervention that will re	solve the energy crisis for eligible househol	lds in life-threatening situations?	
Crisis Eligibility, 2	2605(c)(1)(A)			
4.6 Do you have a ASSISTANCE?	additional eligibility requirements for CRISIS	€ Yes € No		
	propriate boxes below and describe the policies for eac			
Do you require an	a Assets test ?	Yes No		
Do you give prior	rity in eligibility to :			
Elderly?		Yes No		
Disabled?		Yes No		
Young Chile	dren?	Yes No		
Households	with high energy burdens?	Ycs No		
Other?		C Yes No		
In Order to receiv	ve erisis assistance;	*		
Must the ho empty tank?	ouschold have received a shut-off notice or have a near	Yes C No		
Must the ho	ousehold have been shut off or have an empty tank?	Yes No		
Must the ho	ouschold have exhausted their regular heating benefit?	Yes No		
Must renters received an evictio	rs with heating costs included in their rent have on notice?	C Yes No		
Must heating	g/cooling be medically necessary?	Yes No		
Must the ho	usehold have non-working heating or cooling	Yes No		

equipment?				
Other?		Yes No		
Do you have additional / o	differing eligibility policies for:			
Renters?		C Yes No		
Renters living in sul	bsidized housing?	Yes No		
Renters with utilitie	s included in the rent?	Yes C No		
Explanations of policies for	or each "yes" checked above:			
For crisis situations where an original grant award benefit has not been given, an Energy Assistance application is required to be completed. No more than 100 gallons of fuel or 1 cord of wood will be approved until income has been verified. If after the original grant award benefit is exhausted and the home faces a heating crisis or electricity disconnect additional assistance up to 25% of the original grant will be paid to household's vendor. If there is a supply shortage by exhaustion of bulk fuel storage, natural disaster or vendor mismanagement, additional payments will be made if no other agency will provide for the applicants energy and fuel sources needed and transportation cost. The maximum amount payable will be 50% of the original grant award.  Households consisting of an Elder (at lease 60 years of age), Disabled (certified, debilitating medical condition) and very young children (under the age of 6) will be prioritized for crisis assistance services. For the purpose of verifying a household's energy crisis, a phone or email contact to the Tribal Council office will be made to verify the household's situation when a disconnect notice is not attainable.  For crisis situations where an original grant award has not been given for renters who's household dwelling has 4 or more units will receive 75% of the benefit amount that a single household would receive. If after the original grant award has already been given then an additional 25% of the original 75% grant award will be paid.				
Determination of Benefits				
4.8 How do you handle cri	sis situations?			
	Separate component			
<b>V</b>	Fast Track			
	Other - Describe:			
4.9 If you have a senarate	component, how do you determine crisis assista	nea hanatits')		
	Amount to resolve the crisis.	ice beliefits.		
	Other - Describe:			
	Other - Describe:			
Crisis Requirements, 2604(c	)			
4.10 Do you accept applica	tions for energy crisis assistance at sites that are	e geographically accessible to all households in the area to be served?		
Yes No Explain		8 8 7		
Each of our tribal village cor	nmunities have a Tribal Council with staff to assis	t when needing to complete an application requesting crisis assistance.		
Applications can then be sen	t in by fax, or email directly to the TCC Eligibility	Specialist to be processed.		
4.11 Do you provide individuals who are physically disabled the means to:				
Submit applications for o	crisis benefits without leaving their homes?			
Yes No If No, o	explain.			
Travel to the sites at whi	ch applications for crisis assistance are accepted	1?		
Yes No If No, explain.				
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?				
Each of our tribal village communities have a Tribal Council with staff to assist when needed to do a home visit and assist the household with completing the Energy Assistance application and submitting the application, In cases where there is no Tribal Council for the community, over the phone applications will be accepted and obtaining income verification and signatures will be done through postal mail. No more than 100 gallons of fuel or I cord of wood will be approved until income has been verified.				
Benefit Levels, 2605(c)(1)(B)				
4.12 Indicate the maximum benefit for each type of crisis assistance offered.				
Summer Crisis \$0.00 maximum benefit				
Year-round Crisis \$0,00 maximum benefit				

