Bay Mills Indian Community
Brimley, Michigan 49715
Grand Traverse Band of Ottawa & Chippewa Indians
Suttons Bay, Michigan 49682
Hannahville Indian Community
Wilson, Michigan 49896
Saginaw Chippewa Indian Tribe
Mt. Pleasant, Michigan 48858
Little Traverse Bay Bands of Odawa Indians
Harbor Springs, Michigan 49740
Nottawaseppi Band of Huron Potawatomi
Fulton, Michigan 49502

INTER-TRIBAL
Ottawa Ojibwa Potawatomi
COUNCIL OF MICHIGAN, INC.
An Equal Opportunity Employer

Keweenaw Bay Indian Community
Baraga, Michigan 49908
Lac Vieux Desert Band of Lake Superior Chippewa Tribal Government
Watersmeet, Michigan 49969
Sault Ste. Marie Tribe of Chippewa Indians
Sault Ste. Marie, Michigan 49783
Pokagon Band of Potawatomi Indians
Dowagiac, Michigan 49047
Match-E-Be-Nash-She (Gun Lake Tribe)
Dorr, Michigan 49323

2956 Ashmun Street, Suite A, Sault Ste. Marie, Michigan 49783
Phone: (906) 632-6896 Main Fax: 906-632-1810

NOTICE

The Inter-Tribal Council of Michigan, Inc. is applying for direct funding for a Low Income Energy Assistance Program (LIEAP).

Public review to allow for comment is a requirement for funding. The public comment period is open from August 1, 2016 through August 12, 2016.

A copy of the application and plan are available with this notice at:

Inter-Tribal Council of MI, Inc.
2956 Ashmun Street
Sault Ste. Marie, MI 49783

Please direct any comments, recommendations, or suggestions to the Inter-Tribal Council of Michigan, Inc. Central Office.

Thank you –

NOTE: This Proposed LIEAP Plan and Application was made available for Tribal members at the ITC Main office in Sault Ste. Marie and at the participating tribal offices (Bay Mills Indian Community, Lac Vieux Desert, Hannahville Indian Community, Little Traverse Bay Bands of Odawa Indians, Gun Lake Tribe, Huron Potawatomi Indian Nation and Saginaw Chippewa Tribe) and also at ITC's website (www.itcmi.org) .

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Grantee Name: INTER-TRIBAL COUNCIL OF MICHIGAN
Report Name: DETAILED MODEL PLAN (LIHEAP)
Report Period: 10/01/2016 - 09/30/2017
Report Status: Saved
Section Status: Saved

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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: 06/30/2017

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

* 1.a. Type of Submission: ◉ Plan

* 1.b. Frequency: ◉ Annual

* 1.c. Consolidated Application/Plan/Funding Request?

Explanation:

* 1.d. Version:
◉ Initial
○ Resubmission
○ Revision
○ 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:

7. APPLICANT INFORMATION

* a. Legal Name: Inter-Tribal Council of MI, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 381893519

* c. Organizational DUNS: 161220728/34KJ7

* d. Address:

* Street 1: 2956 ASHMUN STREET

Street 2:

* City: SAULT STE. MARIE

County:

* State: MI

Province:

* Country: United States

* Zip / Postal Code: 49783 -

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Kim

Middle Name:

* Last Name: Nystrom

Suffix:

Title: LIHEAP Coordinator

Organizational Affiliation:

* Telephone Number: 9066326896
Fax Number: 9066321366
* Email: knystrom@itcmi.org

* 8a. TYPE OF APPLICANT: K: Indian/Native American Tribally Designated Organization

b. Additional Description:

* 9. Name of Federal Agency:

	Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles	93568	Low-Income Home Energy Assistance

11. Descriptive Title of Applicant's Project: LOW INCOME ENERGY ASSISTANCE PROGRAM

12. Areas Affected by Funding: SEVEN OF THE 12 MICHIGAN FEDERALLY RECOGNIZED TRIBES

13. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: 1
b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

14. FUNDING PERIOD:

a. Start Date:	b. End Date:
10/01/2016	09/30/2017

15. ESTIMATED FUNDING:

* a. Federal ($):	b. Match ($):
$0	$0

* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

a. This submission was made available to the State under the Executive Order 12372 Process for Review on :

b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

* 17. Is The Applicant Delinquent On Any Federal Debt?

○ YES
◉ NO

Explanation:

18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**I Agree ☑

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18a. Typed or Printed Name and Title of Authorized Certifying Official

18c. Telephone (area code, number and extension)

18d. Email Address

18b. Signature of Authorized Certifying Official

18e. Date Report Submitted (Month, Day, Year)

Attach supporting documents as specified in agency instructions.

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File Attachment

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Local Attachment: Browse...

Attach File

Attachments for

Cell Location:	File Name:	Date Received:	Delete:
Mandatory Grant Application SF-424 Attach an additional list of Program/Project Congressional Districts if needed.	TRIBAL COUNTY SERVICE AREA MAP.PDF	**07/14/2016**	☐

Delete Selected File(s)

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ADMINISTRATION FOR CHILDREN AND FAMILIES

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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 20447

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Approval No. 0970-0075
Expiration Date: 02/28/2005

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

Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program.
(Note: You must provide information for each component designated here as requested elsewhere in this plan.)

		Dates of Operation	
		Start Date	End Date
☑	Heating assistance	10/01/2016	09/30/2017
☐	Cooling assistance		
☑	Crisis assistance	10/01/2016	09/30/2017
☑	Weatherization assistance	10/01/2016	09/30/2017

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	65.00%
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)	0.00%
Used to develop and implement leveraging activities	10.00%
TOTAL	100.00%

Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)

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

- ☑ Heating assistance
- ☐ Cooling assistance
- ☐ Weatherization assistance
- ☐ 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	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No
SSI	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No
SNAP	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No
Means-tested Veterans Programs	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No

	Program Name	Heating	Cooling	Crisis	Weatherization	X
Other (Specify) 1		○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	☐

Add Other Program: 1 Add Delete Marked Rows

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

- [ ] Income tax refunds
- [ ] Stipends from senior companion programs, such as VISTA
- [ ] Funds received by household for the care of a foster child
- [ ] Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
- [ ] Reimbursements (for mileage, gas, lodging, meals, etc.)
- [ ] Other

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.

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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 componenet:

Add	Household size	Eligibility Guideline	Eligibility Threshold	Delete
1	All Household Sizes	State Median Income	60.00%	☐

Add : 1 | Add | Delete Marked Rows

2.2 Do you have additional eligibility requirements for HEATING ASSITANCE? ◉ 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? ○ 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:

See attached guidelines manual Page 1

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.

All applications will be processed and benefits paid on a first come, first serve basis. However, the most needy, elderly, disabled, and households with young children ages 0-6 will be afforded to the opportunity to be served first.

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

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

See attached guidelines manual

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

2.6 Describe estimated benefit levels for FY 2016:

Minimum Benefit	$270	Maximum Benefit	$400

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.

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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 componenet:

Add	Household size	Eligibility Guideline	Eligibility Threshold	Delete
1	All Household Sizes	State Median Income	60.00%	☐

Add : 1 | Add | Delete Marked Rows

3.2 Do you have additional eligibility requirements for COOLING ASSITANCE? ○ 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:

N/A

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

3.6 Describe estimated benefit levels for FY 2016:

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.

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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	Delete
1	All Household Sizes	State Median Income	60.00%	☐

Add : 1 | Add | Delete Marked Rows

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

Households with a past due or shut off notices from Vendor, out of wood, or propane tank is below 10% constitute as an emergency crisis.

4.3 What constitutes a life-threatening crisis?

Households that are shut off from the vendor, out of wood, or out of propane constitutes as a life threatening crisis.

Crisis Requirement, 2604(c)

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

4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 2 **Hours**

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?	○ 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

Explanations of policies for each "yes" checked above:

Renters whose heat is included in the rent, the benefit levels will be based upon the proportion of rent to income.

Determination of Benefits

4.8 How do you handle crisis situations?

- ☑ **Separate component**
- ☐ **Fast Track**
- ☑ **Other - Describe:**

The application procedure for an emergency is the same as the heating assistance, but the applicant must have a past due or shut off notice and a written denial letter from an alternative source. The Program Manager has 48 hours to process the application and contact the vendor if approved.

4.9 If you have a separate component, how do you determine crisis assistance benefits?

☐ **Amount to resolve the crisis.**

☑ **Other - Describe:**

Emergency applicants will receive $500 towards their bill.

