

IMPORTANT

Northern California Indian Development council has revised the policies and procedures for the LIHEAP program and changed the income eligibility from 150% of the poverty guidelines to 60% of the state median.

There is a new section in the policy and procedure regarding the benefit matrix.

A sample Benefit Matrix resolution has also been provided so that if the tribe choose to lower the amounts they will need to submit a resolution that has been discussed at a council meeting. Applications that are submitted will be processed based on the current Benefit Matrix that Northern California Indian development council has approved.

Please read the new policy and procedures and if you should have any question please feel free to contact me. (707) 445-8451 ex 20 or alishal@ncidc.org

2019 LIHEAP CHECK OFF LIST:

Do not submit intakes unless fully completed with all required items.
THIS WILL BE THE RESPONSIBILITY OF THE TRIBAL LIHEAP COORDINATOR, BY SIGNING INTAKE YOU ARE VERIFYING ALL INFORMATION IS TRUE AND CORRECT

1. _____ **Fully Completed Intake Form**
(INTAKES MUST REMAIN UNDER ONE NAME PER ADDRESS)

Please use *numbers* in section 18.b.

2. _____ **Current Income Documentation For Past 30 Days**
(FOR ALL HOUSEHOLD MEMBERS)

Every household member over 18 that has no income needs to sign a no income verification form.

3. **ALL BILLS OR INVOICES MUST INCLUDE 1) ACCOUNT NUMBER 2) NAME ON THE ACCOUNT 3) COMPANY NAME AND ADDRESS.** If applying for assistance with more than one bill please provide amounts for each not exceeding the maximum amount allowed.

_____ **Current** Energy Bill

_____ **Current** Propane Invoice

_____ **Wood or Pellets**

Vendor Name: _____

Address: _____

Phone Number: _____

Dollar Amount Charged Per Cord: _____

NCIDC WILL NOT PAY FOR WOOD THAT HAS ALREADY BEEN DELIVERED - NO ACCEPTIONS

4. _____ Responsibility Statement
5. _____ Tribal Membership Of Applicant

NCIDC LIHEAP CLIENT INTAKE and REGISTRATION

NCIDC 01/05

Reservation: _____

1b. Reg. Num.	2. Name Last First	MI	SF	3. SSN	4. County	5. Intake Date	
6. Home Address			Apt. Num		City	State	
9. Mailing Address (If different from Home Address)					City	State	
7. Zip Code		8. Telephone Num		10. Zip Code		11. Message Num	
12. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		13. Date of Birth		14. Ethnicity/Race - Mark one of the following Racial groups		Mark one of the following Ethnic groups	
15. Other Characteristics - Mark only those applicable to the Client: <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Client is Disabled <input type="checkbox"/> Client is a Veteran		<input type="checkbox"/> Native Am. Indian/Alaskan		<input type="checkbox"/> White		<input type="checkbox"/> Hispanic or Latino	
		<input type="checkbox"/> African American		<input type="checkbox"/> Other		<input type="checkbox"/> Not Hispanic or Latino	
17. Education - Mark Highest grade completed by Clients age 24+: <input type="checkbox"/> 0 to 8th Grades <input type="checkbox"/> 9th to 12th Grade - NonGraduate <input type="checkbox"/> High School Grad or E+GED <input type="checkbox"/> 12th plus some Post Secondary <input type="checkbox"/> 2 or 4 Yr College Graduates				16. Family Type - Mark one of the following Family Types which best describes the Client's current Family arrangement:			
				<input type="checkbox"/> Single Parent Female			<input type="checkbox"/> Two Parent Household
				<input type="checkbox"/> Single Parent Male		<input type="checkbox"/> Two Adults No Children	
				<input type="checkbox"/> Other Family Type			
19. Housing - Mark one to indicate the description of the Client's current residence: <input type="checkbox"/> Own Home <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Other Hsing			18a. Family Size - Enter size of the Client's current Family Unit inc. client.		18b. Enter number of family members in each Category.		
			<input type="checkbox"/> Family Size		<input type="checkbox"/> # 60 yrs or older		<input type="checkbox"/> # 3 to 5 yrs.
			<input type="checkbox"/> # Disabled		<input type="checkbox"/> # 6 to 18 yrs.		
			<input type="checkbox"/> # 2 yrs. or under				
20. Source(s) of Family Income - Mark all types of income received by all related persons living in the Client's Household, if any,:			<input type="checkbox"/> No Income				<input type="checkbox"/> Social Security
			<input type="checkbox"/> TANF		<input type="checkbox"/> Pension		
			<input type="checkbox"/> SSI		<input type="checkbox"/> Gen Asstance		
			<input type="checkbox"/> Unemp Insur		<input type="checkbox"/> Employ plus Other		
			<input type="checkbox"/> Other				
21. Other Family Characteristics - for Clients receiving Food Stamps, Farm Families or MSFW Families							
<input type="checkbox"/> Recv Food Stamp <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Farmwrkr <input type="checkbox"/> Seasonal Farmwrkr <input type="checkbox"/> Resrvtn/Rnchria Resident							
22a. Income Computation -Enter Total Gross Monthly Income for all persons living in the Household			22b. Type of Assistance Requested			23. Certification by Submitting Agency (please print)	
TANF \$ _____			Vendor _____			Intake Worker Name (please print) _____	
SSI/SSP \$ _____			ACCT# _____				
SSA \$ _____			Wood _____			Recommendation for payment benefit: \$ _____	
Wages \$ _____			Oil _____				
Pensions \$ _____			Propane _____			Comments: _____	
GA/GR \$ _____			Elect. _____				
Interest \$ _____			Name of Customer on Utility Bill: _____				
Other \$ _____			____ Check if Utilities included in Rent or Submetered				
Total \$ _____			If energy-related crisis provide certification for:				
			____ Interruption of Service				
			____ Shut-Off Notice				
			____ Insufficient Funds for Delinquent Bill over 1 month				
24. CERTIFICATION: By signing this document I am certifying that all information provided orally and on this application form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program in which I am participating and may result in prosecution. I further certify that I am the only person in my household who has applied for these services.							
Applicant: _____		Date: _____		Staff: _____		Date: _____	