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?				
Yes No If yes, Describe				
4.14 Do you provide for equipment repair or repla	cement usin	g crisis fund	ls?	
C Yes C No				
If you answered "Yes" to question 4.14, you must	complete qui	estion 4.15.		
4.15 Check appropriate boxes below to indicate ty	pe(s) of assis	tance provic	ded.	
	Winter Crisis	Summer Crisis	Year-round 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 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

SI - 424 - MANDATORT				
Section 5: WEATHERIZATION ASSISTANCE				
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Ass	urance 2			
5.1 Designate the income eligibility thresh	old used for the Weath	perization component		
Add House	shold Size	Eligibility Guideline	Eligibility Threshold	
All Household Sizes		HHS Poverty Guidelines	150.00%	
5.2 Do you enter into an interagency agre No	ement to have another	government agency administer a WEATHEI	RIZATION component? Tyes	
5.3 If yes, name the agency.				
5.4 Is there a separate monitoring protoco	ol for weatherization? \$\square{\circ}\$	Yes • No		
WEATHERIZATION - Types of Rules				
5.5 Under what rules do you administer L	IHEAP weatherization	? (Check only one.)		
Entirely under LIHEAP (not DOE)	rules			
Entirely under DOE WAP (not LIII	(EAP) rules			
Mostly under LIHEAP rules with the	ne following DOE WAP	rule(s) where LIHEAP and WAP rules diffe	er (Check all that apply):	
Income Threshold				
Weatherization of entire multi eligible units or will become eligible within	i-family housing structu n 180 days	ure is permitted if at least 66% of units (50%	, in 2- & 4-unit buildings) are	
Weatherize shelters temporari	ily housing primarily lo	ow income persons (excluding nursing homes	, prisons, and similar institutional	
Other - Describe;				
Mostly under DOE WAP rules, with	the following LIHEAF	rulc(s) where LIHEAP and WAP rules diffe	er (Check all that apply.)	
Income Threshold				
Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.				
Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards.				
Other - Describe:				
Eligibility, 2605(b)(5) - Assurance 5				
6.6 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 nousing?	7 60 110			
5.8 Do you give priority in eligibility to:				
Elderly? Yes C No				
Disabled?	Disabled?			

Young Children?	FYcs FNo			
House holds with high energy burdens?	Yes No			
Other?	Yes 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.  Households consisting of Elder (60+ years old), Disabled (certified, debilitating medical condition), very young children (less than 6 year old), and very large families residing in the same household will be prioritized for weatherization services provided through the program. Eligibility will be determined using the household income and assistance level parameters.				
Benefit Levels				
5.9 Do you have a maximum LIHEAP weat	herization benefit/expenditur	e per household? 💽 Yes 🦿 No		
5.10 If yes, what is the maximum? \$2,500				
Types of Assistance, 2605(c)(1), (B) & (D)				
5.11 What LIHEAP weatherization measure	es do you provide ? (Check al	l categories that apply.)		
Weatherization needs assessments/at	Weatherization needs assessments/audits			
Caulking and insulation	Caulking and insulation Major appliance Repairs			
Storm windows	Storm windows Major appliance replacement			
Furnace/heating system modification	Furnace/heating system modifications/ repairs Windows/sliding glass doors			
Furnace replacement	Furnace replacement Doors			
Cooling system modifications/ repair	Cooling system modifications/ repairs Water Heater			
Water conservation measures	Water conservation measures Cooling system replacement			
Compact florescent light bulbs  Other - Describe: Replacing leaking or damaged fuel tank, visqueen for windows, LED lighting				
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

