



SENDCAA's Financial Assistance Programs

What you need to apply for assistance?

Please fill out the following application as completely as possible*. In addition the following information is needed to process your application, depending on the type of assistance you are applying for:

If you are applying for Energy Share, please also include:

- SFN 62-Emergency Assistance Application, which is attached to the Energy Share Application
- Your LIHEAP approval letter (if you haven't applied for LIHEAP, please visit your county social service office to apply)
- Proof of all income (30 days of paystubs, child support, unemployment, TANF, SNAP (Food Stamp) Benefits, etc.)
- Photo ID
- Copy of your Disconnect notice from your electric company

If you are applying for Rental Assistance, please also include:

- Proof of all income (30 days of paystubs, child support, unemployment, TANF, SNAP (Food Stamp) Benefits, etc.)
- Photo ID
- A copy of your lease
- Current Eviction Notice
- **Approval of Rental Assistance is contingent on available funding**

*Please note that the more information that is provided with your application will assist in the processing time of your application.

Once we receive your application, we will contact you via phone or email

Please contact us with any questions at the toll free number below

Sincerely,

SENDCAA Self-Sufficiency Staff

3233 South University Drive, Fargo, ND 58104-6221
Phone (701) 232-2542 Toll Free (800) 726-7960 Fax (701) 298-3115
Website www.sendcaa.org Email agency@sendcaa.org



EMERGENCY ASSISTANCE APPLICATION
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LIHEAP
SFN 62 (10-2006)

☐ Energy Share
☐ LIHEAP Emergency Assistance

Name		Social Security Number		County
Address	City	State	Zip Code	Telephone Number

Ages of All Household Members-List Applicant's Age First

Emergency assistance is needed with what fuel?

- ☐ Electricity ☐ Propane
☐ Natural Gas ☐ Coal
☐ Fuel Oil

Emergency assistance is needed other than fuel?

- ☐ Minor Home Repair ☐ Consumer Goods
☐ Minor Furnace Repair ☐ Non-Heat Electric Referral
☐ Furnace Replacement ☐ Self Reliance Referral

Name of Company That Fuel is Purchased From

Name on Account

Account Number

Dollar Amount of Emergency Assistance You Are Applying For

Dollar Amount You Paid on Energy Bills in the Last 6 Months

List the reasons you are applying for Emergency Assistance (illness, car accident, loss of job, etc.)

Did you discuss making regular monthly or weekly payments with your energy supplier/vendor?

- ☐ Yes-What arrangements did you make? ☐ No-Why Not?

Have you tried to get a bank loan, family loan, or help from other agencies to pay on your bill?

- ☐ Yes-Assistance From? ☐ No-Why Not?

Do you have a plan on how to avoid needing emergency assistance in the future? Explain.

- ☐ Yes ☐ No

List the net income of each household member for application month

Name of Person #1	Income This Month	Source
Name of Person #2	Income This Month	Source
Name of Person #3	Income This Month	Source
Name of Person #4	Income This Month	Source
Total Net Income for Household		

List Assets of Each Household Member

Amount For All Household Members in Checking
Amount For All Household Members in Savings
Amount For All Household Members in Other Accounts

Amount Spent This Month For:

Food - Total Cost	Less Food Stamps	Your Cost
Rent-Amount You Pay	Own Home-Mortgage	Tax Property (per month)
Homeowner's Insurance	Water	Electricity
Heat	Telephone (Land or Cell)	Other Utilities
Prescriptions Paid or Anticipated	Medical Bills	Medical Insurance Premium

Transportation Costs:

Gas or Other Transportation Costs	Vehicle Insurance (1 month)	Vehicle Payment (One Month)
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Employment Costs:

Day Care	Tools for Employment	Clothes for Employment
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Personal Care Costs

Other Mandatory Expenses (Explain)

Total Income	Total Expenses	Balance
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I certify that the information I have given is correct and complete to the best of my knowledge. I understand that benefits received based on false information must be repaid and could result in a fine, imprisonment, or both. I give my permission to LIHEAP and Energy Share to verify and share information affecting my eligibility and benefits and to my energy supplier to provide information regarding my account and energy consumption.

