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DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: NM Jemez

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

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

Report Status: Submitted (Revision #2)

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Mandatory Grant Application SF-424

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

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

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

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

Section 1 - Program Components

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

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

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

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

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

Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2018	03/15/2019
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2018	03/15/2019
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2018	09/30/2019

Provide further explanation for the dates of operation, if necessary

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage (%)
Heating assistance	70.00%
Cooling assistance	0.00%
Crisis assistance	10.00%
Weatherization assistance	5.00%
Carryover to the following federal fiscal year	0.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%
Used to develop and implement leveraging activities	0.00%
TOTAL	100.00%

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

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

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

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

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

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

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

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

If Yes, explain:

1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

- Once Per Year
- Once every five years
- Other - Describe:

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

Determination of Eligibility - Countable Income

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

- Gross Income
- Net Income

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

- Wages
- Self - Employment Income
- Contract Income
- Payments from mortgage or Sales Contracts
- Unemployment insurance

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

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

Section 2 - HEATING ASSISTANCE

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

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

Section 2 - Heating Assistance

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

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

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

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

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

Do you require an Assets test ? Yes No

Do you have additional/differing eligibility policies for:

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

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

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

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

Benefit award amounts are determined utilizing a point system. For households with vulnerable household members, two additional points for each eligible category (elderly, disabled, young child) are given.

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

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

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

2.6 Describe estimated benefit levels for FY 2018:

Minimum Benefit	\$40	Maximum Benefit	\$280
------------------------	------	------------------------	-------

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

If yes, describe.

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

Section 3 - COOLING ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

Do you require an Assets test ? Yes No

Do you have additional/differing eligibility policies for:

Renters? Yes No

Renters Living in subsidized housing ? Yes No

Renters with utilities included in the rent ? Yes No

Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young children? Yes No

Households with high energy burdens ? Yes No

Other? Yes No

Explanations of policies for each "yes" checked above:

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

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

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

Income

Family (household) size

Home energy cost or need:

Fuel type

Climate/region

Individual bill

Dwelling type

Energy burden (% of income spent on home energy)

Energy need

Other - Describe:

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

3.6 Describe estimated benefit levels for FY 2018:

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

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? Yes No

If yes, describe.

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

Section 4 - CRISIS ASSISTANCE

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

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

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

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

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

A crisis is determined when a household has a disconnect notice from their utility provider, when a household has 5% or less of propane, or when a household only has enough wood to sustain them for the next 24-48 hours.

4.3 What constitutes a life-threatening crisis?

A life-threatening crisis is determined when a household's utilities have been disconnected, when a household has no propane or when the household has no wood to heat their home.

Crisis Requirement, 2604(c)

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

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

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

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

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

Do you require an Assets test ? Yes No

Do you give priority in eligibility to :

Elderly? Yes No

Disabled? Yes No

Young Children? Yes No

Households with high energy burdens? Yes No

Other? Yes No

In Order to receive crisis assistance:

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

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

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

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

Must heating/cooling be medically necessary? Yes No

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

Other?	<input type="radio"/> Yes <input type="radio"/> No
Do you have additional / differing eligibility policies for:	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Explanations of policies for each "yes" checked above:	
<p>In order to be eligible for crises benefits, a household must have a disconnection notice or have a near empty tank. The disconnect notice must be presented at the time of application. The near empty tank is subject to verification by a LIHEAP staff member. The household does not have to be disconnected or have an empty tank to qualify for crises assistance; however, for the crises to be determined life-threatening, these stipulations do apply.</p>	
Determination of Benefits	
4.8 How do you handle crisis situations?	
<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:
4.9 If you have a separate component, how do you determine crisis assistance benefits?	
<input checked="" type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	Other - Describe: Jemez LIHEAP will award a maximum benefit of \$300 for crises situations, therefore if the amount to alleviate the crises exceeds \$300, it will be the responsibility of the household to pay the remaining balance.
Crisis Requirements, 2604(c)	
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?	
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.	
<p>The Pueblo of Jemez is a small rural community and the LIHEAP office is accessible by most community members. The exception being disable and frail individuals. When requested, a home visit is made by a LIHEAP staff member to give the individual(s) an opportunity to apply for services.</p>	
4.11 Do you provide individuals who are physically disabled the means to:	
Submit applications for crisis benefits without leaving their homes?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
Travel to the sites at which applications for crisis assistance are accepted?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?	
Benefit Levels, 2605(c)(1)(B)	
4.12 Indicate the maximum benefit for each type of crisis assistance offered.	
Winter Crisis	\$300.00 maximum benefit
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?	
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe	
4.14 Do you provide for equipment repair or replacement using crisis funds?	

Yes No

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

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

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

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

Yes No

If you responded "Yes" to question 4.16, you must respond to question 4.17.

4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.

The Jemez Mountains Electric Cooperative sends a letter to households every Fall informing them if, by November 1st of each year, their bill has no past due balance and if they qualify for LIHEAP services, their electricity is exempt from shut off until March 15th of the following year. However, if the customer fails to make payment arrangements and becomes past due at any time during the term of the moratorium, they are subject to have their services cutoff on or after March 15th.

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

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency.