**LIHEAP
RESPONSIBILITY STATEMENT**

I, _____ reside at
First MI Last

Street Address City Zip

My Utility bill is in the name of _____

He/She is my _____. I am responsible for payment of the utility bill for the above address.

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP. I hereby grant permission to the Tribe and/or the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP providers to ensure that there is no duplication of LIHEAP services to myself or my household.

Applicant's Signature Date

Intake Worker's Signature Date

**LIHEAP
RESPONSIBILITY STATEMENT**

I, _____ reside at
First MI Last

Street Address City Zip

My Utility bill is in the name of _____

He/She is my _____. I am responsible for payment of the utility bill for the above address.

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP. I hereby grant permission to the Tribe and/or the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP providers to ensure that there is no duplication of LIHEAP services to myself or my household.

Applicant's Signature Date

Intake Worker's Signature Date

Northern California Indian Development Council, Inc. (NCIDC)
LIHEAP

Verification of Unemployment/No Income

**Please fill out one form for each person in household 18 years or older
without employment or income**

I, _____ am currently unemployed and/or not
Print Name

receiving any benefits or income.

I certify that all information is true and correct to the best of my knowledge. I am aware that the Tribe and/or NCIDC may verify my status with the Employment Development Department or other necessary agencies. I also understand that willfully and knowingly falsifying information may lead to criminal prosecution. I hereby grant permission to the Tribe and/or NCIDC to verify my status as stated above as part of the qualification process for LIHEAP benefits.

Signature

Date

Signature of Tribal LIHEAP Coordinator

Date

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM PROGRAM POLICIES AND PROCEDURES

The Northern California Indian Development Council, Inc. (NCIDC) has established the following policies and procedures for the operation of the Low-Income Home Energy Assistance Program (LIHEAP).

In an effort to best use the limited LIHEAP funds towards Tribal members' energy related needs, NCIDC is requesting the assistance of each Tribe in the delivery of services. Each Tribe is asked to identify and prioritize the Tribal members that will receive LIHEAP. In addition, we ask that each Tribe assist their members with completing necessary forms and providing the necessary information required to assure eligibility for the program services.

The NCIDC will provide the Tribes with the LIHEAP allocations for their Tribal members as received from the Department of Health and Human Services – Administration for Families and Children – Office of Community Services – Division of Energy Assistance (DHHS). The Tribe will identify their members most in need of LIHEAP services, assist the members with completing the required forms and gathering the necessary information, and transmit the forms and information to NCIDC for eligibility review and processing of the energy assistance.

