***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 $1,200 to $ \_\_\_\_\_\_\_\_

50% - %75 income tier reduced from $1,000 to $\_\_\_\_\_\_\_\_

75% - %100% income tier reduced from $800 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**BE IT FURTHER RESOLVED** that this resolution shall remain effective until rescinded.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day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, adopted this resolution and said resolution has not been rescinded or amended in any way.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**