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

WEATHERIZATION - Types of Rules

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

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

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

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

Young Children?	<input type="radio"/> Yes <input checked="" type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>To receive major weatherization services, the renter must have written permission from the landlord. i.e. replacement of window, door, etc.</p>	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10 If yes, what is the maximum? \$300	
Types of Assistance, 2605(c)(1), (B) & (D)	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input type="checkbox"/> Other - Describe:
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>	

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

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

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

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

Publish articles in local newspapers or broadcast media announcements.

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

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

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

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

Other (specify):

The Jemez LIHEAP will continue to work closely with all Jemez Health and Human Services Programs and or other tribal programs through their individual conferences, workshops, focus group meetings, and through the departmental e-mail listing to get LIHEAP activities and services messages out to the community.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8.6 What is your process for selecting local administering agencies?

8.7 How many local administering agencies do you use?

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

- Yes
- No

8.9 If so, why?

<input type="checkbox"/>	Agency was in noncompliance with grantee requirements for LIHEAP -
<input type="checkbox"/>	Agency is under criminal investigation
<input type="checkbox"/>	Added agency
<input type="checkbox"/>	Agency closed
<input type="checkbox"/>	Other - describe

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

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

A letter is sent to the vendor via e-mail or fax to inform of the approval including the approval amount. If a bulk fuel provider, the vendor delivers fuel to the household and provides the Pueblo of Jemez LIHEAP a delivery receipt/invoice, signed by the representative of the household, for payment. For electric payments, the payment is made directly to the vendor on behalf of the clients.

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

A letter is mailed to the client which includes the following information: service delivery date (if applicable), vendor name, payment amount and payment date. A sample copy is attached.

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?

With the electric vendors this is in their normal billing practice. With propane and wood vendors, a contract is signed prior to the start of the LIHEAP season between the Jemez LIHEAP office and the vendor which addresses this. An unsigned copy of the vendor agreement is attached.

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?

This is addressed in the Service Agreement signed by a representative of the vendor(s) prior to the start of LIHEAP season. An unsigned sample copy of the vendor agreement is attached. These issues are also discussed at vendor meetings held at the start of the LIHEAP season.

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.

We have a clause in the LIHEAP vendor agreement which states that the vendor may apply 30% of the approved amount to arrears with the remaining 70% applied toward a new bulk fuel delivery. This assists households by reducing financial burden while receiving the services they qualified for.

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

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

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

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

The Pueblo of Jemez operates all administrative processes through the Tribal Administrative government including the Pueblo of Jemez fiscal management policies and procedures. The expenditures of Tribal funds, or any type of government grant, shall be processed through the Finance Department and must be handled in accordance with, and abide by the procedures as established in the Procurement Policy. This requires adequate documentation for all transactions including payments to vendors on behalf of clients. The Finance Department provides weekly financial statements to the managers of all programs so budgets can be monitored.

Specifically, the LIHEAP budget is monitored on a weekly basis and the Program Manager ensures that every month 8-9% of the budget is used. This guarantees that the entire budget is utilized in the allowable contractual period. There are no advance payments distributed to vendors for services. Therefore, vendor refunds are not tracked. Payments are made based on services rendered and after receipt of invoice for each service. Funding line items are separated into categories that include supplies for weatherization and general assistance services for heating and crises assistance. An Excel spreadsheet is utilized to keep track of all expenditures.

Audit Process

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

Yes No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

10.4. Audits of Local Administering Agencies

What types of annual audit requirements do you have in place for local administering agencies/district offices?

Select all that apply.

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

Compliance Monitoring

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

Grantee employees:

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

The Pueblo of Jemez employs a full time Compliance Officer to self audit programs for adherence to agency requirements and scope of work.

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

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

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

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

No changes were required.

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

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

	Date	Event Description
1		

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

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

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

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

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

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

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

12.2 How many of those fair hearings resulted in the initial decision being reversed? N/A

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

N/A

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

If an applicant does not agree with a decision made on any matter pertaining to their household's application or participating in this program, the head of household or a representative, may ask for a fair hearing. A fair hearing may be requested either orally or in writing, within 30 days of the date a notice of decision is mailed. They have a right to review their case file and any documents used in determining the appealed action. After a fair hearing, the decision of the LIHEAP Program Manager will be final.

12.5 When and how are applicants informed of these rights?

The applicant is given an information sheet, with their application, explaining their rights. The information sheet is stapled to all applications.

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

If an applicant does not agree with any matter pertaining to their household's application, the head of household or a representative may ask for a fair hearing. A fair hearing may be requested either orally or in writing, within 30 days of the date of application. They have a right review their case file. In most instances, applications are not acted on in a timely manner when the household has not submitted all required documentation to determine eligibility resulting in an incomplete application. In such cases, the household is hand-delivered or mailed a letter no more than seven days after the date of application informing them of the documents needed to complete the application.

12.7 When and how are applicants informed of these rights?

The applicant is given an information sheet explaining their rights. The information sheet is stapled to all applications. The household is hand-delivered, at the time of intake, or mailed a letter no more than seven days after the date of application, informing them of documents needed to complete the application.

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

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

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

13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?

The Jemez LIHEAP conducts several annual events that may include the following:

- Weatherization/Energy Conservation Seminar
- Financial Education Classes
- Energy Efficiency and or Financial Education Class to local elementary schools
- Distribution of supplies promoting household energy conservation and efficiency.

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

Throught collaboration with other tribal and non-tribal programs, various resources will be utilized and invited to educate clients.

An Excel Spreadsheets is also utilized to keep track of all expenditures.