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?

◉ **Yes** ○ **No Explain.**

Each Tribe has an outreach worker at their tribal site to accept applications.

4.11 Do you provide individuals who are physically disabled the means to:

Submit applications for crisis benefits without leaving their homes?

◉ **Yes** ○ **No If No, explain.**

Travel to the sites at which applications for crisis assistance are accepted?

◉ **Yes** ○ **No If No, explain.**

If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?

Benefit Levels, 2605(c)(1)(B)

4.12 Indicate the maximum benefit for each type of crisis assistance offered.

Winter Crisis	$0.00	**maximum benefit**
Summer Crisis	$0.00	**maximum benefit**
Year-round Crisis	$500.00	**maximum benefit**

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

○ **Yes** ◉ **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.

Year-round Crisis

	Winter Crisis	Summer Crisis	
Heating system repair	☐	☐	☐
Heating system replacement	☐	☐	☐
Cooling system repair	☐	☐	☐
Cooling system replacement	☐	☐	☐
Wood stove purchase	☐	☐	☐
Pellet stove purchase	☐	☐	☐
Solar panel(s)	☐	☐	☐
Utility poles / gas line hook-ups	☐	☐	☐
Other (Specify):	☐	☐	☐

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

○ Yes ◉ No

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

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

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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	Delete
1	All Household Sizes	State Median Income	60.00%	☐

Add : 1 Add Delete Marked Rows

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	◉ Yes ○ No
Renters living in subsidized housing?	◉ Yes ○ No
5.8 Do you give priority in eligibility to:	
Elderly?	○ Yes ◉ No
Disabled?	○ Yes ◉ No
Young Children?	○ Yes ◉ No
House holds with high energy burdens?	○ Yes ◉ No
Other?	○ Yes ◉ No

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.

Renters must have written permission from their landlord.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? ◉ Yes ○ No

5.10 If yes, what is the maximum? $200

Types of Assitance, 2605(c)(1), (B) & (D)

5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)

☐ Weatherization needs assessments/audits	☐ Energy related roof repair
☑ Caulking and insulation	☐ Major appliance Repairs
☑ Storm windows	☐ Major appliance replacement
☑ Furnace/heating system modifications/ repairs	☑ Windows/sliding glass doors
☑ Furnace replacement	☑ Doors

- ☐ Cooling system modifications/ repairs
- ☐ Water conservation measures
- ☐ Compact florescent light bulbs
- ☐ Water Heater
- ☐ Cooling system replacement
- ☐ Other - Describe:

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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):

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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.).

- ☐ **Joint application for multiple programs**
- ☐ **Intake referrals to/from other programs**
- ☐ **One - stop intake centers**
- ☑ **Other - Describe:**

Program information (income guidelines, contact workers) will be sent to the Tribal Social Services offices, the Tribal Outreach Worker will inform and assist applicants, as needed, to acquire various tribal programs offered that would benefit the applicant's household.

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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?

- ☐ Administration Agency
- ☐ Commerce Agency
- ☐ Community Services Agency
- ☐ Energy / Environment Agency
- ☐ Housing Agency
- ☐ Welfare Agency
- ☑ Other - Describe: Non-proft Tribal Organiz

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?	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits
8.5b Who processes benefit payments to gas and electric vendors?	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits	
8.5c who processes benefit payments to bulk fuel vendors?	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits	
8.5d Who performs installation of weatherization measures?				Local City Government Local County Government Community Action Agencies Non-profits

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?

Inter-Tribal Council of MI, Inc. administers the LIHEAP Program on behalf of seven Michigan Tribes.

8.7 How many local administering agencies do you use? 7

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

- ○ Yes
- ◉ No

8.9 If so, why?

- ☐ Agency was in noncompliance with grantee requirements for LIHEAP -
- ☐ Agency is under criminal investigation
- ☐ Added agency
- ☐ Agency closed
- ☐ Other - describe

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

9.1 Do you make payments directly to home energy suppliers?

Heating	◉ Yes ○ No
Cooling	○ Yes ◉ No
Crisis	◉ Yes ○ No
Are there exceptions?	○ Yes ◉ No

If yes, Describe.

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

An approval letter is sent to the client.

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?

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?

A letter, is sent to the vendor and all applicatons are confidential.

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.

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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?

A central accounting system is in place and is the administrative entity which has maintained fiscal control of local, state, and federal funds. Bills/invoices are logged in chronological order and notation made when paid. Invoices are then submitted to the Accounting Dept. and are paid on a weekly basis. The invoices along with a copy of the payment are kept of file. The Accounting Dept. has the responsiblity of provideding the Program Manager with monthly financial statements. The

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	Delete
1	Select		Select	Select	☐

Add Findings: 1 | Add | Delete Marked Rows

10.4. Audits of Local Administering Agencies

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

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

Compliance Monitoring

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

Grantee employees:

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

Local Adminstering 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?

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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?

None

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	Delete
1			☐

Add List the date(s) and locations(s): 1 Add Delete Marked Rows

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

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

N/A

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

N/A

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

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

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

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

N/A

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

Each applicant is informed, per notice of decision within 10 days, of the action taken on their application. If a denial occurs, the applicant is informed of why the applications is denied, IE. overincomed, funding out, etc.

12.5 When and how are applicants informed of these rights?

See guidelines manual pages 8-10 Hearings.

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

See guidelines manual pages 8-10 Hearings.

12.7 When and how are applicants informed of these rights?

See guidelines manual pages 8-10 Hearings.

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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?

N/A

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

N/A

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

N/A

13.4 Describe the level 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? N/A

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Section Status: Initialized

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
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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.

See attached Leveraging activities.

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. § 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?	Delete
1	Tribal entity	Emergency Program	see attached	☐

Add Section 14: Leveraging Incentive Program, 2607A: 1 Add | Delete Marked Rows

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.

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Cell Location:	File Name:	Date Received:	Delete:
Section 14 - Leveraging Incentive Program ,2607A **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.**	LEVERAGING ACTIVITIES.DOCX	07/14/2016	☐

Delete Selected File(s)

LEVERAGING ACTIVITIES

The LIEAP Emergency Crisis Intervention Component will coordinate with available tribal leveraging incentives as needed, per request. Such efforts to include, but not limited to:

-distribution of leveraging resource dollars (tribal funds or land claims monies used for energy assistance to needy households).
-determining eligibility, use of LIEAP income guidelines to determine eligibility.
-other duties LIEAP workers can provide to get leveraging funds to needy applicants.
-funds distributed are non-federal dollars, within the tribe's emergency funds. These funds are accessed only after the participant has exhausted other sources of funding. The energy workers assist the household through this process and are used as an information resource for the emergency funds coordinator to verify a household's emergency needs.

Each of the tribes provides leveraging designated funding at various levels. The funding is non-federal dollars. The funds are derived from tribal enterprises and/or land claims.

As a source of documentation the tribes will state leveraging contribution on the check provided to the households in need of emergency energy assistance, or other assistance that is provided by the tribe to enhance the LIEAP Leveraging goals.

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Section 15: Training

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

a. Grantee Staff:

☐ **Formal training on grantee policies and procedures**

How often?

- ☐ **Annually**
- ☐ **Biannually**
- ☐ **As needed**
- ☐ **Other - Describe:**

☑ **Employees are provided with policy manual**

☐ **Other-Describe:**

b. Local Agencies:

☐ **Formal training conference**

How often?

- ☐ **Annually**
- ☐ **Biannually**
- ☐ **As needed**
- ☐ **Other - Describe:**

☑ **On-site training**

How often?

- ☐ Annually
- ☐ Biannually
- ☑ As needed
- ☐ Other - Describe:

☐ Employees are provided with policy manual

☐ Other - Describe

c. Vendors

☐ Formal training conference

How often?

- ☐ Annually
- ☐ Biannually
- ☐ As needed
- ☐ Other - Describe:

☐ Policies communicated through vendor agreements

☐ Policies are outlined in a vendor manual

☑ Other - Describe:

N/A

15.2 Does your training program address fraud reporting and prevention?

◉ Yes
○ No

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

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Section 15 - Training **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.**	PROGRAM INTEGRITY ASSESSMENT.DOC	07/14/2016	☐

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
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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.