Energy Assistance Components under the LIHEAP

In the NCIDC application to DHHS the energy assistance components identified are heating, cooling and summer crisis and year-round assistance. The categories are broken down into the percentage of funds targeted as follows: heating assistance is targeted at 60.61%, cooling at 20.81% and 18.58% crisis assistance. These percentages have been established for the overall program and do not necessarily have to reflect the expenditures of each Tribe's allocation; however, the Tribal member services should somewhat reflect these breakouts.

Eligible Beneficiaries

To receive LIHEAP services the households' income may not exceed an amount based on sixty percent (60%) of the state median income index as published by DHHS annually (DHHS income eligibility guidelines are included in this packet). In addition, households in which one or more individuals are receiving assistance under one or more of the following programs are also eligible for LIHEAP services:

- Assistance under the State program funded under part A of Title IV of the Social Security Act – Temporary Assistance for Needy Families (TANF);
- Supplemental security income payments under Title XVI of the Social Security Act – Assistance for Aged, Blind and Disabled Persons;
- Food stamps under the Food Stamp Act of 1977; or

- 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.

Service Priorities

In the LIHEAP application NCIDC set priorities for serving eligible beneficiaries. The priority populations include the elderly, disabled and young children as well a high energy burden and households with six or more individuals. This means that in providing services to Tribal members, each Tribe should attempt to serve clients in one or more of these priority populations "elders, disabled, families with small children". An additional method of setting priority can be the differentiation of households given their energy burden. That is, to determine the amount of energy burden a household has by dividing the household energy costs by the total household income, then provide LIHEAP services to those with the greatest energy burden. Household with six or more individuals may also be included in the priority populations.

Crisis Assistance

A certain amount of the LIHEAP funds allocated to each Tribe may be used to assist households that are in an energy crisis situation. In order to be considered for energy crisis assistance, a household must have received a shut-off notice from their electrical or natural gas energy supplier or have an empty propane or other gas tank. Also the household must have exhausted all other regular energy benefits available to them.

Payment of Benefits

Energy Assistance payments will be made to the energy vendor on behalf of the client household. No payments will be made to the LIHEAP client. NCIDC will be using a voucher system and direct intervention with the energy providers on behalf of the clients. The system of energy payments to the vendors will vary with the type of vendor and their location within the State. NCIDC will assure that the proper credits are applied to each client's energy account, and that the credits are applied to the clients' account statement.

Firewood Vendors

NCIDC requests that each Tribe designate no more than two (2) reliable firewood vendors that serve their area. Firewood vendors should not be related to the client being served. Such vendors must be able to deliver the prescribed amount of wood to each client in a timely manner. They will be responsible for assuring that the required paperwork be completed and that the clients sign the Firewood Delivery Invoice for the amount of wood delivered.

Fraud Reporting Mechanisms

The NCIDC has established reporting mechanisms to make it easier for the public to report cases of suspected LIHEAP fraud, waste or abuse. Each Tribe that participates in NCIDC's LIHEAP program will be provided materials to post that will inform the public of what they can do to

report suspected cases of LIHEAP fraud, waste or abuse. The participating Tribes will be required to post this material at the Tribal office and encouraged to post at stores, Head Start centers, schools and other public gathering locations. The materials will include various methods of reporting fraud including an e-mail address, telephone number and will provide more information via NCIDC's website.

Benefit Matrix

The LIHEAP system allows for the adoption of one of the two different income eligibility guidelines. LIHEAP eligibility can be determined by utilizing either 150% of Federal poverty guidelines, or 60% of the State Median Income index. After technical assistance provided by the Federal system to all grantees in California, the NCIDC has changed the LIHEAP guidelines utilized to the 60% of the State Median Income index. This index will allow Tribes to certify more families as eligible under the program.

The benefit matrix has also been modified from a single payment benefit limit to a three-tiered system, based on income level, as per Federal Regulations. Those with the lowest incomes get the greatest benefit limit. There is also a provision for an additional benefit amount for priority populations.

The new matrix provides an annual maximum benefit amount of \$600 for the lowest income populations, with a \$500 and \$400 tier for families with marginally higher incomes. There is also an additional benefit allocation for households with priority populations. Tribes may reduce these benefit tiers at a public Council Meeting by passing a resolution setting revised benefit amounts. A sample resolution form is attached. The attached benefit matrix will be used for all tribal programs until an approved resolution is received modifying your benefit limits.