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

Households become more aware of energy efficiency and implementing changes in the home to reduce energy usage. With a financial education class, it is anticipated that households will learn of various options and ways to ensure financial stability. Therefore, the implementation of these two resources will result in self-sustaining households.

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

N/A

13.5 How many households applied for these services? N/A

13.6 How many households received these services? 51

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

Section 14 - Leveraging Incentive Program ,2607A

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Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. Â§ 96.87(d)(2)(iii), describe the following:

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1			

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

Section 15 - Training

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Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

<input checked="" type="checkbox"/> Policies communicated through vendor agreements
<input type="checkbox"/> Policies are outlined in a vendor manual
<input type="checkbox"/> Other - Describe:
15.2 Does your training program address fraud reporting and prevention? <input checked="" type="radio"/> Yes <input type="radio"/> No
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

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

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

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

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

17.1 Fraud Reporting Mechanisms

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

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

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

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

17.2. Identification Documentation Requirements

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

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

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe any exceptions to the above policies.							
17.3 Identification Verification							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<input type="checkbox"/> Verify SSNs with Social Security Administration							
<input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency							
<input type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)							
<input type="checkbox"/> Match with state Department of Labor system							
<input type="checkbox"/> Match with state and/or federal corrections system							
<input type="checkbox"/> Match with state child support system							
<input type="checkbox"/> Verification using private software (e.g., The Work Number)							
<input checked="" type="checkbox"/> In-person certification by staff (for tribal grantees only)							
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)							
<input type="checkbox"/> Other - Describe:							
17.4. Citizenship/Legal Residency Verification							
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.							
<input type="checkbox"/> Clients sign an attestation of citizenship or legal residency							
<input type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency							
<input type="checkbox"/> Noncitizens must provide documentation of immigration status							
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input type="checkbox"/> Noncitizens are verified through the SAVE system							
<input checked="" type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input checked="" type="checkbox"/> Other - Describe:							
The Pueblo of Jemez is a small rural community. Verification through the Tribal Enrollment office has not been necessary; however, if needed it can be done.							
17.5. Income Verification							
What methods does your agency utilize to verify household income? Select all that apply.							
<input checked="" type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input type="checkbox"/> Bank statements							
<input checked="" type="checkbox"/> Tax statements							
<input checked="" type="checkbox"/> Zero-income statements							
<input checked="" type="checkbox"/> Unemployment Insurance letters							
<input checked="" type="checkbox"/> Other - Describe:							
1. Self employment statements indicating the monthly income for the last 90 days to be able to determine average monthly income.							
2. Retirement/Pension award letters.							
<input type="checkbox"/> Computer data matches:							
<input type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)							

<input type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor
<input type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input type="checkbox"/> Other - Describe:
17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input type="checkbox"/> Direct payment to households are made in limited cases only

<input type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
17.9. Benefits Policy - Bulk Fuel Vendors	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input type="checkbox"/>	Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
17.10. Investigations and Prosecutions	
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.	
<input type="checkbox"/>	Refer to state Inspector General
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/>	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/>	Grantee attempts collection of improper payments. If so, describe the recoupment process
If after investigation it is determined that fraud was committed, a civil complaint may be submitted to the tribal court.	
<input type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/>	Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

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

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

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

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.**
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.**
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.**
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.**
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.**

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment,

Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central pint is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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

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

identified the workplaces in question (see paragraph five).

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

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

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

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

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

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

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

and

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

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

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

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

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

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

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

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

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

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

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

129A Canal Street * Address Line 1		
Address Line 2		
Address Line 3		
Jemez Pueblo * City	NM * State	87024 * Zip Code

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

Alternate II. (Grantees Who Are Individuals)

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

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Assurances

Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

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

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

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

Plan Attachments

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

List of Cell Level Attachments

	File Name	Location
1	FY 19 LIHEAP Delegation Letter.pdf	Plan Attachments <ul style="list-style-type: none">• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.



August 20, 2018

Lauren S. Christopher, Esq.
Director
Division of Energy Assistance
Office of Community Services
Administration for Children and Families
U.S. Department of Health and Human Services
333C Street, S.W., 5th Floor
Mail Room 5245
Washington, D.C. 20201

Re: LIHEAP Delegation Letter

Dear Ms. Christopher:

I, Paul S. Chinana, Governor, delegate my authority to Monica Toya, Administrative Assistant/LIHEAP Coordinator to certify to the 16 assurances outlined in the Low Income Home Energy Assistance Act of 1981, as amended, and otherwise perform all necessary functions to properly administer the Low Income Home Energy Assistance Program.

Sincerely,

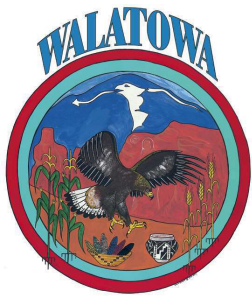
Paul S. Chinana
Governor

Office of the Governor

4471 Highway 4, Box 100 • Jemez Pueblo • New Mexico • 87024
(575) 834-7359 • Fax (575) 834-7331

List of Form Level Attachments

	File Name
1	Letter Re TC Resolution 8-31-18.pdf
2	FY 19 Contract Srvc Template.pdf
3	LIHEAP Wood Vendor Bid.pdf
4	NOA Denial Letter.pdf
5	NOA Approval Letter Bulk Fuel Rvsd 8-23-18.pdf
6	NOA Approval Letter Electric Rvsd 8-23-18.pdf
7	NOA Case Closed Letter.pdf
8	Additional Information Request.pdf
9	FY 19 Eligibility Worksheet.pdf
10	FY 19 Application Supplement_Information.pdf
11	Blank Application Form FY 2019.pdf



PUEBLO of **JEMEZ**

August 31, 2018

Lauren Christopher
Low Income Home Energy Assistance Program
DHHS, ACF, OCS, DEA
330 C Street, SW
Washington, D.C. 20201

Dear Ms. Christopher,

A revision to this plan will be submitted when a Tribal Council Resolution is received for the plan. If you have any questions, please contact me at (575) 834-9168 or via e-mail at mtoya@jemezpuablo.us. Thank you.