Signature	Date
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AGENCY USE ONLY

Local Action: ☐ Denied ☐ Approved or ☐ Approved and Request State Approval

CSSB (LIHEAP Representative)	Date
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Emergency Assistance Payments

Date of Payment	Reason Code	Heat Type	Usage	Invoice/Account No.	Amount Requested	Amount Paid
Total Paid						

Does this bring applicant current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred for Self Reliance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred for Energy Share? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Plan of Action (SFN 11) been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No - Why Not?	List Other Agencies Referred To	
Comments/Restrictions		

Other Household Members

First Name _____	Middle Name _____	Last Name _____	Income Type:
Relationship to Head of Household _____			Employment \$ _____
Social Security _____ / ____ / ____ M F			per wk bi-wk mo yr
Birthdate _____ Gender _____			Social Security \$ _____
Race: _____ Ethnicity: Hispanic NOT Hispanic			per wk bi-wk mo yr
Veteran: Yes No Disabled: Yes No Farm Worker: Yes No			SSI / SSDI \$ _____
Education Level: 0-8 th 9-12 th Dipl/GED Some college College Grad			per wk bi-wk mo yr
Medical Coverage: Medicaid Medicare Private Ins IHS Other None			Gen Assistance \$ _____
			per wk bi-wk mo yr
			Other \$ _____
			per wk bi-wk mo yr

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			per wk bi-wk mo yr
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			per wk bi-wk mo yr
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			per wk bi-wk mo yr
			Gen Assistance \$ _____
			per wk bi-wk mo yr
			Other \$ _____
			per wk bi-wk mo yr

CURRENT Income Information (list all sources of income such as employment, food stamps, TANF, unemployment, SSDI/SSI, child support, etc.)

Household Member	Amount of Income	Pay Period	Source of Income	Occupation
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			
	\$ _____			

Employment (list most recent employer for all working-age persons in the household)

Household Member	Employer	How Long	Reason for Leaving

Please check which services you are currently involved with. Please include a contact name, if known.

Receiving Services?	Agency Name	Receiving Services?	Agency Name	Receiving Services?	Agency Name
Y N	County Social Services Contact: _____	Y N	Shelter _____ Contact: _____	Y N	Food Pantry _____ Contact: _____
Y N	Vocational Rehabilitation Contact: _____	Y N	Fargo Housing Authority Contact: _____	Y N	St. Vincent DePaul Society (St. Francis) Contact: _____
Y N	Southeast Human Service Center Contact: _____	Y N	Cass County Housing Authority Contact: _____	Y N	Salvation Army Contact: _____
Y N	Lutheran Social Services Contact: _____	Y N	YWCA Contact: _____	Y N	Presentation Partners in Housing Contact: _____
Y N	Veteran's Administration Contact: _____	Y N	Rape and Abuse Crisis Center Contact: _____	Y N	Job Service of ND / MN Contact: _____
Y N	Social Security Administration Contact: _____	Y N	The Village Contact: _____	Y N	Weatherization Contact: _____
Y N	Head Start Contact: _____	Y N	Individual Development Account Contact: _____	Y N	Other _____ Contact: _____

Please check the ONE that best describes your current living situation:

- | | | | |
|---|--|---|--|
| <input type="radio"/> Emergency shelter | <input type="radio"/> Hotel | <input type="radio"/> Apartment you rent | <input type="radio"/> Place not meant to be lived in |
| <input type="radio"/> With friends / family | <input type="radio"/> Home you own | <input type="radio"/> County jail or prison | <input type="radio"/> Treatment Center |
| <input type="radio"/> Transitional housing | <input type="radio"/> Psychiatric hospital | <input type="radio"/> Other: _____ | |

How long have you been in the above living situation? _____

If less than 90 days, what is the zip code of the last place that you did stay more than 90 days? _____

What is your history of homelessness?