Northern California Indian Development Council, Inc.

FAIR HEARING POLICY FOR LIHEAP PROGRAM

The Northern California Indian Development Council, Inc. (NCIDC) administers the Federal Department of Health and Human Services - Administration for Children and Families - Office of Community Services – Division of Energy Assistance - Low Income Home Energy Assistance Program (LIHEAP) for several tribes in the state of California. In order to provide LIHEAP services to the members of each tribe, the tribes and NCIDC have established a delivery system that requests each tribe assist their members with completing necessary forms, and providing the information assuring eligibility for the program services.

The NCIDC LIHEAP Program Policies and Procedures establish the service priorities for the tribes to follow. These priorities are set to assure, to the greatest extent possible, that the limited amount of LIHEAP funds allocated to each tribe serve the most needy tribal members.

Given the limited amount of LIHEAP funds available to each tribe annually, there may be some members that do not receive program assistance, even though they meet the eligibility guidelines. However, if you are a member of a tribe served through the NCIDC LIHEAP program and you believe your application for services has been denied or not acted upon with reasonable promptness (more than 4 weeks), you have the right to appeal the action.

If you feel that you have a legitimate complaint it is NCIDC's policy to attempt to resolve such problems through an informal resolution process. The informal resolution process involves a discussion with your tribal LIHEAP liaison; his/her supervisor; the NCIDC LIHEAP Program Assistant and/or the NCIDC Assistant Director. This is the first step in the NCIDC Fair Hearing Procedure.

In the event that an informal resolution of the complaint is not satisfactorily attained, or if you do not wish to avail yourself of the opportunity for the informal resolution process, then you may skip step one and file a written complaint to the NCIDC Assistant Director. This is the second step in the NCIDC Fair Hearing Procedure.

Any applicant requesting an NCIDC LIHEAP appeal hearing may do so by writing to: NCIDC LIHEAP APPEAL HEARING REQUEST, 241 F Street, Eureka, CA 95501. In this written request, the applicant must provide a copy of their letter requesting an informal resolution process with the Tribe, and the outcome of that process (if you have followed this process). Further information on the appeal process may be requested via phone at 707-445-8451, however all formal appeal hearing requests must be submitted in writing.

At the hearing you may represent yourself or may be represented by an advocate of your choice.

Northern California Indian Development Council, Inc.**FAIR HEARING PROCEEDURE FOR LIHEAP PROGRAM**

The procedures described below outline the steps to follow if an applicant for LIHEAP services believes they have been inappropriately denied services or their application has not been acted on in a timely manner.

1. Attempt to resolve the problem with your tribal LIHEAP liaison, that person's supervisor within the tribe or another person of authority having the ability to evaluate the situation, develop a resolution, and implement the planned solution.
2. If the problem can not be resolved at the tribal level, and an informal resolution cannot be reached to your satisfaction, immediately contact the NCIDC LIHEAP Program Specialist. The Program Specialist may be able to resolve the matter without further formal consideration or will be able to assist with the development of a formal written complaint.
3. If the above steps do not provide you with a satisfactory resolution of the alleged complaint, file a formal written complaint to the NCIDC Assistant Director within ten (10) days of the incident or incidents leading to the complaint. The written complaint must include: a description of the incident(s) provoking the complaint; a record of any attempt you have made to informally resolve the matter; reasons for pursuing the complaint; and your desired resolution of the alleged problem.
4. Within five (5) days of receipt of the formal written complaint, the NCIDC Assistant Director will review the information, solicit additional information as needed, and attempt to informally resolve the problem at this stage.
5. Within eight (8) days of the receipt of the formal written complaint the Assistant Director will provide to all parties involved a written determination regarding his/her findings in the matter. The written determination transmitted to the aggrieved party will include notification of his/her opportunity for a hearing, the procedures for requesting a hearing and shall describe the elements in the hearing procedures.
6. Within five (5) days of the date of the Assistant Director's written determination, if the aggrieved party is dissatisfied with this determination they must file a written response delineating the reason(s) they object to the determination, why it should be reconsidered, and request a hearing on the matter. In the written response the aggrieved party may amend the complaint to include any additional issues to be decided in the hearing, and/or provide additional information or materials relevant to the complaint. The written response and request for a hearing on the complaint must be received by the Assistant Director within four (4) days of the date of the written determination.
7. Within five (5) days of receipt of the written response and request for a hearing the Assistant Director will provide written notification describing the elements in the hearing procedures; the date, time, and place of the hearing; the manner in which it will be conducted; and the issues to be decided. The aggrieved party is entitled to a formal hearing within thirty-(30)-days of receipt of the initial formal written complaint by NCIDC.
8. The aggrieved party may, at his/her option, request a rescheduling of the hearing for good cause. In such instances NCIDC will require that the complainant file such

request in writing.