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Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)
6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:
Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
Publish articles in local newspapers or broadcast media announcements.
Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
Mass mailing(s) to prior-year LIHEAP recipients.
Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
Execute interagency agreements with other low-income program offices to perform outreach to target groups.
Other (specify):
Additional blank Energy Assistance applications will be provided to each Post Office in each community served. Posters describing the program, where to pick up applications and who to contact regarding any questions applicants might have, will be distributed to each Tribal Office and/or community Post Office. Energy Assistance application will be made available at TCC's website <a href="https://www.tananachiefs.org">www.tananachiefs.org</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 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.). | Joint application for multiple programs | Intake referrals to/from other programs | One - stop intake centers | Other - Describe: | Within the TCC service area and in each Village there is Tribal personnel, to include authorized signers, located at Tribal Council offices. These Tribal services personnel help with providing outreach information to the entire community for all community service programs. The State refers applicants to TCC if they live in our region. We also provide a number of other State and Federally funded programs to the Interior regions, to include: Tanf, Elder Nutrition, Employment & Training. Education, Disabilities, Head Start, Infant Learning, Child Protection, Youth Emerging Leaders, and Child Care Assistance. If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)					
8.1 Ho	w would you categorize the primary respon	sibility of your State a	ngency?		
	Administration Agency				
	Commerce Agency				
	Community Services Agency				
	Energy / Environment Agency				
	Housing Agency				
	Welfare Agency				
V	Other - Describe: Partner				
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?					
Tanana Chiefs Conference operates their own LIHEAP program, Housing, Welfare. Community Services programs and does not sub-contract.					
8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?					
Tanana Chiefs Conference operates their own LIHEAP program and does not sub-contract.					
8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?					
Tanana Chiefs Conference operates their own LIHEAP program and does not sub-contract.					
8.5 LIH	EAP Component Administration.	Heating	Cooling	Crisis	Weatherization
	o determines client eligibility?	Non-Applicable	Non-Applicable	Non-Applicable	Non-Applicable
8.5b Wl electric	8.5b Who processes benefit payments to gas and Ron-Applicable Rectric vendors? Non-Applicable Ron-Applicable Ro				
	.5c who processes benefit payments to bulk fuel endors?  Non-Applicable  Non-Applicable  Non-Applicable				
				I wanyap is o	

8.5d Who performs installation of weatherization measures?  Non-Applicable				
	ny of your LIHEAP components are not centrally-administered by a state agency, you must plete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.			
8.6 W	8.6 What is your process for selecting local administering agencies?			
8.7 Ho	ow many local administering agencies do you use? 0			
8.8 Ha Ye No	ave you changed any local administering agencies in the last year?			
8.9 If s	so, why?			
	Agency was in noncompliance with grantee requirements for LIHEAP -			
	Agency is under criminal investigation			
	Added agency			
	Agency closed			
	Other - describe			
If any fields	y of the above questions require further explanation or clarification that could not be made in the sprovided, 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 SE 424 MANDATORY

	SF - 424 - MANDATORY		
	Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7		
Ĺ	9.1 Do you make payments directly to home energy suppliers?		
	Heating Fyes No		
	Cooling Yes No		
	Crisis F Yes No		
	Are there exceptions? Fres No		
	If yes, Describe.  In the absence of vendor availability, as in the case of individuals requesting assistance to purchase wood for home heating, payments will be made directly to eligible heads of households.		
2	9.2 How do you notify the client of the amount of assistance paid?  At the time of eligibility determination, Tanana Chiefs Conference will notify the eligible household of the amount of the grant award they have been approved to receive by issuing an award letter by mail. Payment will be made to the vendor of the amount that the household is eligible to receive along with a copy of the award letter. Also a copy of the amount approved is sent to the authorized signer at the Tribes.		
1	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 agrees to send a monthly statement or a delivery receipt on the usage of the funds received on approved households. Tanana Chiefs Conference LHEAP coordinator will record all vendor receipts during the program year. Tracking shall include proof of receipt indicating the quantity of all fuel gallons or wood cords delivered and the price paid for all deliveries.		
T it	0.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP issistance?  Fanana Chiefs Conference maintains a toll free 1 800 line to Fairbanks LIHEAP offices for the public to report vendor fraud. The vendor agreement states:  "The recipient will be treated uniformly with other customers and the vendor shall not otherwise discriminate against the recipient." The vendor must sign his agreement. Also, Tribal members utilize their Tribal office personnel and Chiefs, and Village Tribal Council members, and office personnel all care for their Elders and community members.		
h	9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible touscholds?  Yes Po		
A C	If so, describe the measures unregulated vendors may take.  All vendors who receive payment for an approved L1HEAP household must have signed a vendor agreement before payments are issued. Tanana Chiefs Conference maintains a toll free 1 800 line to Fairbanks L1HEAP offices for the public to report vendor fraud.		
house	fany 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

