RESOLUTION OF THE GOVERNING BODY OF THE THREE AFFILIATED TRIBES OF THE FORT BERTHOLD RESERVATION

WHEREAS, This Nation having accepted the Indian Reorganization Act of June 18, 1934, and the authority under said Act; and

WHEREAS, the Constitution and By-Laws of the Three Affiliated Tribes authorizes and empowers the Tribal Business Council to engage in activities for the welfare and benefit of the tribes and tribal members; and

WHEREAS, an audit of 1981 Fuel Assistance Program found overpayments to Fuel Assistance Applicants in the amount of \$3,764.00; and

WHEREAS, these overpayments must be addressed, or the Three Affiliated Tribes will not be eligible for future Fuel Assistance Funding; and

NOW, THEREFORE BE IT RESOLVED, the Tribal Business Council hereby authorizes payment from Tribal Account OTLEP-630-579, in the amount of \$3,764.00, made payable to the Department of Health and Human Services (DHHS), Fred Hanau, Room B-608 - Office of Fuel Assistance, 2100 2nd Street SW, Trans Point Building, Washington, DC 20201.

CERTIFICATION

I, the undersigned, as Secretary of the Tribal Business Councillof the

Three Affiliated Tribes of the Fort Berthold Reservation, hereby certify						
that the Tribal Business Council is composed of 11 members of whom 7						
constituting a quorum, /O were present at a Recipie Meeting,						
thereof duly called, noticed, convened, and held on the 19 day						
of, 1984; that the foregoing resolution was duly						
adopted at such meeting by the affirmative vote of 10 members,						
members opposed, members abstained, members						
not voting, and that said resolution has not been rescinded or amended						
in any way.						
in any way.						
Chairperson (Voting) (N ot Votin g)						
Dated this 19 day of JUNE, 1984.						
Dated this day of Sold 1984.						
Ma-Ha Sol						
Musicul Rom						
SECRETARY, TRIBAL BUSINESS COUNCIL						
ATTEST:						

FY-81 LIEAP PROGRAM CLOSE-OUT OVERPAYMENTS

т	ARTICIPANT NAME	ANNUAL INCOME	1st Benefit Amt. Received	Correct Amount	2nd Benefit	Correct	Over
	AITICIPANT NAME	INCOME	Allic. Received	Allouit	Amt. Increase	Amount	Payment
1.	Emerson Chase Electric/Family sz: 8 Eligible Amount: \$\$\pi\delta 4	\$8,476.80	\$446.00	\$446.00	\$268.00	\$268.00	-0-
2.	Pete Coffey Sr. Electric/Family sz: 10 Eligible Amount: \$758	\$8,476.80	\$624.00	\$535.00	\$179.00	\$223.00	\$ 45.00
3.	William Deane Propane/Family sz.: 10 Eligible Amount \$904	\$5,654.68	\$744.00	\$638	\$213.00	\$160.00	\$ 53.00
4.	Melvin Fox Propane/Family sz: 5 Eligible Amount: \$850	\$8,888.96	\$850.00	\$532.00	\$425.00	\$318.00	\$ 107.00
5.	Pearl Howard Electric/Family sz:4 Eligible Amount: \$758	\$6,152.00	\$624.00	\$535.00	\$179.00	\$134.00	\$ 45.00
6.	Gainus Little Soldier Propane/Family sz. 6 Eligible Amount: \$904	\$5,856.00	\$744.00	\$638.00	\$213.00	\$160.00	\$ 53.00
7.	Clifford Mossett Propane/Family sz: 2 Eligible Amount: \$850	\$8,547.40	\$532.00	\$30 -0-	\$318.00	-0-	\$ 850.00
8.	Almeda Russell Propane/Family sz. 2 Eligible Amount: \$904	\$6,343.20	\$744.00	\$638.00	\$213.00	\$160.00	\$ 53.00
9.	Wanda Sheppard Electric/Family sz. 4 Eligible Amount: \$714	\$8,701.11	\$535.00	\$445.00	\$223.00	\$179.00	\$ 44.00
2 P	msg_latinatio						