9. A written decision from the Hearing Officer will be provided to the Assistant Director, the Complainant, and any other interested parties within sixty (60) days of receipt of the initial formal written complaint. This period may be extended with the written consent of all of the parties to the complaint for good cause. The written decision shall be transmitted to the concerned parties by certified mail, return receipt requested. The Hearing Officer's decision shall include the following:

- a statement of facts;
- a statement of reasons for the decision;
- a statement of any remedies to be applied

The decision of the Hearing Officer shall be considered final in the formal administrative grievance resolution process administered by NCIDC.

Northern California Indian Development Council (NCIDC)
 LIHEAP Benefit Matrix - FFY 2018/2019

SUMMARY OF BENEFIT MATRIX	
INCOME:	HEAT/COOL/CRISIS - All fuels combined maximum benefit per hsehd
75 to 100% of SMI	\$400
50 - 75% of SMI	\$500
under 50% of SMI*	\$600

*Categorically
 Exempt
 (INCLUDES:
 TANF,
 SSI, OR
 SNAP)

LIHEAP ELIGIBILITY BENEFIT MATRIX
 BASED ON 60% OF STATE MEDIAN INCOME (SMI) INDEX

Household Size	Maximum Income Eligibility Guideline	if income is between 100 - 75%	75% of maximum income eligibility	if income is between 75 - 50%	50% of maximum income eligibility	OR if income is between 50% - 0%	no income
1	\$26,049	<--->	\$19,537	<--->	\$13,025	<--->	\$0
2	\$34,064	<--->	\$25,548	<--->	\$17,032	<--->	\$0
3	\$42,079	<--->	\$31,559	<--->	\$21,040	<--->	\$0
4	\$50,094	<--->	\$37,571	<--->	\$25,047	<--->	\$0
5	\$58,109	<--->	\$43,582	<--->	\$29,055	<--->	\$0
6	\$66,124	<--->	\$49,593	<--->	\$33,062	<--->	\$0
7	\$67,627	<--->	\$50,720	<--->	\$33,813	<--->	\$0
8	\$69,130	<--->	\$51,847	<--->	\$34,565	<--->	\$0
9	\$70,633	<--->	\$52,974	<--->	\$35,316	<--->	\$0
10	\$72,135	<--->	\$54,102	<--->	\$36,068	<--->	\$0
11	\$73,638	<--->	\$55,229	<--->	\$36,819	<--->	\$0
12	\$75,141	<--->	\$56,356	<--->	\$37,571	<--->	\$0

income that is exactly on the cusp should be determined in favor of the larger benefit amount

Priority Populations: \$100 additional annual benefit for one or more factors (single increase, not cumulative).

- Senior Citizen (Over the age of 62)
- Disabled (Receiving SSI)
- Child(ren) age five (5) or under in household
- Energy Burden exceeds 20%
- Six or more individuals in the household

NOTES: The benefit amounts shown are the maximum benefit limits for the NCIDC LIHEAP program that serves a consortium of 48 Tribes located in California.

Each Tribe's Council or governing body may request that these benefit amounts (shown in bold) be decreased for their eligible population, but they may not increase or exceed the maximum benefit amount shown here.

BENEFIT MATRIX RESOLUTION

Please note that this is just sample language for a Tribal resolution to modify the default amounts for the LIHEAP Benefit Matrix Resolution for your Tribe, you may use your own resolution format and structure as long as the content is included.