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Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)				
10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?  The Tanana Chiefs Conference has an automated accounting system (Oracle). The accounting format utilized by Tanana Chiefs Conference has been approved by State and Federal auditors as meeting all criteria to comply with State and Federal grants and contract reporting requirements.				
Audit Process				
10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?  Yes Tho				
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				
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 TCC automated accounting system and program reports allow the LIHEAP program to be monitored regularly for accuracy, The Tanana Chiefs Conference staff will make every effort to see that the program is delivered in compliance within the regulations of LIHEAP by conducting monthly random samples of applications paid and testing them for accuracy and compliance.				
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:		
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.		
10.7. Describe how you select local agencies for monitoring reviews.		
Site Visits:		
Desk Reviews:		
10.8. How often is each local agency monitored ?		
10.9. What is the combined error rate for eligibility determinations? OPTIONAL		
10.10. What is the combined error rate for benefit determinations? OPTIONAL		
10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues?		
10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues?		
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.		

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

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## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)

SF - 424 - MANDATORY				
Section 11: Timely and Meani	ngful Public Participation, 26	05(b)(12), 2605(C)(2)		
11.1 How did you obtain input from the public in the deve Select all that apply.	elopment of your LIHEAP plan?			
Tribal Council meeting(s)				
Public Hearing(s)				
Draft Plan posted to website and available for co	omment			
Hard copy of plan is available for public view an	nd comment			
Comments from applicants are recorded				
Request for comments on draft Plan is advertise	ed			
Stakeholder consultation meeting(s)				
Comments are solicited during outreach activitie	es			
Other - Describe:				
Flyers are distributed to each Tribal Council Office within Tanana Chiefs Conference LIHEAP service area notifying the public of a public toll-free teleconference being held for public comment in addition where the LIHEAP draft plan can be found on-line at <a href="https://www.tananachiefs.org">www.tananachiefs.org</a> . Also, public comment is also available and arranged when Client Development director travels to the villages. All Tribal offices in the Villages have toll free contact numbers to the manager and intake specialist for LIHEAP public comment access throughout the year.  11.2 What changes did you make to your LIHEAP plan as a result of this participation?  We have taken off the SSI and SSA income to determine eligibilit, so this no longer is counted. Many Elders are having a hard time and several were not eligible due to these funds on their annual income. Last year an Elder from Fort Yukon was over \$100 and she had hardship due to counting her SSA.				
Public Hearings, 2605(a)(2) - For States and the Commony	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 your LIHEAP funds?		
	Date	Event Description		
ă	05/29/2019	Training for Tribal Workforce Development Specialists from 25 villages for LIHEAP		
2 07/18/2019 Subregional Meeting Discussion on		Subregional Meeting Discussion on LIHEAP		
3	07/31/2019  Posted Model Plan on TCC public website and facebook for public comment			
4	08/09/2019 Sent out Public Comment Notices to all 38 Tribal Offices			
5	08/16/2019	LIHEAP Public Comment Teleconference		
7				
7 08/30/2019 LIHEAP Public Comment Teleconference  11.4. How many parties commented on your plan at the hearing(s)? 3				

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

<sup>1.</sup> There was a comment made about the need for baseboard heating elements to be covered by weatherization. We never had this request before because most of the Tribes have Toyo stove, or wood stoves, or both. According to our plan this should be covered. 2. There was a good response from the fans

for the Elders in the villages and that we should continue with a small portion of EA dedicated to cooling. It was an extremely hot summer again for the Interior of Alaska with the temperature in the high 80's most of the time.

3. A request was that there needs to be more individuals in Northway village that can provide wood rather than just the company wood vendor from Tok. We determined that was allowable with Tribal approval.

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

Will provide base board heating elements, amount based on eligibility.

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

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

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

#### Section 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? None
- 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 fair hearings requested this Fiscal Year.