FY-81 LIEAP PROGRAM CLOSE-OUT OVERPAYMENTS

PARTICIPANT NAME	ANNUAL INCOME	1st BENEFIT AMT. RECEIVED	CORRECT AMOUNT	2nd BENEFIT AMT. RECEIVED	CORRECT AMOUNT	OVER PAYMENT
0. Lucy Malnourie Propane/Family Sz.2 Eligible Amount \$532	\$7,053.00	\$744.00	\$532.00	\$213.00	\$106.00	\$ 319.00
1. William Matthews Electric/family sz. 4 Eligible Amount \$446	\$8,011.20	\$446.00	\$446.00	\$213,00	\$213.00	\$ -0-
2. Anna McGrady Propane/Family sz.4 Eligible Amount: \$-0-	\$13,802.96	\$744.00	\$ -0-	\$213.00	-0-	\$ 957.00
3. Franklin Lone Fight Propane/Family sz. 6 Eligible Amt0-	\$20,094.00	\$425.00	\$ -0-	\$372.00	\$ -0-	\$ 797.00
4. Louise Bruce Propane/family sz.4 Eligible Amount:\$957	\$2,176.80	\$744.00	\$744.00	\$213.00	\$213.00	\$ 10.00
5. Fred Lone Fight Electric/Family sz.6 Eligible Amount \$669	\$10,320.00	\$624.00	\$357.00	\$179.00	\$312.00	\$ 134.0
6. Olin Howard Fuel Oil/Family sz.3 Eligible Amount\$1203	\$6,000.00	\$1,203.00	\$1,031.00	\$197.00	\$172.00	\$ 297.0
				TOTAL OVERPAYMET	TS	\$3,764.0

ATTACHMENT E

THREE AFFILIATED TRIBES LOW INCOME FNERGY ASSISTANCE PROGRAM PAYMENT

REVISED MATRIX

INCOME LEVEL	FUEL OIL	PROPANE	ELECTRICITY	COAT	
\$ 0 - 5,000 90%.	\$1500.00	\$957.00	\$803.00	\$365.00	
\$ 5,001 - 7,000 85%	1460.00	904.00	758.00	344.00	
\$ 7,001 - 9,000 80%	1374.00	850.00	714.00	324.00	
\$ 9,001 - 11,000 75%	1289.00	797.00	669.00	304.00	
\$11,001 - + + 70%	1203.00	744.00	624.00	284.00	
				Agirtin Garage	

The benefits on the above Matrix are for single detached housing characteristics.

We have submitted a waiver request of the \$750.00 ceiling in the fuel cil column.

The annual fuel oil consumption is 1069 gallons at \$1.14 per gallon, for an annual cost of \$1718.00.

The annual propane consumption is 1610 gallons at \$.66 per gallon, for an annual cost of \$1063.00.

The annual Electricity consumption is 20276 KWH, at \$.044 per KWH, for an annual cost of \$892.00.

Coal burned during the heating season averages 15 tons at a cost of \$27.00 per ton for a seasonal cost of \$405.00.

No payment will exceed \$1,500.00 per house-hold.

Three Affiliated Tribes 1981 LIEAP Summary

Address: Three Affiliated Tribes

Material Resource Department Tribal Administration, Box 531 New Town, North Dakota 58763

Contact Person: Russell Gillette

(701) 627-4282

Service Population: All eligible Indian households on the

Fort Berthold Reservation

Number of Households to be Served: 230

Allocation: \$225,131 (\$19,690 for administration

\$205,441 for program assistance)

Application Deadline: April 30, 1981

Payment Matrix:

% of stimated

Estimated Heating Cost	Income Level:	Fuel Oil	Propane	Electricity	Coal
70	\$-05,000	\$1,203	\$744	\$624	\$284
60	5,001-7,000	1,031	638	535	243
50	7,001-9,000	859	532	446	203
40	9,001-11,000	687	425	357	162
30	11,001-++	515	319	268	122

Income Eligibility Standard

HOUSEHOLD SIZE

1.	· · · · · · · · · · · · · · · · · · ·	\$	4,730	125% of CSA guildlines	Pove	rty	
2.		• • •	7,220	Bureau of Lastatistics Living Stand Level	Lower		me
3.	* * * * * * * * * * * * * * * * * * * *		9,910	 (x,y,y) = (x,y)	. II		*1
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Region VIII Federal Office Bldg 1961 Stout Street Denver CO 80294

Mr. Austin Gillette, Chairman Three Affiliated Tribes Fort Berthold Reservation P. O. Box 607 New Town, North Dakota 58763 RECEIVED JUN 28 1982 JUL 2 1982 LIEAP

Dear Mr. Gillette:

During the period June 7-11, 1982, regional Office of Family Assistance staff performed a closeout review of your Fiscal Year 1981 Low Income Energy Assistance Program (LIEAP). This review consisted of an examination of your financial records, including payments made to vendors on behalf of households, payments made directly to households, and administrative expenditures. The review also contained an examination of your total program case files.

In the exit conference with Mary Baker, Matthew Mason, Paul Good Iron, Marie Wells, Thomas Eagle, Arnie Guimont, and Truby Heart, the following items were discussed:

1. Our review of the financial records did not reveal any significant administrative errors. However, we recommend that adjustments be made to your final financial claim. (See Exhibit I.)