N/A

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
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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	☑ Required	☑ Required	☑ Required
	☐ Requested	☐ Requested	☐ Requested
Social Security Number (Without actual Card)	☐ Required	☐ Required	☐ Required
	☐ Requested	☐ Requested	☐ Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	☑ Required	☐ Required	☐ Required
	☐ Requested	☐ Requested	☐ 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	X
1		☐	☐	☐	☐	☐	☐	☐

Add Other: 1 Add Delete Marked Rows

b. Describe any exceptions to the above policies.

None

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

- ☐ Verify SSNs with Social Security Administration
- ☐ Match SSNs with death records from Social Security Administration or state agency
- ☐ Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
- ☐ Match with state Department of Labor system
- ☐ Match with state and/or federal corrections system
- ☐ Match with state child support system
- ☐ Verification using private software (e.g., The Work Number)
- ☐ In-person certification by staff (for tribal grantees only)
- ☑ Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)
- ☐ 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.

- ☐ Clients sign an attestation of citizenship or legal residency
- ☑ Client's submission of Social Security cards is accepted as proof of legal residency
- ☐ Noncitizens must provide documentation of immigration status
- ☐ Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- ☐ Noncitizens are verified through the SAVE system
- ☑ Tribal members are verified through Tribal enrollment records/Tribal ID card
- ☐ Other - Describe:

17.5. Income Verification

What methods does your agency utilize to verify household income? Select all that apply.

- ☑ Require documentation of income for all adult household members
  - ☑ Pay stubs
  - ☑ Social Security award letters
  - ☑ Bank statements
  - ☑ Tax statements
  - ☑ Zero-income statements
  - ☑ Unemployment Insurance letters
  - ☐ Other - Describe:
- ☐ Computer data matches:
  - ☐ Income information matched against state computer system (e.g., SNAP, TANF)
  - ☑ Proof of unemployment benefits verified with state Department of Labor
  - ☑ Social Security income verified with SSA
  - ☐ Utilize state directory of new hires
  - ☐ Other - Describe:

17.6. Protection of Privacy and Confidentiality

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

- ☑ Policy in place prohibiting release of information without written consent
- ☑ Grantee LIHEAP database includes privacy/confidentiality safeguards
- ☐ Employee training on confidentiality for:
  - ☐ Grantee employees

- ☐ Local agencies/district offices
- ☑ Employees must sign confidentiality agreement
  - ☑ Grantee employees
  - ☐ Local agencies/district offices
- ☑ Physical files are stored in a secure location
- ☐ Other - Describe:

17.7. Verifying the Authenticity

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

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

17.8. Benefits Policy - Gas and Electric Utilities

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

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

☐ Other - Describe:

17.9. Benefits Policy - Bulk Fuel Vendors

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

☐ Vendors are checked against an approved vendors list

☐ Centralized computer system/database is used to track payments to all vendors

☑ Clients are relied on for reports of non-delivery or partial delivery

☐ Two-party checks are issued naming client and vendor

☐ Direct payment to households are made in limited cases only

☐ Vendors are only paid once they provide a delivery receipt signed by the client

☐ Conduct monitoring of bulk fuel vendors

☐ Bulk fuel vendors are required to submit reports to the Grantee

☐ Vendor agreements specify requirements selected above, and provide enforcement mechanism

☐ Other - Describe:

17.10. Investigations and Prosecutions

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

☐ Refer to state Inspector General

☐ Refer to local prosecutor or state Attorney General

☐ Refer to US DHHS Inspector General (including referral to OIG hotline)

☑ Local agencies/district offices or Grantee conduct investigation of fraud complaints from public

☐ Grantee attempts collection of improper payments. If so, describe the recoupment process

☐ Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? ____

☐ Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated

☐ Vendors found to have committed fraud may no longer participate in LIHEAP

☐ Other - Describe:

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

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PROGRAM INTEGRITY ASSESSMENT
for the
INTER-TRIBAL COUNCIL OF MICHIGAN, INC.
LOW INCOME ENERGY ASSISTANCE PROGRAM

RECENT AUDIT FINDINGS

Auditing of the Inter-Tribal Council of Michigan, Inc. is conducted each year by an independent contractor. Attached is a letter from our Auditors for last year's audit with their findings and recommendations. A copy of the audit is sent to the awarding agencies each year.

COMPLIANCE MONITORING

Again, our Agency is audited by an independent contractor to ensure we are in compliance with each awarding agency's policies.

FRAUD POLICY

PURPOSE

This policy is established to facilitate the development of controls which will aid in the detection and prevention of fraud against the Inter-Tribal Council of Michigan's Low Income Energy Assistance Program. It is the intent of ITC to promote consistent organizational behavior by providing guidelines and assigning responsibility for the development of controls and conduct of investigations.

This policy applies to any fraud, or suspected fraud, involving employees as well as shareholders, consultants, vendors, contractors, outside agencies doing business with employees of such agencies, and/or any other parties/clients with a business relationship with ITC. Any investigative activity required will be conducted without regard to the suspected wrongdoer's length of service, position/title, or relationship to the company.

POLICY

Management is responsible for the detection and prevention of fraud, misappropriations, and other inappropriate conduct. Fraud is defined as the intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it to his or her injury. Each member of the management team will be familiar with the types of improprieties that might occur within his or her area of responsibility, and be alert for any indication of irregularity.

Any fraud that is detected or suspected must be reported immediately to the Program Manager, who coordinates all investigations with other affected areas, both internal and external.

ACTIONS CONSTITUTING FRAUD

The terms defalcation, misappropriation, and other fiscal wrongdoings refer to, but are not limited to:

- Any dishonest or fraudulent act
- Providing false or incomplete information (such as social security numbers, number of people in household, income, etc.)
- Forgery or alteration of any document or application
- Forgery or alteration of a check, bank draft, or any other assets
- Impropriety in the handling or reporting of money or financial transactions
- Profiteering as a result of insider knowledge of company activities
- Disclosing confidential and propriety information to outside parties
- Disclosing to other persons securities activities engaged in or contemplated by the program
- Any similar or related inappropriate conduct

INVESTIGATION RESPONSIBILITIES

The Program Manager has the primary responsibility for the investigation of all suspected fraudulent acts as defined in the policy. If the investigation substantiates that fraudulent activities have occurred, the Program Manager will issue reports to appropriate designated personnel and, if appropriate, to the Board of Directors.

Decisions to prosecute or refer the examination results to the appropriate law enforcement and/or regulatory agencies for independent investigation will be made in conjunction with legal counsel and senior management, as will final decision on disposition of the case.

CONFIDENTIALITY

The Program Manager treats all information received confidentially. Any outreach worker who suspects dishonest or fraudulent activity will notify the Program Manager immediately, and should not attempt to personally conduct investigations or interviews/interrogations related to any suspected fraudulent act. Investigation results will not be disclosed or discussed with anyone other than those who have a legitimate need to know. This is important in order to avoid damaging the reputations of persons suspected but subsequently found innocent of wrongful conduct and to protect the company from potential civil liability.

REPORTING PROCEDURES

Great care must be taken in the investigation of suspected improprieties or wrongdoings so as to avoid mistaken accusations or alerting suspected individuals that an investigation is under way.

An outreach worker or an individual who discovers or suspects fraudulent activity should contact the Program Manager immediately. The Program Manager can be reached either by phone at 906-632-6896, or email at knystrom@itcmi.org. The employee or other complainant may remain anonymous. All inquiries concerning the activity under

investigation from the suspected individual, his/her attorney or representative, or any other inquirer should be directed to the Program Manager. No information concerning the status of an investigation will be given out. The proper response to any queries is: "I am not at liberty to discuss this matter." Under no circumstances should any reference be made to "the allegation," "the crime," "the fraud, "the forgery," "the misappropriation," or any other specific reference.

The reporting individual should be informed of the following:

- Do not contact the suspected individual in an effort to determine facts or demand restitution
- Do not discuss the case, facts, suspicions, or allegations with anyone

VERIFYING APPLICANT IDENTIES

When applying for ITC's Low Income Energy Assistance Program, each applicant must provide a copy of their tribal card and social security numbers for each member of the household. Most tribal members have tribal ID's with their picture on it verifying who they are. It will be required this year that copy of each member of the household's social security card and a photo ID (if a letter of enrollment is being used instead of tribal card) be attached with the application.

CROSS CHECKING SOCIAL SECURITY NUMBERS AGAINST GOVERNMENT SYSTEMS/DATABASES

This would not be applicable to our Agency as we have no means to obtain these systems. Applicants will be required to have a photo ID and a copy of all household members' social security card.