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

Village-based Tribal Workforce Development Specialist or Tribal Administrator staff are available in their respective villages daily, and each working week, and will try to resolve any LIHEAP related concerns at the Triba. If the concern cannot be resolved at the Tribal office, it will be referred to the LIHEAP Coordinator, who will try to resolve the issue. In the unlikely event that we cannot resolve problems at the village or program levels, the final authority for Tanana Chiefs Conference will be the TCC Client Development Director.

#### 12.5 When and how are applicants informed of these rights?

Applicants are notified of their Fair Hearing rights (in writing) at the time of their application for services. The notification included on each application form reads as follows:

"Any person whose application is denied or not acted upon with reasonable promptness (within 60 days from the receipt of a completed application or within 60 days from the receipt of funding from the granting agency) or whose benefits are reduced or terminated, has a right to a fair hearing before the Tanana Chiefs Conference Client Development Division Director.

If you desire a hearing you may request it by telephone, in person, or in writing, through the Client Development Director, Tanana Chiefs Conference, 122 First Avenue, Suite 600, Fairbanks. Alaska 99701. You must make your request within 30 days after you are mailed a notice of decision on your application.

Tanana Chiefs Conference ASAP Program Service staff are available to help you request a hearing. At the hearing you may represent yourself. You may also be represented (at your own expense) by legal counsel or by another person of your choice."

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

Village-based Tribal Workforce Development Specialist or Tribal Administrator staff is available in their respective villages, daily, each working week, and will try to resolve any LIHEAP related problems or concerns at the village level, If the problem cannot be resolved at the village level, it will be referred to the TCC LIHEAP Coordinator, who will try to resolve the issue, In the unlikely event that we cannot resolve problems at the village or program levels, the final authority for Tanana Chiefs Conference will be the TCC Client Development Director.

#### 12.7 When and how are applicants informed of these rights?

Applicants are notified of their Fair Hearing rights (in writing) at the time of their application for services. The notification included on each application form reads as follows:

"Any person whose application is denied or not acted upon with reasonable promptness (within 60 days from the receipt of a completed application or within 60 days from the receipt of funding from the granting agency) or whose benefits are reduced or terminated, has a right to a fair hearing before the Tanana Chiefs Conference Client Development Director.

If you desire a hearing you may request it by telephone, in person, or in writing, through the Director of Family Services, Tanana Chiefs Conference, Inc. 122 First Avenue, Suite 600, Fairbanks, Alaska 99701. You must make your request within 30 days after you are mailed a notice of decision on your application.

Tanana Chiefs Conference, Inc. Family Services staff are available to help you request a hearing. At the hearing you may represent yourself. You may also be represented (at your own expense) by legal counsel or by another person of your choice."

#### 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

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## 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?

Tanana Chiefs Conference Housing Program educates households on how they can reduce the cost of energy needs when weatherization work is being performed on their homes. Tanana Chiefs Conference has on staff a Rural Energy Coordinator who works closely with tribes on how to reduce energy cost and counsels households on reducing their energy burdens for the entire community and with internal coordination of services the LIHEAP program has been able to provide low energy cost items such as energy efficient light bulbs to be available during our annual Tanana Chiefs Conference Convention.

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

Using accounting reporting systems allows for grants management report to be accessed ensuring expenditures do not exceed 5%.

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? N/A

13.6 How many households received these services? N/A

#### 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

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## 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 L1HEAP leveraging resource information and retaining records.

None

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	Maintaining a ceiling on the price of a cord of wood with all Wood Vendors.	Maintaining a ceiling on the price of a cord of wood of \$5.00, less market value. The project will participate only with wood vendors willing to contract services at or below this established program rate.	Increase benefits to LIHEAP cligible households
2	State PCE Reduce the cost of power to customers in rural parts of Alaska	The State Legislature appropriates state funds for the PCE program each year.	Coordinated efforts to reduce home energy costs

## Section 15 - Training

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

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Section 15: Training
15.1 Describe the training you provide for each of the following groups:
a. Grantee Staff:
Formal training on grantee policies and procedures
How often?
✓ Annually
✓ Biannually
✓ As needed
Other - Describe: New Hire
Employees are provided with policy manual
Other-Describe: Employees are provided with an operations manual, Energy Assistance Coordinator performs one on one training with employees on how to process and determining eligibility for Energy Assistance, Tribal Workers - Tribal Workforce Development Specialist located at our tribal village communities participate in bi-annual training where Energy Assistance application process is presented.
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 peopled

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)

 $\text{U}_*\text{S}_*\text{DEPARTMENT}$  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.