Respectfully,

Monica Toya
Interim Program Manager
Pueblo of Jemez Senior Citizens Program/LIHEAP
PO Box 237
Jemez Pueblo, NM 87024
T: (575) 834-9168
F: (575) 834-0238
Cell: (505) 917-7254

Jemez Health & Human Services – Low Income Home Energy Assistance Program

P.O. Box 279 • Jemez Pueblo • New Mexico • 87024

(575) 834-9168 • Fax (575) 834-0832

**CONTRACT SERVICES AGREEMENT BETWEEN THE PUEBLO OF JEMEZ LOW
INCOME HOME ENERGY ASSISTANCE PROGRAM AND
NAME OF CONTRACTOR**

This contract services agreement is hereby entered into between (Name), (address), referred to as the “Contractor” and the Pueblo of Jemez Health and Human Services, Low Income Home Energy Assistance Program, hereafter referred to as “Pueblo of Jemez.” The Pueblo of Jemez hereby agrees to pay the Contractor for (brief description of services), to approved, qualified households, beginning (date) ending (date).

1.0 TERM OF AGREEMENT

This agreement shall remain in full force and is in effect from the effective date of _____ until _____.

2.0 FEE

The Contractor will charge the current price of _____ per gallon/load. If the cost of propane should increase, or decrease, at any time, the Pueblo of Jemez must be informed, in writing prior to billing at the adjusted rate. The contractor will charge the eligible household in the normal billing process. The contractor will not treat LIHEAP households adversely on delivery times, the price of fuel or the amount of fuel the vendor will delivery at one time. The contractor should not require an additional deposit from LIHEAP customers. The contract will not exceed \$ (dollar amount cents).

3.0 PAYMENT

The Pueblo of Jemez agrees to pay the Contractor the total amount after satisfactory completion of any agreed upon services requested. The “Contractor” will submit appropriate documentation (delivery receipt) upon completion of services. Delivery receipt will serve as an invoice and must be submitted to the Pueblo of Jemez LIHEAP within 14 days of service delivery to begin payment processing. The final invoice/delivery receipt must be submitted within 14 days of completion of contract. The payment checks will be mailed to the vendor at the above address.

4.0 INVOICES

The parties agree that it is essential for accurate records to be maintained for each Contractor rendering services for or on behalf of the Pueblo of Jemez. Therefore, invoices should detail the following:

- Name and address of the Contractor
- Invoice Date
- Description. Quantity, unit price
- Amount due
- Name and address of official to whom Payment is to be sent
- Name, title and phone number of person to be notified in event of defective invoice

Payment shall be due upon receipt of the invoice or the agreed upon billing cycle. In all cases, the Pueblo of Jemez will abide by the Prompt Pay Act (31 U.S.C. 3903) and Office of

Management and Budget Circular A-125, Prompt Payment. The Pueblo of Jemez will pay the provider within 30 days of receipt of a “clean bill.”

5.0 SCOPE OF WORK

The contractor will provide **Propane Delivery** services for the Pueblo of Jemez LIHEAP, in the following manner:

1. When given the list of approved clients and approved amounts from the Jemez LIHEAP, the Contractor will deliver propane to the approved client/household within five days.
2. If a client is determined to be a crises client, by the LIHEAP Program, the Contractor will deliver the propane no more than 24 hours after being informed of the approval.
3. The delivery receipt will serve as an invoice and must be submitted to the Pueblo of Jemez LIHEAP within 14 days of service delivery to begin payment processing.
4. If it is determined that the client is in arrears, a small portion of the amount awarded, not to exceed 30%, may be applied to the customer’s unpaid account balance with the vendor. However, prior arrangements must be made with the Jemez LIHEAP Intake Worker and proof of balance owed such as an invoice must be submitted to the Jemez LIHEAP office along with the delivery receipt.

6.0 BACKGROUND CHECK

The Pueblo of Jemez may require Contractors to submit to the Pueblo evidence of background investigations of their employees, in compliance with:

- Provisions of the Indian Child Protection and Family Violence Prevention Act of 1990, Pub. L. 101-630;
- Provisions of the Pueblo of Jemez Tribal Code, Title XII, Sex Offender Registration Code, Section 12-5-1, Item (D), Jurisdiction of Employment. If the Contractor employs individuals covered by the Sexual Offender Registration and Notification Act (SORNA), the Contractor is **required** to notify the Pueblo of Jemez Human Resources Department.

7.0 EQUAL EMPLOYMENT OPPORTUNITY

The Contractor agrees to comply with Executive Order 11246 of September 24, 1965, entitled “Equal Employment Opportunity,” as amended by Executive Order 11375 of October 13, 1967, and as supplemented in Department of Labor regulations (41CFR chapter 60).