- | | |
|---|--|
| <input type="radio"/> Not homeless | <input type="radio"/> First time homeless AND less than one year without a home |
| <input type="radio"/> Multiple times homeless | <input type="radio"/> Long-term homeless: homeless for at least 1 year OR 4 times homeless in the past 3 years |

What type(s) of assistance are you looking for?

- | | | | |
|---|--|---|--|
| <input type="radio"/> Rent Assistance | <input type="radio"/> Deposit Assistance | <input type="radio"/> Utility Assistance | <input type="radio"/> Education / Job Training |
| <input type="radio"/> Mortgage assistance | <input type="radio"/> Apartment Search | <input type="radio"/> Finance / Budget / Credit | <input type="radio"/> Transportation |
| <input type="radio"/> Child care assistance | <input type="radio"/> Other: _____ | | |

Do you have a: Eviction notice? Yes No Utility shut off notice? Yes No

Please explain your need for emergency assistance *in detail*:

If assistance is provided to you, what is your PLAN to sustain your household after the assistance is over?
(Please list your immediate goals.)

GOAL #1:

GOAL #2:

Monthly Household Budget

Expenses				Income (use <u>NET</u> income)		
Expense Item		Monthly Amount	Past Due Amount	Income Source(s) <u>all</u> household members	Monthly Amount	
30% Shelter	Rent / Mortgage	\$	\$	Employment (applicant)	\$	
	Heating (fuel oil, gas)	\$	\$	Employment (co-applicant)	\$	
	Electricity	\$	\$	Self-Employment (applicant)	\$	
	Water, Sewer, Garbage	\$	\$	Self-Employment (co-applicant)	\$	
	Internet / Cable	\$	\$	Veteran's Benefits (applicant)	\$	
15% Food	Groceries – food ONLY	\$	\$	Veteran's Benefits (co-applicant)	\$	
	Lunches – school / work	\$	\$	Unemployment (applicant)	\$	
	Meals outside the home	\$	\$	Unemployment (co-applicant)	\$	
	Child care	\$	\$	Worker's Compensation (applicant)	\$	
	Child support	\$	\$	Worker's Compensation (co-applicant)	\$	
	Legal expenses (attorney, fines)	\$	\$	Short / Long-term Disability (applicant)	\$	
5% Clothing	Clothing – normal needs	\$	\$	Short / Long-term Disability (co-applicant)	\$	
	Uniforms – school or work	\$	\$	Child Support (applicant)	\$	
	Laundromat, dry cleaning, repair	\$	\$	Child Support (co-applicant)	\$	
5% Household	Household supplies/toiletries	\$	\$	Alimony (applicant)	\$	
	Cell Phone / Telephone (land line)	\$	\$	Alimony (co-applicant)	\$	
	Laundry Services	\$	\$	SSDI / SSI / Social Security (applicant)	\$	
20% Transportation	Car payment	\$	\$	SSDI / SSI / Social Security (co-applicant)	\$	
	Car insurance	\$	\$	TANF (applicant or co-applicant)	\$	
	Car gas / maintenance / repairs	\$	\$	Food Stamps (applicant or co-applicant)	\$	
	Bus / cab fare	\$	\$	WIC Applicant? Y or N Co-applicant? Y or N	\$	
5% Health	Health insurance	\$	\$	Fuel Assistance Y or N oil gas propane electric	\$	
	Dental insurance	\$	\$	Retirement / Pension (applicant)	\$	
	Health / Dental / Rx co-pays	\$	\$	Retirement / Pension (co-applicant)	\$	
5% Insurance	Renter's / Homeowner's insurance	\$	\$	Child Care Assistance (applicant)	\$	
	Life insurance	\$	\$	Child Care Assistance (co-applicant)	\$	
	Retirement fund	\$	\$	Other: _____	\$	
5% Personal	Personal Care (Haircut/Nails)	\$	\$	Other: _____	\$	
	Recreation & Entertainment	\$	\$	Income TOTAL		
	School supplies	\$	\$	Loans / Credit Payments		
	Pet supplies	\$	\$	Bank / Company Name	Payment	Balance
5% Miscellaneous	Subscriptions (newspaper / magazines)	\$	\$		\$	\$
	Tobacco / alcohol	\$	\$		\$	\$
	Babysitter	\$	\$		\$	\$
	Gifts (holiday, birthday, etc.)	\$	\$		\$	\$
	Emergency Fund	\$	\$		\$	\$
	Savings	\$	\$		\$	\$
	Other: _____	\$	\$		\$	\$
	Other: _____	\$	\$		\$	\$
Expenses TOTAL		\$	\$	Loan / Credit Payment TOTAL : \$ _____ \$		