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

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

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Expiration Date: 09/30/2020

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:  Village-based Tribal Workforce Devand will try to resolve any LIHEAP Fairbanks office staff from the Triba	relate	ed problems or concerns at the villa	rator ige le	staff is available in their respective vel. Reports of suspected waste, fi	e villa raud,	ges, daily, each working week, or abuse is reported to the TCC		
b. Describe strategies in place for	adve	rtising the above-referenced reso	urce	s. Select all that apply				
Printed outreach mate	rials							
Addressed on LIHEAP	, abb	lication						
Website								
Other - Describe:	n Rec	quirements						
a. Indicate which of the following t members.	form:	s of identification are required or	requ	uested to be collected from LIHE	AP a	pplicants or their household		
				Collected from Whom?				
Type of Identification Collected		Applicant Only		All Adults in Household		All Houschold Members		
Social Security Card is photocopied and retained		Required		Required		Required		
		Requested	W	Requested	*	Requested		
Social Security Number (Without actual Card)		Required	₩.	Required	<b>V</b>	Required		
		Requested		Requested		Requested		
Government-issued identification card	V	Required		Required		Required		

(i.e.: driver's license, stat Tribal ID, passport, etc.)		quested	V	Requested	5	Requested	
Other	Ap	pplicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1							
b. Describe any exception State EIS system is used to	·		pers listed on the a	oplication, this syst	em also verifies pla	ce of residency.	
17.3 Identification Verif	ication						
Describe what methods a apply	are used to verify th	he authenticity	of identification d	ocuments provide	d by clients or hou	schold members. S	Select all that
	Social Security Ad	ministration					
Match SSNs with	death records fron	n Social Securit	ty Administration	or state agency			
Match SSNs with	state eligibility/cas	e management	system (e.g., SNA	P, TANF)			
Match with state	Department of Lab	or system					
Match with state	and/or federal corr	ections system					
Match with state	child support syste	m					
Verification using	g private software (c	e.g., The Work	Number)				
In-person certific	ation by staff (for t	ribal grantees o	only)				
Match SSN/Triba	d ID number with t	ribal database	or enrollment rec	ords (for tribal gr	antees only)		
Other - Describe:							
Match SSN within TCC Er	nergy Assistance Dat	ta Base System					
17.4. Citizenship/Legal R	tesidency Verificati	on					
17.4. Citizenship/Legal R What are your procedure all that apply.			mbers are U.S. cit	izens or aliens wh	o are qualified to i	receive LIHEAP be	enefits? Select
What are your procedurall that apply.		household mei		izens or aliens wh	o are qualified to i	receive LIHEAP bo	enefits? Select
What are your procedurall that apply.  Clients sign an a	es for ensuring that	t household mei ship or legal re	sidency		o are qualified to I	receive LIHEAP be	enefits? Select
What are your procedure all that apply.  Clients sign an a  Client's submissi	es for ensuring that	t household men ship or legal re ty cards is acce	sidency pted as proof of le		o are qualified to i	receive LIHEAP be	enefits? Select
What are your procedurall that apply.  Clients sign an a  Client's submissi  Noncitizens must	es for ensuring that ttestation of cifizen	t household men ship or legal re ty cards is acce tation of immig	sidency pted as proof of le ration status	egal residency		receive LIHEAP be	enefits? Select
What are your procedurall that apply.  Clients sign an a Client's submissi Noncitizens must	es for ensuring that ttestation of citizen ion of Social Securi t provide document	t household ments thip or legal re ty cards is acce tation of immig	sidency pted as proof of le ration status	egal residency		receive LIHEAP be	enefits? Select
What are your procedurall that apply.  Clients sign an a  Client's submissi  Noncitizens must  Citizens must pr  Noncitizens are v	es for ensuring that ttestation of citizen ion of Social Securi t provide document ovide a copy of thei	t household ments ship or legal re ty cards is acce tation of immig ir birth certificate c SAVE system	sidency pted as proof of k ration status ate, naturalization	egal residency 1 papers, or passp		receive LIHEAP be	enefits? Select
What are your procedurall that apply.  Clients sign an a  Client's submissi  Noncitizens must  Citizens must pr  Noncitizens are v  Tribal members  Other - Describe	es for ensuring that ttestation of citizen- ion of Social Securi t provide document ovide a copy of thei verified through the are verified throug :	t household ments ship or legal re ty cards is acce tation of immig ir birth certificate c SAVE system	sidency pted as proof of k ration status ate, naturalization	egal residency 1 papers, or passp		receive LIHEAP be	enefits? Select