VERIFYING APPLICANT INCOME

Each client is required to attach documentation of all household income. Providing false information or documentation can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid. This is listed as one of the acknowledgements on the application. The applicant is required to sign the application and certifies that all information provided is true, correct, and complete to the best of their knowledge.

PRIVACY-PROTECTION AND CONFIDENTIALITY

All employees of the Inter-Tribal Council of Michigan, Inc. are required to sign a Confidentiality Agreement when beginning employment.

LIEAP BENEFITS POLICY

Payments are made directly to the vendor on behalf of the client. An approval letter is sent along with payment to the vendor with the client's name, address, account number, and amount to be credited towards their account.

PROCEDURES FOR UNREGULATED ENERGY VENDORS

Unregulated vendors will follow the same procedures as stated in the Fraud section of this plan.

VERIFYING THE AUTHENTICITY OF ENERGY VENDORS

Most of the client's vendors are regulated through the State of Michigan, ie. DTE Energy, Consumers Energy, Cloverland Electric, etc. There are very few that are not regulated, ie. wood providers. These are local vendors in each tribe's area and they are known throughout the community.

TRAINING AND TECHNICAL ASSISTANCE

Training and/or technical assistance will be provided by the Program Manager to ensure that the outreach workers, clients, and vendors know and follow the procedures set forth in this plan.

AUDITS OF LOCAL ADMINISTERING OFFICES

N/A

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

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

Instructions for Certification

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

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.BrBbr.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,'' without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

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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)

2956 ASHMUN STREEET
*** Address Line 1**

Address Line 2

Address Line 3

SAULT SAINTE MARIE
*** City**

MI
*** State**

49783
*** 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.**

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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.**

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Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of

law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

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

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

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

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

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

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

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

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

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

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MONITORING OF PROGRAM ACTIVITIES

The LIEAP Program Manager works closely with the Accounting Dept. to ensure completeness and accuracy of each application processed:

1. Completed applications are sent to the Program Manager from the Tribal Outreach Workers.

2. The application is first evaluated by the Program Manager who approves or disapproves the application based on program guidelines

3. A Notice of Decision is sent to the applicant stating whether they are approved or denied assistance. A copy of the decision notice is attached to the application and another copy is given to the Accounting Dept. where a check is made payable to the vendor with a letter attached stating the applicant's name, address, account number, and benefit amount to be applied to applicant's account.

LEVERAGING ACTIVITIES

The LIEAP Emergency Crisis Intervention Component will coordinate with available tribal leveraging incentives as needed, per request. Such efforts to include, but not limited to:

-distribution of leveraging resource dollars (tribal funds or land claims monies used for energy assistance to needy households);
-determining eligibility, use of LIEAP income guidelines to determine eligibility.
-other duties LIEAP workers can provide to get leveraging funds to needy applicants.
-funds distributed are non-federal dollars, within the tribe's emergency funds. These funds are accessed only after the applicant has exhausted other sources of funding. The energy workers assist the household through this process and are used as an information resource for the emergency funds coordinator to verify a household's emergency needs.

Each of the tribes provides leveraging designated funding at various levels. The funding is non-federal dollars. The funds are derived from tribal enterprises and/or land claims.

As a source of documentation the tribes will state leveraging contribution on the check provided to the households in need of emergency energy assistance, or other assistance that is provided by the tribe to enhance the LIEAP Leveraging goals.

PROGRAM GUIDELINES AND MANUAL

INTER-TRIBAL COUNCIL OF MICHIGAN, INC.
LIEAP FY '17 Program

Leveraging

The LIEAP Emergency Crisis Intervention Component will coordinate with available Tribal Leveraging incentives as needed, per request. Such efforts include, but not limited to:

1. Distribution of leveraging resource dollars (tribal funds or land claims monies used for energy assistance to needy households).

2. Determining eligibility.

3. Use of LIEAP income guidelines to determine eligibility.

4. Other duties LIEAP Outreach workers can provide to get leveraging funds to needy applicants.

Income Eligibility

The Inter-Tribal Council of Michigan will make payments under the Low Income Energy Assistance Program Act of 1981 only with respect to households having gross annual incomes which do not exceed an amount equal to the 60% of the estimated State median guidelines guidelines. (See Table below). The gross income of all household members must be determined and counted to decide if eligible for this program.

During FY 17 the household, which meet income guidelines and who apply will be eligible for benefits. The outreach postings will clearly indicate the program's intentions. Under this method, the most needy will be afforded the opportunity to be served first, with priority given to the elderly, disabled, or families with children ages 0-6.

Table I
Inter-Tribal Council of Michigan, Inc.
LIEAP Income Guidelines

Household Size	Income Guidelines
1	24,248
2	31,709
3	39,170
4	46,631
5	54,092
6	61,553
7	62,952
8	64,351

For each additional household member above six persons, add 3% points to the percentage for a six person household (132) and multiply by 46,631.

Treatment of Categorical

For those households in which one or more individuals are receiving: 1.) Department of Human Services (DHS); 2.) Supplemental Security Income (SSI); 3.) Food Stamps; 4.) Payments under sections of the United States Code or the Veteran's and Survivor's Pension Act, will receive payments only if the total household income does not exceed the income guidelines detailed above.

Households receiving Aid to Families with Dependent Children (AFDC) must have a written denial notice from their worker stating they cannot help them with their energy bills.

Time Period for Measuring Income

For purposes of computing income for determining eligibility under this program, the income will be considered for the 30 days prior to the date of the application. Documentation must be provided for all household income in this time period. The applicant may furnish proof of income for the 12-month period prior to the date of the application, if it is to their advantage (Income Tax Return).

Deductions

No allowance is provided for deductions for medical or other related expenses.

Computing Annualized Income

The past thirty (30) days documented income will be multiplied by twelve (12) months to arrive at an annualized income to be used in determining eligibility in this program.

Income Verification and Documentation

It is the responsibility of the applicant to provide income verification and documentation for all household income. The following are examples of the types of documents that may be used for verification:

-Photocopy of a written statement or document from the source of income.

Earned Income from Employment:
-Business receipts
-Accounting or other business records
-Check stubs

-Current Federal Income Tax Return
-Award letters from fixed income sources, i.e. SSI, SS, DHS, or VA

The applicant is responsible for providing all documentation necessary to determine eligibility; however the Outreach Worker should assist if necessary.

The applicant must furnish proof of annual income from the date of application back twelve (12) months **OR** verify and document the past thirty (30) days income.

The income documentation must clearly indicate the period for which the documentation is provided (ie. weekly, bi-weekly, or monthly). The same income guidelines are used for any and all components of the Inter-Tribal Council of Michigan, Low Income Energy Assistance Program (Direct Assistance and Emergency Assistance).

Income Verification for Self-Employed Persons

The Agency recognizes that certain members of our service communities earn their living by fishing, cutting wood, trapping and other means of self employment. For proof of income, self-employed persons with income will provide income, less expenses for the previous month, prior to the date of application. If it is to the household's advantage, the previous year's income tax return papers may be used to determine eligibility. In cases of self-employed persons with zero income, a signed affidavit attesting their income will be accepted (see '0' Income Form attached).

Income Verification for Persons with Zero Income for Past 30 Days

To determine eligibility for this program, applicants must furnish proof of income for all household members for the period of thirty (30) days prior to the date of the application.

In the event that a person in the household (over the age of 18), has not received any income for the past thirty (30) days, the person must fill out and sign the '0' Income Form.