Monthly Income: \$ _____
 Monthly Expenses: - \$ _____
 TOTAL \$ _____

Total Past Due / Owed: \$ _____
 Savings Goal: \$ _____

To whom is your rent / mortgage paid?

Landlord / Mortgage Company Name	() -	
	Work / Cell / Other	
Mailing Address	Account Number	
City	State	ZIP

To whom do you pay your utilities?

Company Name	() -	
	Work / Cell / Other	
Mailing Address	Account Number	
City	State	ZIP

Staff Notes:



Release of Information

Southeastern North Dakota Community Action Agency
3233 S. University Dr.
Fargo, ND 58104

Legal Last Name:	Legal First Name:	MI	Date of Birth
Other names used by applicant:			

By signing this form, I authorize the following record holder(s) to disclose the following specific confidential information about me:

Initial	Agency Name	Mutual Exchange Y or N	Initial	Agency Name	Mutual Exchange Y or N
	County Social Services	Y N		Landlord	Y N
	Food Pantry	Y N		Administrators of the North Dakota Homeless Management Information System	Y N
	Salvation Army	Y N		St. Vincent DePaul Society	Y N
	Presentation Partners in Housing	Y N		Lutheran Social Services of North Dakota	Y N
	Utility Company	Y N		City of Fargo	Y N
	Utility Company	Y N		Southeast Human Service Center	Y N
	Employer	Y N		Prairie St. John's	Y N
	Employer	Y N		Path, Inc.	Y N
	Fraser, Ltd.	Y N		YouthWorks	Y N
	Rape and Abuse Crisis Center	Y N		Social Security Administration	Y N
	Veteran's Administration	Y N		Subsidized Housing Authority	Y N
	Job Service	Y N		Other	Y N
	Other:	Y N		Other	Y N

By signing this document you are agreeing to the following:

- This release of information is valid for 12 months from the date it was signed by you. Your authorization is voluntary and can be revoked at any time.
- Your file may be monitored by state agencies for funding and quality review purposes.
- Your records are protected under both state and federal privacy regulations and cannot be disclosed without your written consent unless otherwise specified by law.
- You give permission to discuss my request for assistance with the selected agencies above. It is further agreed upon that information during the application process is shared with SENDCAA employees for determining if you are eligible for services.
- You certify that the information you have disclosed is correct and complete to the best of your knowledge. You understand that failure to provide the needed documentation or knowingly providing false information will result in denial of assistance and your case will be closed due to fraud. All information provided will be kept in the strictest of confidence.
- You agree to sign this form at your own will.
- You release SENDCAA and any of its employees from any claims arising from this authorization and disclosure.
- Failure to sign this document will make you automatically ineligible for financial assistance from SENDCAA.

SENDCAA employees are considered mandated reporters. SENDCAA follows the North Dakota Century Code Statute 50-25.1-03 on Child Abuse and Neglect and the North Dakota Century Code Statute 50-25.2-03 on Vulnerable Adult Protection.

Applicant Printed Name		Applicant Signature		Date
Authorized Representative Printed Name		Authorized Representative Signature	Relationship to Applicant	Date
Agency Staff Printed Name		Agency Staff Signature	Position:	Date

AUTHORIZATION TO DISCLOSE INFORMATION

PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. This agency will not condition services on your agreement to authorize disclosure of your health information.

INSTRUCTIONS: Provide information as it existed when the service was provided.