What are your procedurall that apply.  Clients sign an a  Client's submissi  Noncitizens must  Citizens must pr  Noncitizens are your procedurall that apply.	es for ensuring that ttestation of citizen- ion of Social Securi t provide document ovide a copy of thei verified through the are verified throug :	t household ments ship or legal re ty cards is acce tation of immig ir birth certificate c SAVE system	sidency pted as proof of k ration status ate, naturalization	egal residency 1 papers, or passp		receive LIHEAP be	enefits? Select
What are your procedurall that apply.  Clients sign an a Client's submissi Noncitizens must pr Noncitizens are v Tribal members  Other - Describe State ID or Drivers License	es for ensuring that ttestation of citizen ion of Social Securi t provide document ovide a copy of thei verified through the are verified throug :	ship or legal re ty cards is acce tation of immig ir birth certifica SAVE system th Tribal enroll	sidency pted as proof of k ration status ate, naturalization ment records/Tril	egal residency papers, or passp pal ID card		receive LIHEAP be	enefits? Select
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Self-employment form.
Computer data matches:
Income information matched against state computer system (e.g., SNAP, TANF)
Proof of unemployment benefits verified with state Department of Labor
Social Security income verified with SSA
Utilize state directory of new hires
Other - Describe:
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
<b>✓</b> 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:
All private business vendors are required to have a current State of Alaska business license on file, All private business vendors will be required to provide documentation of their current State of Alaska business license as an attachment to their vendor contract.
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:					
If, after the original grant award is exhausted, an eligible household faces a home-heating energy source termination including electricity disconnects, additional assistance up to 25% of the original grant will be paid to the householder's vendor or to an electricity vendor in situations in which the primary home heating system is dependent upon electricity for its operation. Vendor agreement with electric utility vendor will be completed prior to any funds being release for the approved LIHEAP household.					
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:  If there is a supply shortage by exhaustion of bulk fuel storage, natural disaster or vendor mismanagement, additional payments will be made if no other agency will provide for the applicants energy and fuel sources needed and transportation cost. Vendor agreement will be completed before funds are sent for approved LIHEAP households.					
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					
In the case where funds need to be returned to the Tanana Chiefs Conference Energy Assistance program because of an improper payment the following process will be used;					
<ol> <li>Notify the vendor immediately of the improper payment</li> <li>Request the vendor to return the funds for the named LIHEAP head of household</li> <li>Send an email to vendor documenting the request including reason for the improper payment, the dollar amount that needs to be returned, the name of the LIHEAP head of household's name.</li> <li>Document in the notes section of the Tanana Chiefs Conference Energy Assistance data base of the improper payment and the steps taken to recoup payment.</li> <li>Document in the notes section of the Tanana Chiefs Conference Energy Assistance data base when the funds have been returned</li> <li>Send the returned payment to the Tanana Chiefs Conference accounting department.</li> </ol>					
Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?   year					
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					

	Other - Describe:
In the	case when a household is found to committed fraud the following process will be used.
1	1. Check mark the box concern and document in the concern notes section of the Tanana Chiefs Conference Energy Assistance data base of the fraud finding.
1	2. Generate a letter to the household informing them of the fraud finding and the penalty of not being eligible to receiving Energy Assistance up to 1 Fiscal year.
	3. Concern history report is available whithin the TCC Energy Assistance data base, that will list the household, list the fraud finding, list if a penalty was inposed and the year the household will be eligible to apply for Energy Assistance again.
If an	y of the above questions require further explanation or clarification that could not be made in the
field	s provided, attach a document with said explanation here.