8.0 CONTRACT WORK HOURS AND SAFETY STANDARDS

The Contractor agrees to comply with Sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327–330) as supplemented by Department of Labor regulations (29 CFR Part 5).

9.0 COPELAND ANTI-KICKBACK ACT

Compliance with the Copeland “Anti-Kickback” Act (18 U.S.C. 874) as supplemented in Department of Labor regulations (29 CFR Part 3).

10.0 ALCOHOL AND DRUG-FREE WORKPLACE

The Pueblo of Jemez is an alcohol and drug-free work place. All contractors shall be subject to the Drug-Free Workplace Act of 1988.

11.0 NON-SMOKING POLICY

Smoking is prohibited during times when Contractor is acting in a professional capacity on behalf of the Pueblo of Jemez. Smoking is prohibited in all Pueblo of Jemez buildings, in the residences of clients or in any location in which Contractor delivers professional services.

12.0 CERTIFICATIONS/LICENSE

The Contractor must maintain all appropriate State and/or Federal Licensures, as required.

13.0 MODIFICATIONS

The contract period may be extended for a specified period, or otherwise be modified upon the mutual written agreement of both parties. Agreed upon modification to the contract must be approved prior to execution, which includes changes to scope of work, terms, and/or fee/payment.

14.0 NOTICES

Any notice required to be given pursuant to the terms of this Agreement shall be in writing and shall be hand-delivered or sent by certified mail to the party to receive such notice at the addresses listed immediately after each party's signature. Either party to this Agreement may change the address to which notice is to be submitted by notice delivered pursuant to this section.

15.0 CLEAN AIR AND WATER, EPA, and ENERGY EFFICIENCY

a. The Contractor agrees to comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act (42 U.S.C. 1857(h)), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR part 15).

b. The Contractor shall comply with mandatory standards and policies relating to energy efficiency which are contained in the energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub.L. 94-163) for the State in which the work under the contract is performed.

16.0 CODE OF CONDUCT AND CONFLICT OF INTEREST

The Contractor agrees to comply with the Pueblo of Jemez Code of Conduct (Adopted by Tribal Council Resolution 2007-49, November 5, 2007) that includes provisions for Conflict of Interest (Item D).

17.0 DISPUTE RESOLUTION

Failure of the parties to this contract to reach agreement on any request for equitable adjustment, claim, appeal or action arising under or relating to this contract shall be resolved in accordance with mediation practices under the jurisdiction of the Pueblo of Jemez Tribal Court. The Pueblo of Jemez does not waive its sovereign immunity. The Contractor shall proceed diligently with performance of this contract, pending final resolution of any dispute arising under the contract.

18.0 TERMINATION

The Pueblo of Jemez may terminate this agreement, with or without cause and at any time, upon 10 days prior written notice to the Contractor. The Contractor may terminate this agreement, with or without cause and at any time, upon 10 days prior written notice to the Pueblo of Jemez.

19.0 COSTS/TAXES

1. The Contractor will not be reimbursed for travel and related expenses.
2. The Contractor is responsible for all mandatory insurance/financial liabilities for personal vehicles.
3. The Contractor is responsible for all salaries, fringe benefits and other benefits for his/her employees.
4. It is the sole responsibility of the Contractor to notify the Pueblo of Jemez of any change of address or financial institute. Failure to do so may result in delay of invoice payment(s) and forwarding of the 1099 Miscellaneous Tax Form for income earned under the contract. The Pueblo of Jemez will provide a 1099 form for the 2018 and or 2019 tax year.
5. Contractor is not considered an employee and there is no employee/employer relationship specific to this agreement. Contractor is responsible for any and all taxes associated with the rendering of the services described herein.

20.0 INDEMNITY/HOLD HARMLESS

You agree at all times to indemnify, defend and hold harmless the Pueblo of Jemez, its agents, suppliers, affiliates and their respective directors and employees against all actions, proceedings, costs, claims, damages, demands, liabilities and expenses whatsoever (including legal and other fees and disbursements) sustained, incurred or paid by the Pueblo of Jemez directly or indirectly in respect of: (i) any information or other content you provide to or through the Pueblo of Jemez or which is sent to the Pueblo of Jemez by e-mail or other correspondence; or (ii) your use or misuse of the services, or the service venue, including, without limitation, infringement claims.

21.0 JURISDICTION AND GOVERNING LAW

The Pueblo of Jemez is a recognized sovereign nation. By entering into this agreement you agree and hereby submit to the exclusive personal jurisdiction and venue of the Pueblo of Jemez and acknowledge that you do so voluntarily and are responsible for complying with local laws. Further, by entering into this agreement, the Pueblo of Jemez, or any of its programs, enterprises or departments, does not waive, limit or modify its sovereign immunity from suit.

22.0 SEVERABILITY

Any provision of this Agreement which is prohibited or unenforceable in any jurisdiction shall, as to that jurisdiction, be ineffective to the extent of such prohibition or unenforceability and shall otherwise be enforced to the maximum extent permitted by law, all without affecting the remaining provisions of this Agreement or affecting the validity or enforceability of such provision in any other jurisdiction.