Exempt Income

Money, goods or other benefits received from the following sources are excluded from consideration as income:

-Earnings of children under the age of 18
-Reimbursement payment for employment related expenses.
-Stipends paid to students enrolled in Bay Mills Community College

-Earnings from short term, irregular employment at the Dept. of Commerce, Bureau of Census, for the purpose of taking periodic census.
-Grants or loans administered by the Commissioner of Education and made to undergraduate students. These are:
    --Basic Education and Opportunity Grant (BEOG)
    --National Direct Student Loan (NDSL)
    --Supplemental Education Opportunity Grant (SEOG)
    --Guaranteed Student Loan
-College Work Study Program
-RSDI Benefits for full time students age 18 to 22
-The portion of the educational benefits, grants, loans and scholarships, including the Commissioner of Education, which is used for educational expenses
-Training related expense allowance from an agency or organization
-Bureau of Rehabilitation Services Payment
-County Training Program Incentives
-Domestic Violence Services Act of 1973, Titles I, II, and III of Public Law 93-113, including:
    --Volunteers in Service to America (VISTA)
    --University Year for Action Program (UYA)
    --Retired Senior Volunteer Program (RSVP)
    --Foster Grandparent Program
    --Older Americans Community Service Program
    --Senior Health Aides
    --Service Corps of Retired Executives (SCORE)
    --Active Corps of Executives (ACE)
-Child Foster Care/Adoption Payments
-Public Law 92-203: tax exempt portions of payments under the Alaska Native Claims Settlement Act
-Public Law 92-254: judgment funds to members of the Blackfeet Tribe of the Blackfeet Reservation, Montana, and Gross Ventre Tribe of the Fort Belknap Reservation, Montana
-Public Law 95-540: judgments of the Indian Claims Commission of the Court of Claims
-Public Law 94-114: distributed to members of certain Indian Tribes
-Uniform Relocation Assistance and real Property Acquisition Policies Act of 1970
-Under Annual Contributions Contracts entered into prior to January 1, 1975, under section 23 of the U.S. Housing Act of 1937, as amended
-Compensation awarded for particular use
-Complimentary benefits from other agencies or organizations, which are provided for items that are not included in the state standard of assistance (food, clothing, shelter, heating fuel, and utilities are items normally provided in public assistance payments)
-Inconsequential income that is unpredictable, irregular, and of no appreciable effect (i.e., occasional cash gifts, life insurance policy dividend)

-Lump sum payments
-Title VII, Nutrition Program for the Elderly of the Older Americans Act of 1965
-National School Lunch Act
-Home produce for the households consumption
-Benefit checks that are endorsed by a recipient and paid back to the issuing agency due to a prior overpayment or ineligibility for the benefit
-Michigan Homestead Property Tax Credit
-All payments received under this title
-Food Stamps

Non Exempt Income

The gross monthly income of all household members is determined and counted to decide eligibility. This includes all income not defined as exempt. Types of earned and unearned income which are counted include:

-Earnings when the household member must perform some type of labor
-Per capita payments
-Earnings from self employment when the household member incurs operating expenses or tax liability in producing it (i.e. farming, child day care, chore services, room and board and rental income)

> **Note:** Earnings from self employment received less often than monthly must be averaged. Self employment income which represents a member's annual profit must be divided by twelve to get the monthly amount. If a member's self employment enterprise has been in existence for less than a year, the profit to date must be divided by the number of months that the business has been in operation.

-Social Security Retirement Survivor's and Disability Insurance Benefits (RSDI)
-Alimony and child support
-Veteran's Administration (VA) benefits
-Workman's Compensation
-Unemployment Compensation Benefits (UCB)
-Trade readjustment Allowance (TRA)
-Sick pay and accident insurance
-Pensions and retirement benefits
-Strike pay
-Income received from the sale of property on a land contract mortgage (total amount received, including principle and interest with no deductions for payments the household makes or obligated to make)
-Military allotments
Investment income such as dividends or royalties
-Income from annuities, bonds, stocks and trusts
-Grants, loans, and scholarships are not considered exempt (that portion which is not used for educational expenses)

Procedures for Determining Benefits

1. Document annual income for household.

2. Determine if annual gross income is within the income guidelines. If yes, proceed to #3. If no, the household is not eligible for benefits.

3. Divide annual gross income by the income guidelines for household size, to determine the percentage of poverty income.

4. Determine benefit on Benefit Levels Matrix (Table 2) using the percentage of poverty income and household heating fuel type.

Table 2
Benefit Level Matrix

% of Poverty Income	Fuel Oil	Propane	Electric	Natural Gas	Wood/Pellet
Under 50%	400	370	350	350	350
50.1% to 75%	370	340	300	300	300
75.1% to 100%	340	300	270	270	270

*NOTE: All awards will be rounded to the nearest dollar amount.

For dwellings with two or more heating fuel types, the benefit will be determined by averaging the benefits for each fuel type. For example, if a household is under the 50% poverty level and they have fuel oil and propane as their heating type, add the two together and divide by two. Same if they have three or more checked.

Fuel Oil	400
Propane	370
Total	770 divided by 2 = $385.00 (benefit)

Subsidized Housing Renters

Households residing in subsidized (HUD) housing must have a direct obligation for the payment of one or more major utilities, and not be in arrears in rental payments. HUD households will be provided the same benefit levels, based on percent of poverty, as non-HUD households.

Non Subsidized Housing Renters

(for both Direct Assistance and Emergency Crisis Intervention Portions)

Households who are renting non-subsidized (private) housing may be eligible for benefit payments as follows:

1. Renters who have a direct obligation for their heating bills will receive payments in the same manner as owners.

2. Renters whose heat is included in the rent, the benefit levels will be based upon the proportion of rent to income. (Table 3)

   Procedures for determining benefit:
   a. Document annual rent costs.
   b. Document annualized income.
   c. Divide annual rent cost by annual gross income.
   d. If the proportion of annual rent to income is less than 35% there is no benefit payment.

Table 3
Benefits for Renters

% of Annual Rent to Annual Income	Benefit Payment
0 to 35%	No Payment
35.1% to 40%	$160.00
40.1% to 45%	$200.00
45.1% to 50%	$230.00
50.1 % and above	$250.00

Disbursement of Funds

All applications will be processed and benefits paid on a first come, first serve basis. There will not be an official suballocation made to each community, however, the LIEAP Program Manager will monitor expenditures and notify the affected Tribal Chairperson if applications are not being received in an expedient manner.

Application Procedures - Direct Assistance (DAP)

1. The Application is received by the Outreach Worker/Program Manager. The Outreach worker/Program Manager is to check over the application and make sure it is filled out completely. The application must be filled out completely, income verification and a copy of tribal membership card must be attached before an application can be processed.

2. The Outreach worker has five (5) working days to get the applications to the Central Office (ITC). Applications should be mailed to the Central Office as soon as they are received. No faxed copies of applications will be accepted for Direct Assistance.

3. The Program Manager receives the application, stamps date received and processes application. If the application is not filled out completely or have the required attachments, it will be put in the pending file until all necessary information is attached. The Program Manager has ten (10)

working days to process the application and send out a Notice of Decision, whether the application is approved, denied or more information is needed.

4. If an application is approved, a copy of the Notice of the Decision is sent to the Accounting Department and a check will be sent directly to the Vendor listed on the application with the account number on it.

Applications Procedures - Emergency Crisis Intervention Portion (ECIP)

The application procedure for an ECIP application is the same as above except for:

1. An ECIP application must have attached: income verification, tribal membership card, a shut-off notice and a written denial letter from an alternate resource (Department of Human Services, Community Action, etc.) stating that there is no resources available to help the family in crisis or the Outreach worker may call alternate resources and document availability of funds from other resources.

2. The Outreach worker is to contact the Program Manager when an ECIP application is received. The application and necessary attachments may be faxed to the Central Office for processing. The Program Manager will have 48 hours to process the application and send a Notice of Decision to the applicant. If necessary, the Program Manager has the only authority to contact the vendor or let the Outreach worker know that they can contact the vendor and let the vendor know that an application has been received and approved for payment.

Application Procedures – Weatherization

Application procedures for weatherization will be the same as Direct Assistance and the same income guidelines will be used. The benefit levels will be as follows:

% of Poverty Income	
Under 50%	$200.00
50.1%-75%	$150.00
75%-100%	$100.00

Hearings

A hearing may be requested by the applicant, if he/she feels the action taken on their application is incorrect or improper. An applicant may request a hearing on the decision within 14 days of the date their Notice of Decision was signed. A hearing may be request to appeal the following:

-Denial of the application;
-Amount of assistance granted;
-Delay beyond the standard of promptness in approving or denying the application.

Prehearing Case Conference

If an applicant disagrees on the decision made on their application, they will be given the chance to discuss the decision with the Program Manager. The Program Manager will give the applicant a verbal explanation of the decision made and why. It will also give the applicant a chance to discuss why they should have not been denied, etc.

Procedures for Requesting a Hearing

If the applicant still disagrees on the decision made and the explanation given, they have the right to request a hearing with the Executive Director. If the applicant would like to request a hearing with the Executive Director, they must do so in writing and within 14 days of the pre-hearing case conference.

From the date a hearing request is made, Inter-Tribal Council of Michigan has 30 days to hold the hearing and issue and implement a decision. Any adjournments requested by the applicant or authorized representative, as granted, will extend the time period allowed for issuing the final decision.