First Name _____	Middle Name _____	Last Name _____	Social Security _____	Birthdate ____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>
Street Address _____		City _____	State ND	ZIP _____	County _____

1. I hereby authorize: Southeastern North Dakota Community Action Agency (SENDCAA)
3233 S. University Dr.
Fargo, ND 58104
2. To release information to: Administrators of the North Dakota Homeless Management Information System
1600 E. Century Ave., Suite 2 2105 Lee Avenue
Bismarck, ND 58503 Bismarck, ND 58504
3. The following information is requested: name, reporting agency, sex, marital status, sex/age of family members, race/ethnicity, veteran status, income status, current housing status, reason for homelessness, services currently received, and unmet needs.
4. The information identified above will be used for: research and analysis and reporting to the Department of Housing and Urban Development, the US Congress, the North Dakota legislature, and communities on the statistics and needs of the homeless in North Dakota for the purpose of increasing funding for housing and services to the homeless. No personal identifying information will be released, except to the North Dakota HMIS.
5. This authorization to disclose information remains in effect until _____ or 12 months or a specific event which could terminate the operation of the release of information _____.

CLIENT CONSENT:
This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Refer to the Privacy Notice for further description of revocation rights. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium including, but not limited to oral, written, or electronic transmission.
I have been provided with a copy of the North Dakota HMIS Privacy Notice _____ (Client's Initials)

Client Printed Name _____	Client Signature _____	Date _____
Authorized Representative Printed Name _____	Authorized Representative Signature _____	Relationship to Applicant _____
Agency Staff Printed Name _____	Agency Staff Signature _____	Position: _____
		Date _____

____ CHECK IF APPLICABLE – NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

NOTICE: Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be re-disclosed, in which case it may not be protected by state or federal law.

* I authorize the release of the indicated sensitive status(es) by my initials below:
 _____ Mental Health _____ HIV / AIDS _____ Chemical Dependency



HUD Disclosure Statement / Conflict of Interest

The following Disclosure Statement / Conflict of Interest is for the purpose of providing information to program participants/clients accessing services from Southeastern North Dakota Community Action Agency (SENDCAA).

This is to give you, _____, notice that SENDCAA serves all counties within Region V (Cass, Ransom, Richland, Sargent, Steele, and Traill counties) and has a relationship with Region V Community Development Corporation (RVCDC). RVCDC also serves Grand Forks County with a single project in Northwood. RVCDC has a principal purpose of planning, developing, owning, and managing affordable housing projects in Southeastern ND. SENDCAA's Executive Director and a few of SENDCAA's Board of Directors are voting members of RVCDC. RVCDC has ownership of projects in Milnor (multifamily), Lisbon (multifamily), Hankinson (multifamily), Hatton (multifamily), Gwinner (2 elderly, 1 multifamily), Fairmount (multifamily), Casselton (multifamily), West Fargo (elderly), Fargo (special needs), and Northwood (multifamily). SENDCAA staff maintains the physical properties and maintains files for Section 42, HOME, Rural Development, HUD compliance. Compliance consists of annual review of tenant income, leases, and conducting Housing Quality Inspections on each of the rental properties.

To obtain housing counseling services from SENDCAA's Housing Counseling Program, you are not required to rent housing whereby RVCDC has a vested interest. In addition, you are not required to participate in any programs or services provided by SENDCAA in order to obtain or access housing counseling services. This includes but is not limited to the following programs and services: Food Pantry, Commodity Food Programs, Weatherization and Energy Conservation Program, Shelter Plus Care Program, Tri-State Help Program, HOME Rehabilitation Programs, Individual Development Accounts, Head Start, etc.

SENDCAA certifies that it shall abide by the conflict of interest provisions in 24 CFR 85.36 and OMB Circular A-110 for the procurement of property and services. If a person is an employee, agent, consultant, officer, elected official, or appointed official of a participating jurisdiction, state recipient or sub-recipient of Housing and Urban Development funds, and has related responsibilities or access to inside information, that person may not: obtain a financial benefit or interest from any activity for themselves or those with whom they have a family or business tie during their tenure or for one year thereafter.

I / we have read this Disclosure Statement / Conflict of Interest form and understand the information as provided by Southeastern North Dakota Community Action Agency (SENDCAA).

Participant Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____