23.0 ENTIRE AGREEMENT

These terms and conditions constitute the entire agreement between the Pueblo of Jemez and the Contractor. No supplement, modification or amendment to this Agreement and no waiver of any provision of this Agreement shall be binding on Pueblo of Jemez unless executed by Pueblo of

Jemez in writing. No waiver of any of the provisions of this Agreement shall be deemed or shall constitute a waiver of any other provision (whether or not similar) nor shall such waiver constitute a continuing waiver unless otherwise expressly provided.

This contract is hereby certified and validated by signatory acceptance of the Contractor and the authorized representation of the Pueblo of Jemez signified below. The effective date of this Agreement is the date of last signature by either the Pueblo or the Contractor.

Contractor Signature

Address

City, State, Zip Code

SSN or EIN (provide copy)

Date

Benny Shendo, Jr.
Tribal Administrator

P. O. Box 100
Jemez Pueblo, NM
Address

Date

IF THE CONTRACT AMOUNT IS \$5000.00 or over, also include signature for the Governor (otherwise delete if the contract amount is less than \$5000.00)

Paul S. Chinana, Governor
Pueblo of Jemez

P.O. Box 100
Jemez Pueblo, NM 87024
Address

Date

Reviewed by Human Resources:

Signature

Date



Wood Vendor Bid

Vendor Name: _____

Address: _____

Telephone Number: _____

Wood Type	Cost Per Cord
	\$
	\$
	\$
	\$

Signature

Date

- *Vendor must be available to deliver wood no more than four days after notice is given.*
- *Vendor is responsible for all costs associated with obtaining the wood including but not limited to permit cost, gasoline, etc.*
- *If selected vendor must sign a vendor agreement and submit a W-9 form.*
- *A valid contact/telephone number is vital to the successful fulfillment of your contract, if selected; therefore please list a telephone number where you can be reached during the regular business hours of Monday-Friday, 8am-5pm. Not being able to reach you may negatively affect your selection.*



NOTICE OF ACTION

August 27, 2018

John Doe
PO Box 123
Jemez Pueblo, NM 87024

Dear Mr. Doe,

Your application for energy assistance through the Pueblo of Jemez Low-Income Home Energy Assistance Program has been denied because your household income exceeded the Program income eligibility requirements.

If you are dissatisfied with the decision made on your application, contact the LIHEAP office to be sure we have all the information needed to correctly determine your eligibility. If there has been an error or misunderstanding used to determine your eligibility you have the right to appeal within thirty (30) days from the date of a denial notice to request a fair hearing. A Fair Hearing will be scheduled within forty five (45) days from the date of the denial letter in a time and place convenient to you. You will receive written notice of the final decision made on your appeal, after which time the decision of the LIHEAP Program Manager is final.

If you have any other questions or concerns please call me or the Program Manager at 575-834-9168.

Respectfully,

Monica Toya
LIHEAP Intake Worker



NOTICE OF ACTION

January 31, 2018

John Doe
PO Box 1234
Jemez Pueblo, NM 87024

Dear Mr. Doe,

Your application for energy assistance through the Pueblo of Jemez Low-Income Home Energy Assistance Program was approved in the amount of \$[AMOUNT]. This amount was based on a point system utilized by the program.

Your [Bulk Fuel] was delivered on [DATE] and a benefit payment was sent to [VENDOR] on [DATE] in the amount of \$[AMOUNT]. If you had an outstanding balance with the vendor, up to 30% of the approved amount may have been used to cover that balance first. Please remember that you are responsible to pay any remaining balance after LIHEAP has paid the approved amount.

If you are dissatisfied with the decision made on your application, contact the LIHEAP office to be sure we have all the information needed to correctly determine your eligibility. If there has been an error or misunderstanding used to determine your eligibility you have the right to appeal within thirty (30) days from the date of notice to request a fair hearing. A Fair Hearing will be scheduled within forty five (45) days from the date of the letter in a time and place convenient to you. You will receive written notice of the final decision made on your appeal, after which time the decision of the LIHEAP Program Manager is final.

If you have any other questions or concerns please call me or the Program Manager at (575) 834-9168.

Respectfully,

Monica Toya
LIHEAP Intake Worker
Cc: Client File



NOTICE OF ACTION

January 31, 2018

Jane Doe
PO Box 522
Jemez Pueblo, NM 87024

Dear Ms.Doe,

Your application for energy assistance through the Pueblo of Jemez Low-Income Home Energy Assistance Program was approved in the amount of \$[AMOUNT]. This amount was based on a point system utilized by the program.

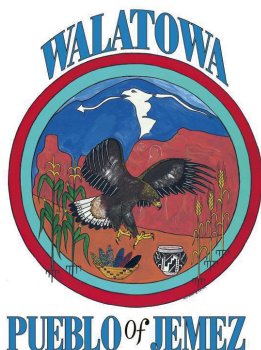
Your benefit payment was sent to Jemez Mountains Electric Coop on [DATE] in the amount of \$[AMOUNT]. (Only If Applicable. If not, erase the following sentence.) The remaining benefit amount of \$[AMOUNT] will be forfeited if an invoice is not brought into the LIHEAP office by March 15, 2019. Please remember that you are responsible to pay any remaining balance after LIHEAP has paid the approved amount.

If you are dissatisfied with the decision made on your application, contact the LIHEAP office to be sure we have all the information needed to correctly determine your eligibility. If there has been an error or misunderstanding used to determine your eligibility you have the right to appeal within thirty (30) days from the date of notice to request a fair hearing. A Fair Hearing will be scheduled within forty five (45) days from the date of the letter in a time and place convenient to you. You will receive written notice of the final decision made on your appeal, after which time the decision of the LIHEAP Program Manager is final.