When the amount expended for payments to vendors and/or applicants has been finalized, then the 8.72 percent limit on administrative expenditures, as approved on July 20, 1982, may be accurately calculated using the costs per our review. (See Exhibit II.)

- 2. A review of your 239 applicant case files revealed:
 - a. Payment documentation in financial records and program case files was lacking for two eligible recipients. There was no supporting evidence available to substantiate the assistance payment claims. (See Exhibit III.)
 - b. Four recipients received benefit payments when their case file indicated they were over the income eligibility guidelines for their household size. (See Exhibit IV.)
 - c. Ten recipients received benefit payments in excess of what their case file supported. (See Exhibit V.)

- d. Twenty two recipients received benefit payments, although their case file contained incomplete income verification documentation. The documentation available did not adequately support each household's income calculation, eligibility certification, and benefit determination. (See Exhibit VI.)
- e. Three of the twenty two recipients mentioned in "d" received benefit payments which exceeded your payment matrix benefit specification because of fuel type. The exact overpayment cannot be accurately determined until the households' total income calculation is documented. (See Exhibit VI.)

Due to the program discrepancies summarized above, we are recommending a disallowance of \$24,425.78, as itemized below:

-Payments lacking supporting fiscal documentation	\$ 420.83
-Payments made to households over income guidelines	3,082.00
-Overpayments to households	520.00
-Payments made without adequate supporting income documentation	20,402.95
Total recommended program cost disallowances	\$24,425.78

As you know, disallowances will have to be repaid to the Department of Health and human Services out of Tribal non-Federal funds.

Let me suggest that you review this letter with Mr. Fox and Mrs. Heart, and then prepare a response to our findings. If you find this summary to be in error, please provide the reasons for your nonconcurrence and supply copies of documentation that would support your corrections. We would appreciate your response by July 30, 1982, to allow time to process our final report.

We wish to thank your staff for their help and cooperation during our visit. Please feel free to direct any questions regarding this letter to Ms. Rosanne Robinson at (303) 837-5591.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Florence Aitchison

Assistant Regional Commissioner

for Family Assistance

Thunce Sitchwood

Enclosures 6

cc:

Mary Baker, Programs Manager
Arnie Guimont, Material Resource Director
Gerald White, Material Resource Committee Chairman
Truby Heart, LIEAP Coordinator

EXHIBIT I

Administrative Costs
FY 1981 LIEAP

Cost Category	Per Ledger	Review Adjustment	Per <u>Review</u>	Per Final Financial Status Report
Personnel	\$ 8,187.25	\$ -0-	\$ 8,187.25	
Insurance	125.66	-0-	125.66	
FICA	675.35	$(132.00)^{1/}$	543.35	√
Workmens Comp.	7.60	-0-	7.60	
Unemployment	310.35	-0-	310.35	u d Tarangan
Travel	3,163.72	$(172.82)^{2/}$	2,990.90	
Supplies	446.77	-0-	446.77	
Postage	78.00	-0-	78.00	
Telephone	492.71	-0-	492.71	
	\$13,487.41	(\$304.82)	\$13,182.59	
Indirect (20.8 of	TDC)		2,741.98	
Total administrative However, this is the total cost of	limited to 8. f the program.	\$15,924.57	\$15,150.77	
is the amount on of your final Fine 4217.				

 $[\]underline{1}$ / When journal voucher number 7 was put into the computer printout of expenditures, it was added rather than subtracted.

2/	Duplicate claims listed in printout for 2/11/81 for:	G. R. Gillette	\$19.98
	and charge of \$26.49 for head start on check #1822.	M. Fox	10.36
		R. Smith	52.17
		P. White Bear	32.01
		G. Walks	8.88
		D. Howling Wolf	22.94

EXHIBIT II

Program Costs FY 81 LIEAP

			* *	Per Final
Category	Per <u>Ledger</u>	Review Adjustment	Per Review	Financial Status Report
Total Benefit Payments	\$191,899.21	(\$97.71)	\$191,801.501/	\$191,899.21

1/ This figure does not include \$420.83 in undocumented payments.

If check for \$108.79, paid to Don Lund, on behalf of Joel Bearstail, Jr., and check for \$312.04, paid to Don Lund, on behalf of Veronica Serdahl, can be documented (See Exhibit III.), the total program costs would increase accordingly, per review. The final Financial Status Report (4217) could also be revised accordingly.