The applicant may request a hearing and has the right to, but is not limited to the following:

1. The applicant has the right to participate fully in the hearing process.
2. The applicant may present evidence, produce witnesses, and question all witnesses at the hearing.
3. The applicant may be represented by legal counsel, at their own expense.
4. In cases where the applicant or his representatives wishes to require the presence of witnesses or evidence in the possession of other persons, notice is to be given to the Executive Director in writing, stating the following:
   -The names and addresses of persons whose presence is required
   -A description of the materials or records to be subpoenaed; and
   -Information establishing the need for the person's presence, the requested materials, and the general relevance to the issue involved.
5. The applicant may examine the content of his case record.
6. The applicant will receive an official report of the hearing. The report is a summary of the official transcript of the hearing and contains the final

decision of the Executive Director.

Conduction of the Hearing

The Program Manager will be responsible for the coordination of all hearings. The presence of other staff, when needed, should be arranged through administrative channels. All hearings will be held at the Inter-Tribal Council of Michigan, Central Office.

The Inter-Tribal Council of Michigan may request the presence of witnesses at the hearing. Requests should include the names and addresses of the persons whose presence is requested and information establishing the need for the person's presence. This request should include any materials or records that are to be included.

Hearings are to be conducted in an orderly and dignified way so that the facts in the case may be presented as clearly as possible. Hearings may be held with the Executive Director present or by conference call. The Executive Director presides over the hearing and decides on procedures and on the admissibility of evidence.

The hearing decision is issued by the Executive Director as part of the official report of the hearing. The Program Manager must complete any action ordered within five (5) working days of the decision. The Executive Director's decision is final in all hearings.

INCOME GUIDELINES

TABLE 1
Inter-Tribal Council of Michigan, Inc.
LIEAP Guidelines – FY' 2017

Household Size	Income Guidelines
1	24,248
2	31,709
3	39,170
4	46,631
5	54,092
6	61,553
7	62,952
8	64,351

For family sizes greater than eight persons, add 3% points to the percentage for a six person household (132) and multiply by 44,395.

TABLE 2
Benefit Level Matrix

% of Poverty Income	Fuel Oil	Propane	Electric	Natural Gas	Wood/Pellet
Under 50%	400.00	370.00	350.00	350.00	350.00
50.1%-75%	370.00	340.00	300.00	300.00	300.00
75%-100%	340.00	300.00	270.00	270.00	270.00

*NOTE: All awards will be rounded to the nearest dollar amount.

OUTREACH WORKERS

INTER-TRIBAL COUNCIL OF MICHIGAN, INC.

LIEAP OUTREACH WORKERS

Tribal Outreach workers:

Benjamin Tenney **Huron Potawatomi** **1474 Mno-bmadezewen Way** **Fulton, MI 49052** **1-269-729-4422**	**Shianne Uskilith** **Hannahville Indian Community** **N-14910 Hannahville B-1 Rd.** **Wilson, MI 49896** **1-906-466-9231**
Betty Edwards **Lac Vieux Desert Indian Tribe** **Box 249, Choate Rd.** **Watersmeet, MI 49969** **1-906-258-4940**	**Melody Gasco** **Little Traverse Bay Bands – Human Serv.** **7500 Odawa Circle** **Harbor Springs, MI 49740** **1-231-242-1635**
Kris Schwiderson **Bay Mills Indian Community** **12497 W. Lakeshore Dr.** **Brimley, MI 49715** **1-906-248-2527**	**Gail Ruhl** **Saginaw Chippewa Indian Tribe - Social Services** **7070 E. Broadway** **Mt. Pleasant, MI 48858** **1-989-775-4025**
Dominque Ambriz **Gun Lake Tribe** **P.O. Box 218** **1743 142nd Ave.** **Dorr, MI 49323** **1-616-681-0360**	

APPLICATION

PLEASE INCLUDE THE FOLLOWING ITEMS FOR YOUR APPICATION:

1. **Copy of Tribal card, social security cards for each member of household, and picture ID (if not on tribal card)**
2. **Past 30 days income. If no income, please fill out -0- income form for each household member that is <u>not</u> at student over the age of 18 and <u>not</u> working.**
3. **Copy of heating bill.**

If this is for the Emergency component also include:

1. **Shut-off notice from vendor.**
2. **Denial letter from FIA or your local Community Action.**

If you have any questions or suspect fraudulent activity concerning an application, please call your local tribal outreach worker or Kim Nystrom at 906-632-6896, ext. 114.

<u>Tribal Outreach workers:</u>

Benjamin Tenny **Huron Potawatomi** **1474 Mno-bmadezewen Way** **Fulton, MI 49052** **1-269-729-4422**	**Shianne Uskilith** **Hannahville Indian Community** **N-14910 Hannahville B-1 Rd.** **Wilson, MI 49896** **1-906-466-9231**
Betty Edwards **Lac Vieux Desert Indian Tribe** **Box 249, Choate Rd.** **Watersmeet, MI 49969** **1-906-258-4940**	**Little Traverse Bay Bands - Social Services, Melody Gasco** **7500 Odawa Circle** **Harbor Springs, MI 49740** **1-231-242-1635**
Kris Schwiderson - LIEAP Program **Bay Mills Indian Community** **12497 W. Lakeshore Dr.** **Brimley, MI 49715** **1-906-248-2527**	**Saginaw Chippewa Indian Tribe - Social Services – Gail Ruhl** **7070 E. Broadway** **Mt. Pleasant, MI 48858** **1-989-775-4025**
Dominque Ambriz **Gun Lake Tribe** **P.O. Box 218** **1743 142nd Ave.** **Dorr, MI 49323** **1-616-681-0360**	

This is a supplemental heating program. Please be advised that it takes 10 working days for your application to be processed, and if approved, 10 days for a check to be posted to your account. It is your responsibility to make monthly payments or payment arrangements to avoid shut off.

INTER-TRIBAL COUNCIL OF MICHIGAN, INC.
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)
FY 2017 APPLICATION

Name:		Age:	Date:
Address:		Birthdate:	Social Security #:
City/Town:	State:	Zip Code:	Phone #:

TRIBAL MEMBER OF:

_____ Bay Mills Indian Community _____ Lac Vieux Desert _____ Saginaw Chippewa Tribe

_____ Hannahville Indian Community _____ Little Traverse Band _____ Huron Potawatomi Tribe

_____ Gun Lake Tribe

OTHER HOUSEHOLD MEMBERS:

Name	Age	Birthdate	Social Security #
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Have you applied for assistance this year (October 1, 2016-September 30, 2017)? Yes No

****

(For office use only)

INCOME: ***Documentation must be provided for all income.***

Name	Income Source Code	Past 30 Days Income	X 12 = Annualized Income

INCOME SOURCE CODES: (Please Circle)

1. SS 2. Wages 3. SSI 4. Self Employment 5. Unemployment
6. DHS 7. GA 8. Pension/Retirement 9. Other _____

Are any household members disabled?_____ If yes, how many? _____

Do you own or rent your home? _____ If you rent, is heat included? _____

What types of fuel do you use to heat your home? Check all that apply.

1. Oil _____ 3. Natural Gas _____ 5. Electric _____ 7. Other_____

2. Wood _____ 4. Propane _____ 6. Wood Pellets_____

****

YOU MUST PUT ACCOUNT NUMBER AND VENDOR=S ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.

What vendor do you want as the Endorser? _____
Address:_____
Acct.#:_____

****

$I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.
$I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.
$I understand that failure to provide all necessary information and documentation can result in denial of my application.
$I hereby authorize the release of information by the appropriate agencies to the Inter-Tribal Council of Mich. for the purpose of verifying information needed to establish eligibility for the program.
$I understand that I may request a hearing if I disagree with action taken on this application.
$I understand that I have a right to a hearing if I do not receive a decision notice within that time.
$I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.

_____ _____
APPLICANTS SIGNATURE DATE LIEAP WORKER SIGNATURE DATE

****

REFERRALS: Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company.

Contact them for more information on:

-Weatherization - Emergency Needs - Utility Shut-off Protection
- Home Heating Tax Credit - Energy Audit

$I understand that a decision will be made concerning my application, and a decision notice will be issued within ten (10) working days upon receipt of application by Program Manager.