If you have any other questions or concerns please call me or the Program Manager at (575) 834-9168.

Respectfully,

Monica Toya
LIHEAP Intake Worker
Cc: Client File



NOTICE OF ACTION

May 13, 2018

Jane Doe
PO Box 1234
Jemez Pueblo, NM 87024

Dear Ms. Doe,

We are in receipt of your application for energy assistance through the Pueblo of Jemez Low-Income Home Energy Assistance Program. At this time your case has been closed for failing to provide supporting documentation as required. You may reapply for LIHEAP assistance if there are still funds available.

If you are dissatisfied with the decision made on your application, contact the LIHEAP office to be sure we have all the information needed to correctly determine your eligibility. If there has been an error or misunderstanding used to determine your eligibility you have the right to appeal within thirty (30) days from the date of a denial notice to request a fair hearing. A Fair Hearing will be scheduled within forty five (45) days from the date of the denial letter in a time and place convenient to you. You will receive written notice of the final decision made on your appeal, after which time the decision of the LIHEAP Program Manager is final.

If you have any other questions or concerns please call me or the Program Manager at 575-834-9168.

Respectfully,

Monica Toya
LIHEAP Intake Worker



STATUS OF ENERGY APPLICATION
Additional Information Requested Form

[Date]

John Doe
PO Box 1234
Jemez Pueblo, NM 87024

Dear Mr. Doe,

We have received your application for assistance from the **Pueblo of Jemez Low-Income Home Energy Assistance Program**.

Your application is in a pending status at this time. Before we can complete your application, additional information is requested.

Please do the following so we can complete your application:

1. Bring in xyz.

If we do not receive the information requested within 14 days from the date of this notice we will close your case for failing to provide information as requested. If your case is closed you may reapply for LIHEAP assistance if there are funds available. If you have any questions please call me at 575-834-9168.

Respectfully,

Monica Toya
LIHEAP Intake Worker

Pueblo of Jemez LIHEAP Eligibility Worksheet

October 2018-September 2019

Eligibility

Household Eligibility

Applicant _____

Total Annual Income: \$ _____

Total Monthly Income: \$ _____

Household Size: _____

Date of Calculation: _____

Income Eligibility - 150% of Poverty

HH Size	Monthly	Annual
1	\$ 1,518	\$ 18,210
2	\$ 2,058	\$ 24,690
3	\$ 2,598	\$ 31,170
4	\$ 3,138	\$ 37,650
5	\$ 3,678	\$ 44,130
6	\$ 4,218	\$ 50,610
7	\$ 4,758	\$ 57,090
8	\$ 5,298	\$ 63,570
Each +	\$ 540	\$ 6,480

Benefit Points

A - Energy

Highest Energy Bill divided by income

	Points
16% or higher	3
11% - 15%	2
6% - 10%	1
5% <	0
Propane Assistance	2

*Energy Standard Allowance \$257

B - Income

HH Size	3 Points	2 Points
1	\$ 1,012	\$ 1,518
2	\$ 1,372	\$ 2,058
3	\$ 1,732	\$ 2,598
4	\$ 2,092	\$ 3,138
5	\$ 2,452	\$ 3,678
6	\$ 2,812	\$ 4,218
7	\$ 3,172	\$ 4,758
8	\$ 3,532	\$ 5,298
Each +	\$ 396	\$ 540

C - Vulnerable Members

	Points
Younger than age 6	2
Age 60 or older	2
Disabled	2

Vendor: _____

HH Benefit Amount: _____

LIHEAP Intake Worker Signature _____

Approved _____ Denied _____

LIHEAP Manager Signature _____

Date _____

Point Values - \$20 per point

Points	HH Benefit Amount
2	\$ 40
3	\$ 60
4	\$ 80
5	\$ 100
6	\$ 120
7	\$ 140
8	\$ 160
9	\$ 180
10	\$ 200
11	\$ 220
12	\$ 240
13	\$ 260
14	\$ 280

INCOME VERIFICATION

HEAD OF HOUSEHOLD/APPLICANT: _____
SPOUSE: _____

HOUSEHOLD MEMBER(S)/AGE: _____
INCLUDING DISABLED _____

EARNED INCOME

1)Check Stubs \$0.00
2)Check Stubs \$0.00
Self Employment \$0.00
W2 Forms \$0.00

TOTAL: \$0.00
 Annual \$0.00

UNEARNED INCOME

Social Security \$0.00
SSI \$0.00
VA \$0.00
Retirement \$0.00
Unemployment \$0.00
Other 0