EXHIBIT 111

Undocumented Payments

Recipient	Amount Questioned	Description of Problem
Bearstail, Joel Jr.	\$108.79	Financial records and program files provide no documentation of payment being made to the eligible recipient.
Serdahl, Veronica	\$312.04	Same as above.
Total Questioned Costs Due to Lack of Payment Documentation	\$420.83	

EXHIBIT IV

Over Income Guidelines

Recipient	Amount Paid	Description of Problem
Johnson, Eloise	\$850	Income documentation provided in the case file showed the household was over the income eligibility guidelines and was not eligible to receive a LIEAP benefit.
Poitra, Diane	\$850	Same as above.
Young Bird, Bryan A.	\$744	Same as above.
Young Bird, Byron G.	\$638	Same as above.
Total Questioned Costs Due to Household Income Exceeding Eligibility Guidelines		

EXHIBIT V

Overpayments

Recipient	Benefit Paid	Eligible Amount	Questioned Overpayment	Description of Problem
Bruce, Louise	\$967	\$957	\$ 10	Income verification in case file supports \$957 benefit payment for propane.
Chase, Emerson	\$714	\$624	\$ 90 🗸	Income verification in case file supports \$624 benefit payment for electricity.
Coffey, Pete Sr.	\$803	\$758	\$ 45 /	Income verification in case file supports \$758 benefit payment for electricity.
Deane, William	\$957	\$904	\$ 53 🏏	Income verification in case file supports \$904 benefit payment for propane.
Fox, Melvin	\$95 7	\$850	\$107 🗸	Income verification in case file supports \$850 benefit payment for propane.
Howard, Pearl	\$803	\$758	\$ 45 🗸	Income verification in case file supports \$758 benefit payment for electricity.
Little Soldier, Gainus	\$957	\$904	\$ 53	Income verification in case file supports \$904 benefit payment for propane.
Mossett, Clifford	\$860	\$850	\$ 10 🗸	Income verification in case file supports \$850 benefit payment for propane.

EXHIBIT V

Overpayments - Continued

Recipient	Benefit Paid	Eligible Amount	Questioned Overpayment	Description of Problem
Russell, Alameda	\$967	\$904	\$ 63 🗸	Income documentation in case file supports \$904 benefit payment for propane.
Sheppard, Wanda	\$758	\$714	\$ 44	Income documentation in case file supports \$714 benefit payment for electricity.
Total Questioned Co	sts Due to Ove	rpayments	\$520	

EXHIBIT VI
Incomplete Income Verification Documentation

Recipient	Amount Questioned	Description of Problem
Black Hawk, Thomas	\$ 803.00	Case file does not contain documentation of the household's total income for the 90 day period preceding the date of application, as specified in the Tribe's plan.
Blake, Finley	\$ 365.00	Case file contained no income documentation.
Bordeaux, Pliga	\$1,203.00~	Same as Black Hawk, T.
Burr, Harold	\$ 957.00 -	Same as Black Hawk, T.
Chase, Trudy	\$1,482.00	Case file contained no income documenta- tion.
Edwards, Gloria	\$ 957.00	Case file contained no income documenta- tion.
Fox, Clark	\$ 669.00	Same as Black Hawk, T.
Gunn, Fred	\$1,360.01	Same as Black Hawk, T. In addition, the household's fuel type is documented as being propane. As a result, an overpayment is also apparent.
Howard, Olin	\$1,510.00	Same as Black Hawk, T. In addition, the household's reported income, as calculate in the case file, would only support a \$1,500 benefit payment for fuel oil. At least \$10 was paid as an overpayment.
Lewis, Loretta	\$ 957.00 —	Same as Black Hawk, T.
Lone Fight, Franklin 🙏	\$ 797.00 -	Same as Black Hawk, T.
Lone Fight, Fred	\$ 803.00-	Same as Black Hawk, T.
McGrady, Anna 🗡	\$ 957.00 -	Same as Black Hawk, T.
Malnourie, Lucy	\$1,027.26	Same as Black Hawk, T. In addition, the household's fuel type is documented as being propane. As a result, an overpayment is also apparent.

EXHIBIT VI

Incomplete Income Verification Documentation - Continued

Recipient	Amount Questioned	Description of Problem
Many Ribs, Benjamin	\$1,374.00	Same as Black Hawk, T.
Matthews, William	\$ 714.00	Same as Black Hawk, T.
Plenty Chief, James	\$ 957.00	Case file contained no income documentation.
Rosario, Paul	\$ 957.00	Case file contained no income documentation.
Sillette, Gertrude χ	\$ 97.68	Case file contained no income documenta- tion.
Wells, Ralph III	\$ 803.00	Case file contained no income documenta- tion.
Yellow Bear, Sybert	\$ 803.00	Case file contained no income documentation.
Yellow Bird, Nellie	\$ 850.00	Case file contained no income documenta- tion.

Total Questioned Costs \$20,402.95 Due to Lack of Income Verification Documentation