Reservation/Rancheria: _____
Address: _____
City, State, Zip: _____

WHEREAS, the Tribal Council of the _____ *tribe name* _____ is the duly authorized body of the Tribe to exercise full governmental responsibilities, and empowered to make Tribal policy and carry out Tribal business; and,

WHEREAS, the Tribal Council of the _____ *tribe name* _____ has presented and discussed the modification of the LIHEAP benefit matrix in a public council meeting; and,

WHEREAS, the _____ *tribe name* _____ wishes to reduce their LIHEAP benefit matrix amounts to maximize the number of services available to eligible households;

NOW THEREFORE BE IT RESOLVED, that following changes have been approved for the _____ *tribe name* _____ LIHEAP benefit matrix.

0% - 50% income tier reduced from \$600 to \$ _____
50% - %75 income tier reduced from \$500 to \$ _____
75% - %100% income tier reduced from \$400 to \$ _____

Priority populations additional annual benefit amount reduced from \$100 to \$ _____

***Please select ONE of the following two options to include in the "Resolved" section of your resolution.**

- Cooling, heating and crisis applications will be accepted with priority being given to crisis applications
- or**
- Only crisis applications will be accepted until the last month of the grant period, at which time cooling, heating, and crisis applications will be considered for remaining allocation balances in the final month of the program year.

BE IT FURTHER RESOLVED that this resolution shall remain effective until rescinded.

CERTIFICATION

I, the undersigned, as Chairman of the _____ hereby certify at a duly called and convened meeting on the _____ day of _____, 20____, adopted this resolution and said resolution has not been rescinded or amended in any way.

Chairperson

Date

ATTEST:

Secretary

Date

Northern California Indian Development Council, Inc. (NCIDC)
LIHEAP
Wood and Pellet Procedures

Attention: LIHEAP COORDINATOR

As a Reminder: clients applying for wood or pellets need to provide all business or wood vendor information on the intake form or check list on the LIHEAP application.

Once the application is approved we will mail the invoice to the wood vendor with the approved amount and mandatory return date.

Pellet invoices will be mailed to the tribal member to take to the business to be filled out and sent back to our office by the mandatory return date.

Deliveries of wood or pellets that have been received prior to approval of the application **will not be paid for by NCIDC** and the tribal member will be responsible for payment.

FIREWOOD DELIVERY INVOICE

The Northern California Indian Development Council, Inc. (NCIDC) has approved _____ Application for firewood.

NCIDC is authorizing the purchase of _____ cords of firewood.

The maximum allowable payment for the firewood is \$ _____

Authorized by _____

CLIENT SECTION: I, _____ do verify that the wood which I ordered was delivered to me, in the authorized amount and in a satisfactory manner.

Signed: _____ Date: _____

WOOD SUPPLIER SECTION: *(Please Print)* I certify that I have delivered the requested wood. The amount now due and payable is \$ _____. Please make payment out as follows:

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

PHONE: _____ **EIN or SS#:** _____

WOOD SUPPLIERS, PLEASE ALLOW 2-3 WEEKS FOR PAYMENT TO BE ISSUED ONCE NCIDC RECEIVES THIS INVOICE.

Signed: _____ Date: _____

IMPORTANT CLIENT INFORMATION:

Initial Each Item

1. Clients should use Tribally designated Wood Vendors _____
2. Clients **MAY NOT** use a person residing in their household as their Wood Supplier. No Exceptions _____
3. **This firewood invoice must be returned to NCIDC by** _____
4. Invoices received after the due date will not be paid and your application will be dropped. _____
5. If you do not turn in your invoice by the due date and have had the wood delivered, you will be responsible for payment for the wood yourself. NCIDC will not pay for the wood. _____

PELLETS DELIVERY INVOICE

The Northern California Indian Development Council, Inc. (NCIDC) has approved

_____ Application for pellets.

NCIDC is authorizing the purchase of _____ ton of pellets.

The maximum allowable payment for the pellets is \$ _____

Authorized by _____

CLIENT SECTION: I _____ do verify that the pellets that I ordered were received by me in the authorized amount and in a satisfactory manner.

Signed: _____ Date: _____

PELLET SUPPLIER SECTION: *(Please Print)* I certify that I have provided the requested pellets. The amount now due and payable is \$ _____
Please make payment out as follows:

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

PHONE: _____

INVOICE MUST BE RETURN BY: _____

***PELLET SUPPLIERS, PLEASE ALLOW 2-3 WEEKS FOR PAYMENT
TO BE ISSUED ONCE NCIDC RECEIVES THIS INVOICE.***

Signed: _____ Date: _____