"0" Income Form

To determine your eligibility for the Low Income Energy Assistance Program you must furnish proof of all household income for the past 30 days prior to the date of your application.

If you had "0" income for the past 30 days, you must answer the following:

1. What was your income for the past three (3) months? (Amount, Source of income for all household members 18 years of age or older)

Name	Source	Amount

2. If you have utility bills, how do you pay them?

_____

_____

3. How do you pay your rent?

_____

4. How do you get food for your household?

_____

I hereby certify that the information detailed above represents my household's circumstances. The income listed is the total household income for each household member 18 years of age or older.

_____ _____

Signature **Date**

_____ _____

Outreach Worker/Program Director **Date**

APPROVAL LETTERS

Bay Mills Indian Community
Brimley, Michigan 49715
Grand Traverse Band of Ottawa & Chippewa Indians
Suttons Bay, Michigan 49682
Hannahville Indian Community
Wilson, Michigan 49896
Saginaw Chippewa Indian Tribe
Mt. Pleasant, Michigan 48858
Little Traverse Bay Bands of Odawa Indians
Harbor Springs, Michigan 49740
Nottawaseppi Band of Huron Potawatomi
Fulton, Michigan 49502

INTER-TRIBAL
Ottawa Ojibwa Potawatomi
COUNCIL OF MICHIGAN, INC.
An Equal Opportunity Employer

Keweenaw Bay Indian Community
Baraga, Michigan 49908
Lac Vieux Desert Band of Lake Superior Chippewa Tribal Government
Watersmeet, Michigan 49969
Sault Ste. Marie Tribe of Chippewa Indians
Sault Ste. Marie, Michigan 49783
Pokagon Band of Potawatomi Indians
Dowagiac, Michigan 49047
Match-E-Be-Nash-She (Gun Lake Tribe)
Dorr, Michigan 49323

2956 Ashmun Street, Suite A, Sault Ste. Marie, Michigan 49783
Phone: (906) 632-6896 Main Fax: 906-632-1810

«Tribe»/«DAPECIP»

DATE:

«First_Name» «Last_Name»
«Address»
«City», «State» «Zip»

Dear «First_Name» «Last_Name»:

Your application for assistance under the Low Income Energy Assistance Program (LIEAP) has been approved. Under the guidelines established for this program, you are entitled to a benefit payment in the amount of $«Benefit_Amount». A check will be sent directly to «Vendor», Account # «Account_».

Sincerely,

Kim M. Nystrom
Kim M. Nystrom
Program Manager

cc: file

Please be advised that it takes at least ten working days for the check to be applied to your account.

If a credit does not show up on your next billing cycle, then contact your outreach worker or myself at I.T.C. (906)632-6896).

TO AVOID SHUT OFF
This is a supplemental program to help with heating costs. We do not pay the full amount of your heating bill. You need to keep paying it monthly or make arrangements with your heating company to avoid disconnection.

Bay Mills Indian Community
Brimley, Michigan 49715
Grand Traverse Band of Ottawa & Chippewa Indians
Suttons Bay, Michigan 49682
Hannahville Indian Community
Wilson, Michigan 49896
Saginaw Chippewa Indian Tribe
Mt. Pleasant, Michigan 48858
Little Traverse Bay Bands of Odawa Indians
Harbor Springs, Michigan 49740
Nottawaseppi Band of Huron Potawatomi
Fulton, Michigan 49502

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Ottawa
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Sault Ste. Marie, Michigan 49783
Pokagon Band of Potawatomi Indians
Dowagiac, Michigan 49047
Match-E-Be-Nash-She (Gun Lake Tribe)
Dorr, Michigan 49323

2956 Ashmun Street, Suite A, Sault Ste. Marie, Michigan 49783
Phone: (906) 632-6896 Main Fax: 906-632-1810

«Tribe»/«DAPECIP»

DATE:

«Vendor»
«Vendors_Address»
«Vendors_City», «Vendors_State» «Vendors_Zip»

Dear «Vendor»:

Please find enclosed a check in the amount of $«Benefit_Amount».00, to be credited towards:

«First_Name» «Last_Name»
«Address»
«City», «State» «Zip»
Account # «Account_».

If you have any questions, please feel to contact me at (906) 632-6896, ext. 114. Thank you.

Sincerely,

Kim M. Nystrom
Kim M. Nystrom
Program Manager

cc: Accounting

PROGRAM INTEGRITY ASSESSMENT PLAN

PROGRAM INTEGRITY ASSESSMENT
for the
INTER-TRIBAL COUNCIL OF MICHIGAN, INC.
LOW INCOME ENERGY ASSISTANCE PROGRAM

RECENT AUDIT FINDINGS

Auditing of the Inter-Tribal Council of Michigan, Inc. is conducted each year by an independent contractor. Attached is a letter from our Auditors for last year's audit with their findings and recommendations. A copy of the audit is sent to the awarding agencies each year.

COMPLIANCE MONITORING

Again, our Agency is audited by an independent contractor to ensure we are in compliance with each awarding agency's policies.

FRAUD POLICY

PURPOSE

This policy is established to facilitate the development of controls which will aid in the detection and prevention of fraud against the Inter-Tribal Council of Michigan's Low Income Energy Assistance Program. It is the intent of ITC to promote consistent organizational behavior by providing guidelines and assigning responsibility for the development of controls and conduct of investigations.

This policy applies to any fraud, or suspected fraud, involving employees as well as shareholders, consultants, vendors, contractors, outside agencies doing business with employees of such agencies, and/or any other parties/clients with a business relationship with ITC. Any investigative activity required will be conducted without regard to the suspected wrongdoer's length of service, position/title, or relationship to the company.

POLICY

Management is responsible for the detection and prevention of fraud, misappropriations, and other inappropriate conduct. Fraud is defined as the intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it to his or her injury. Each member of the management team will be familiar with the types of improprieties that might occur within his or her area of responsibility, and be alert for any indication of irregularity.

Any fraud that is detected or suspected must be reported immediately to the Program Manager, who coordinates all investigations with other affected areas, both internal and external.

ACTIONS CONSTITUTING FRAUD

The terms defalcation, misappropriation, and other fiscal wrongdoings refer to, but are not limited to:

- Any dishonest or fraudulent act
- Providing false or incomplete information (such as social security numbers, number of people in household, income, etc.)
- Forgery or alteration of any document or application
- Forgery or alteration of a check, bank draft, or any other assets
- Impropriety in the handling or reporting of money or financial transactions
- Profiteering as a result of insider knowledge of company activities
- Disclosing confidential and propriety information to outside parties
- Disclosing to other persons securities activities engaged in or contemplated by the program
- Any similar or related inappropriate conduct

INVESTIGATION RESPONSIBILITIES

The Program Manager has the primary responsibility for the investigation of all suspected fraudulent acts as defined in the policy. If the investigation substantiates that fraudulent activities have occurred, the Program Manager will issue reports to appropriate designated personnel and, if appropriate, to the Board of Directors.

Decisions to prosecute or refer the examination results to the appropriate law enforcement and/or regulatory agencies for independent investigation will be made in conjunction with legal counsel and senior management, as will final decision on disposition of the case.

CONFIDENTIALITY

The Program Manager treats all information received confidentially. Any outreach worker who suspects dishonest or fraudulent activity will notify the Program Manager immediately, and should not attempt to personally conduct investigations or interviews/interrogations related to any suspected fraudulent act. Investigation results will not be disclosed or discussed with anyone other than those who have a legitimate need to know. This is important in order to avoid damaging the reputations of persons suspected but subsequently found innocent of wrongful conduct and to protect the company from potential civil liability.

REPORTING PROCEDURES

Great care must be taken in the investigation of suspected improprieties or wrongdoings so as to avoid mistaken accusations or alerting suspected individuals that an investigation is under way.

An outreach worker or an individual who discovers or suspects fraudulent activity should contact the Program Manager immediately. The Program Manager can be reached either by phone at 906-632-6896, or email at knystrom@itcmi.org. The employee or other complainant may remain anonymous. All inquiries concerning the activity under

investigation from the suspected individual, his/her attorney or representative, or any other inquirer should be directed to the Program Manager. No information concerning the status of an investigation will be given out. The proper response to any queries is: "I am not at liberty to discuss this matter." Under no circumstances should any reference be made to "the allegation," "the crime," "the fraud, "the forgery," "the misappropriation," or any other specific reference.
The reporting individual should be informed of the following:

- Do not contact the suspected individual in an effort to determine facts or demand restitution
- Do not discuss the case, facts, suspicions, or allegations with anyone

VERIFYING APPLICANT IDENTIES

When applying for ITC's Low Income Energy Assistance Program, each applicant must provide a copy of their tribal card and social security numbers for each member of the household. Most tribal members have tribal ID's with their picture on it verifying who they are. It will be required this year that copy of each member of the household's social security card and a photo ID (if a letter of enrollment is being used instead of tribal card) be attached with the application.