TOTAL: \$0.00
 Annual \$0.00

GRAND TOTAL: \$0.00

Jemez Health and Human Services

Low Income Home Energy Assistance Program Applicant Information

Special Needs Information	<p>If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the Jemez Low Income Home Energy Assistance Program office at (575) 834-9168. The program requires at least 10 days advance notice to provide requested alternative formats and special accommodations.</p>
Your Civil Rights	<p>The JHHS LIHEAP is an equal opportunity program catering to the needs of the Pueblo of Jemez tribal members residing within the Pueblo of Jemez reservation boundaries.</p> <p>If you believe you have been treated unfairly because of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, and reprisal, you may file a complaint. Complaints of discrimination may be filed with the Jemez Health and Human Services Low Income Home Energy Assistance Program office.</p>
Your Privacy	<p>The information you give to the LIHEAP will be used to determine whether your household is eligible or continues to be eligible to take part in our program. This information will also be used to make sure that you meet program rules and help us to manage the program.</p> <p>This information may be given to other Federal and State Agencies for official examination.</p> <p>If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all social security numbers, may be given to Federal and State Agencies, and administrative action may be necessary to collect on the claim.</p> <p>Providing the requested information, including social security numbers of each household member is voluntary. However, each person applying for assistance must give a social security number or it will result in the denial of program benefits to each individual applicant failing to give a social security number therefore resulting in denial of benefits for the household. Any social security numbers given will be used and disclosed in the same manner as social security numbers of eligible household members.</p>
Fair Hearing Rights	<p>If your completed application was not acted on within a timely manner, a fair hearing may be requested either orally or in writing, within 30 days of the date of application. If you do not agree with a decision made on any matter concerning your household's participation in this program, you and/or your representative, may ask for a fair hearing. A fair hearing may be requested either orally or in writing, within 30 days of the date a notice of a decision on your case was mailed. You will have the right to examine, prior to the hearing, your case file, and any documents used in the determination of the appealed action. Yourself, another household member, or person you have asked to represent your household, such as a friend or relative, may present your case.</p>
Fraud	<p>The Pueblo of Jemez participates in the WETIP program. To report fraud utilizing the WETIP program please call 1-800-US-FRAUD. To report fraud directly to the Senior Citizens Program please call (575) 834-9168.</p>
If You Need More Information	<p>Call 575-834-9168</p>



Pueblo of Jemez

Low-Income Home Energy Assistance Program

129A Canal Street, P.O. Box 279 • Jemez Pueblo • New Mexico • 87024

(575) 834-9168 • Fax (575) 834-0238

Application Form

I. Household Composition

A. Applicant/Head of Household

Last Name	First Name
-----------	------------

B. Address (Write in your current physical and mailing address.)

Street Address				Telephone #
PO Box	City	State	Zip Code	

C. List every household member (including head of household) and information about them.

Name (First and Last)	Social Security Number	Date of Birth	Sex M=Male F=Female	E=Employed SE=Self Empl. U=Unemployed S=Student	Disabled?
(You)					() Yes () NO
					() Yes () NO
					() Yes () NO
					() Yes () NO
					() Yes () NO
					() Yes () NO
					() Yes () NO

D. Does any household member receive Commodities, SNAP Benefits, Medicaid, or Cash Assistance like TANF, General Assistance, or SSI?

Yes () No ()

II. Household Income

Attach proof of income for the last 30 days, 90 days if self employed.

A. Source of household income (check all that apply)

- | | | |
|-------------------------|---------------------|---------------------------|
| () Employment | () Cash Assistance | () Pensions (Retirement) |
| () Unemployment | () Veterans | () Workers Compensation |
| () Social Security/SSI | () Military | () Child Support |
| () SNAP Benefits | () Other _____ | |

B. List income information for all household members

Person with Income	Income From	Amount Before Taxes	How Often? Weekly, Biweekly, Monthly, Semi Monthly
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

III. Living Arrangements

- A. Do you own your home? () Yes () No B. Living with others (rent free)? () Yes () No
 C. Rent your home? () Yes () No D. If yes, Landlord's Name: _____
 E. If you rent, is this energy bill included in your rent payment? () Yes () No

IV. Fuel Type & Supplier

- A. Which of the following do you use as your primary source of heat? Please Select ONE
 () Electricity () Propane () Wood

Name of Supplier/Vendor _____
 Vendor Telephone Number _____

- B. Whose name is on the utility bill? _____
 C. Account Number _____
 D. How much was your highest monthly bill in the last 12 months? \$ _____
 Please provide a copy of your bill or receipts for fuel. If eligible will send your payment to your heating provider.

V. Weatherization Assistance

- A. Does your household need weatherization assistance? () Yes () No
 If yes, which of the following? () Windows () Doorway () Other:

VI. Declarations

You must sign this form to make this application valid. Your application will not be processed unless signed.

- A. I have been informed of the eligibility requirements established for assistance under the Pueblo of Jemez for the Low Income Home Energy Assistance Program.
 B. I understand It is my responsibility to give proof of things I report to Jemez LIHEAP and that my application will not be processed until all proof required is turned in.
 C. I declare that the information given by me in this application is true and correct. I understand that because the Low Income Energy Home Assistance Program is federally funded, the penalty for providing false information shall be not more than a \$10,000.00 fine, or not more than 5 years imprisonment, or both.
 D. I have been advised of my right to appeal any decision made with respect to the application. I understand that I have 30 days from the date of notification to request a fair hearing regarding any subsequent decrease in the amount or duration of assistance I am to receive. I also have 30 days, from the date the application was turned in, to request a fair hearing if my application is not acted on in a timely manner without being properly notified as to the reason for the delay.
 E. I declare that prior to signing the attached Low Income Home Energy Assistance application form, I received in my primary language, appropriate verbal or written assistance in understanding all questions and conditions it contains and a telephone number I can call for more information or bilingual assistance.

Sign Here X _____ **Date** _____

OFFICE USE ONLY			
LIHEAP Intake Worker		Date Rec'vd	
Application Complete () Yes () No Note:			