CROSS CHECKING SOCIAL SECURITY NUMBERS AGAINST GOVERNMENT SYSTEMS/DATABASES

This would not be applicable to our Agency as we have no means to obtain these systems. Applicants will be required to have a photo ID and a copy of all household members' social security card.

VERIFYING APPLICANT INCOME

Each client is required to attach documentation of all household income. Providing false information or documentation can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid. This is listed as one of the acknowledgements on the application. The applicant is required to sign the application and certifies that all information provided is true, correct, and complete to the best of their knowledge.

PRIVACY-PROTECTION AND CONFIDENTIALITY

All employees of the Inter-Tribal Council of Michigan, Inc. are required to sign a Confidentiality Agreement when beginning employment.

LIEAP BENEFITS POLICY

Payments are made directly to the vendor on behalf of the client. An approval letter is sent along with payment to the vendor with the client's name, address, account number, and amount to be credited towards their account.

PROCEDURES FOR UNREGULATED ENERGY VENDORS

Unregulated vendors will follow the same procedures as stated in the Fraud section of this plan.

VERIFYING THE AUTHENTICITY OF ENERGY VENDORS

Most of the client's vendors are regulated through the State of Michigan, ie. DTE Energy, Consumers Energy, Cloverland Electric, etc. There are very few that are not regulated, ie. wood providers. These are local vendors in each tribe's area and they are known throughout the community.

TRAINING AND TECHNICAL ASSISTANCE

Training and/or technical assistance will be provided by the Program Manager to ensure that the outreach workers, clients, and vendors know and follow the procedures set forth in this plan.

AUDITS OF LOCAL ADMINISTERING OFFICES

N/A

ANDERSON, TACKMAN & COMPANY, PLC
CERTIFIED PUBLIC ACCOUNTANTS

KINROSS OFFICE
PHILLIP J. WOLF, CPA, PRINCIPAL
SUE A. BOWLBY, CPA, PRINCIPAL
KENNETH A. TALSMA, CPA, PRINCIPAL
AMBER N. MACK, CPA, PRINCIPAL

MEMBER AICPA
DIVISION FOR CPA FIRMS
MEMBER MACPA
OFFICES IN
MICHIGAN & WISCONSIN

COMMUNICATION WITH THOSE CHARGED WITH GOVERNANCE

Board of Directors
Inter-Tribal Council of Michigan, Inc.
2956 Ashmun
Sault Ste. Marie, MI 49783

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Inter-Tribal Council of Michigan, Inc. for the year ended September 30, 2015, and have issued our report thereon dated January 4, 2016. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards and, if applicable, *Government Auditing Standards*, and OMB Circular A-133, as well as certain information related to the planned scope and timing of our audit. Professional standards also require that we communicate to you the following information related to our audit.

Our Responsibility under U.S. Generally Accepted Auditing Standards and OMB Circular A-133

As stated in our engagement letter dated October 12, 2015, our responsibility, as described by professional standards, is to express opinions about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

In planning and performing our audit, we considered the Inter-Tribal Council of Michigan, Inc.'s internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinions on the financial statements and not to provide assurance on the internal control over financial reporting. We also considered internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

As part of obtaining reasonable assurance about whether the Inter-Tribal Council of Michigan, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit. Also, in accordance with OMB Circular A-133, we examined, on a test basis, evidence about the Inter-Tribal Council of Michigan, Inc.'s compliance with the types of compliance requirements described in the "U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement" applicable to each of its major federal programs for the purpose of expressing an opinion on the Inter-Tribal Council of Michigan, Inc.'s compliance with those requirements. While our audit provides a reasonable basis for our opinion, it does not provide a legal determination on the Inter-Tribal Council of Michigan, Inc.'s compliance with those requirements.

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Generally accepted accounting principles provide for certain required supplementary information (RSI) to supplement the basic financial statements. Our responsibility with respect to the management's discussion and analysis and budgetary comparison schedules, which supplement(s) the basic financial statements, is to apply certain limited procedures in accordance with generally accepted auditing standards. However, the RSI will not be audited and, because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance, we will not express an opinion or provide any assurance on the RSI.

We have been engaged to report on combining fund financial statements and schedule of expenditures of federal awards, which accompany the financial statements but are not RSI. Our responsibility for this supplementary information, as described by professional standards, is to evaluate the presentation of the supplementary information in relation to the financial statements as a whole and to report on whether the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our correspondence about planning matters on October 12, 2015.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by the Inter-Tribal Council of Michigan, Inc. are described in Note A to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year. We noted no transactions entered into by the governmental unit during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Management's estimate of the depreciation expense is based on estimated lives. We evaluated the key factors and assumptions used to develop the estimate in determining that it is reasonable in relation to the financial statements taken as a whole.

- Management's estimate of the accrued compensated absences is based on current hourly rates and policies regarding payment of sick and vacation banks.

- Management's estimate of the allowance for uncollectible accounts receivable is based on past experience and future expectations for collection of various account balances and has been determined to be zero.

The financial statements disclosures are neutral, consistent and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreement with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated January 4, 2016.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the governmental unit's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Comments and Recommendations

Board Meetings

Upon a review of Board Minutes, we noted there were no formal board meetings this past year. It is important that the director's meet in accordance with its bylaws.

Uniform Administrative Requirements

During December 2013, the Office of Management and Budget released its final version of the *"Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards."* The guidance is applicable to federal grants and cooperative agreements and provides a comprehensive consolidation and revision of OMB Circulars which currently govern Federal and some non-Federal entities. The guidance combines A-110 and A-102 into a single set of administrative rules, combines A-21, A-87 and A-122 into a single set of consolidated cost principles and revises the language of A-133. This publication is designed to provide a single document which will serve as a "one-stop shop" for financial assistance regulatory requirements for all awarding agencies. The new requirements will be effective and applicable for audits of years beginning on or after December 26, 2014.

Revisions Related to Single Audit Requirements

The Office of Management and Budget set forth new consolidated audit standards for entities receiving Federal financial assistance awards and replaces OMB Circular A-133. The changes within the final guidance primarily combine the guidance in OMB A-133 and A-50 on audit follow-up. The guidance reflects a movement to focus these audits and oversight efforts on higher dollar, higher risk awards and focus oversight on improper payments, waste, fraud, and abuse.

Most significantly, the threshold triggering a single audit or program-specific audit requirements is increased to $750,000 or more in annual Federal awards. These requirements apply equally to recipients and sub-recipients under Federal programs. The final guidelines incorporate an exception to these audit requirements for non-U.S.-based entities expending Federal awards.

Further, the final guidance increases the minimum threshold for reporting questioned costs from $10,000 to $25,000 to focus on the audit findings presenting the greatest risk. OMB believes this will eliminate smaller-dollar audit findings, which require utilization of resources for follow-up audits that are unlikely to indicate significant weaknesses in internal controls.

These changes necessitate a careful review and analysis of an organization's current business practices. Although OMB has raised certain thresholds for audit and materiality, it has also improved mechanisms of oversight related to mandatory disclosures, pre-award review of risks, standards for financial and program management, sub-recipient monitoring, and remedies for noncompliance. The revisions are effective for audits of years beginning on or after December 26, 2014.

Other Matters

We applied certain limited procedures to the management's discussion and analysis and budgetary comparison schedules, which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquires of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquires, the basic financial statements, and our knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on the combining fund financial statements and schedule of expenditures of federal awards, which accompany the financial statements but are not RSI. With respect to this supplementary information, we made certain inquires of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Conclusion

We would like to express our appreciation, as well as that of our staff for the excellent cooperation we received while performing the audit. If we can be of assistance, please contact us.

This information is intended solely for the information and use of management, the Inter-Tribal Council of Michigan, Inc., federal awarding agencies, pass-through entities, and others within the organization and is not intended to be and should not be used by anyone other that these specified parties.

Anderson, Tackman & Company, PLC
Certified Public Accountants
Kincheloe, Michigan

January 4, 2016