

THIS CONTRACT is entered into between the Areawide Council on Aging of Broward County, Inc., hereinafter referred to as the “Council,” and **City of Pembroke Pines, Florida / Southwest Focal Point Senior Center**, hereinafter referred to as the “Contractor”, and collectively referred to as the “Parties.” This Contract is subject to all provisions contained in the Master Contract JM020-10-2022, executed between the Council and the Contractor and its successor, incorporated herein by reference.

WITNESSETH THAT:

WHEREAS, the Council has determined that it is in need of certain services as described herein; and **WHEREAS**, the Contractor has demonstrated that it has the requisite expertise and ability to faithfully perform such services as an independent Contractor for the Council.

NOW THEREFORE, in consideration of the services to be performed and payments to be made, together with the mutual covenants and conditions hereinafter set forth, the Parties agree as follows:

1. Purpose of Contract

The purpose of this Contract is to provide services in accordance with the terms and conditions specified in this Contract including all attachments, forms, exhibits and references incorporated, which constitute the contract document.

2. Incorporation of Documents within the Contract

The contract will incorporate attachments, proposal(s), service provider application(s), grant contracts, relevant State of Florida, Department of Elder Affairs’ handbooks, manuals or desk books and Master Contract JM020-10-2022, as an integral part of the contract, except to the extent that the contract explicitly provides to the contrary. In the event of conflict in language among any of the documents reference above, the specific provisions and requirements of the contract document(s) shall prevail over inconsistent provisions in the proposal(s) or other general materials not specific to this Contract document and identified attachments.

3. Term of Contract

This Contract shall begin at 12:00 a.m., Eastern Standard Time, June 1, 2020 or on the date the contract has been signed by the last party required to sign it, whichever is later. It shall end at 11:59 p.m., Eastern Standard Time, September 30, 2021.

4. Contract Amount

The Council agrees to pay for contracted services according to the terms and conditions of this contract in an amount not to exceed **\$18,986.75** or the rate schedule, subject to the availability of funds. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this contract.

5. Renewals

By mutual agreement of the Parties, in accordance with s. 287.058(1)(g), F.S., the Council may renew the contract for a period not to exceed three years, or the term of the original contract, whichever is longer. The renewal price, or method for determining a renewal price, is set forth in the bid, proposal, or reply to the Council’s request for Service Provider Application. No other costs for the renewal may be charge. Any renewal is subject to the same terms and conditions as the original contract and contingent upon satisfactory performance evaluations by the Council and the availability of funds.

6. Provision of Services:

The Contractor shall provide services in the manner described in ATTACHMENT I.

7. Official Payee and Representatives (Names, Addresses, and Telephone Numbers):

a.	The Contractor name, as shown on page 1 of this Contract, and mailing address of the official payee to whom the payment shall be made is:	City of Pembroke Pines, Florida / Southwest Focal Point Senior Center 301 NW 103rd Avenue Pembroke Pines, FL 33026
b.	The name of the contact person and street address where financial and administrative records are maintained is:	Jay Shechter, Project Director City of Pembroke Pines, Florida / Southwest Focal Point Senior Center 301 NW 103rd Avenue Pembroke Pines, FL 33026
c.	The name, address, and telephone number of the representative of the Contractor responsible for the administration of the program under this Contract is:	Jay Shechter, Project Director City of Pembroke Pines, Florida / Southwest Focal Point Senior Center 301 NW 103rd Avenue Pembroke Pines, FL 33026 954-4506-888
d.	The section and location within the Council where the Request for Payment and Receipt and Expenditure forms are to be mailed or e-mailed is:	Areawide Council on Aging of Broward County, Inc. 5300 Hiatus Road, Sunrise, FL 33351
e.	The name, address, and telephone number of the Council's Program Specialist for this Contract is:	To be announced Areawide Council on Aging of Broward County, Inc. 5300 Hiatus Road, Sunrise, FL 33351 (954) 745-9567
Upon change of representatives (names, address, telephone numbers) by either party, notice shall be provided in writing to the other party and the notification attached to the originals of this Contract.		

8. All Terms and Conditions Included:

This Contract and its Attachments, I - XIII and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the Parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this Contract shall supersede all previous communications, representations or agreements, either written or verbal between the Parties. By signing this Contract, the Parties agree that they have read and agree to the entire contract.

IN WITNESS THEREOF, the Parties hereto have caused this 41-page contract to be executed by their undersigned officials as duly authorized.

CONTRACTOR:

**City of Pembroke Pines, Florida /
Southwest Focal Point Senior Center**

**Areawide Council on Aging of
Broward County, Inc.**

BOARD PRESIDENT OR AUTHORIZED
DESIGNEE

SIGNATURE

CHARLES F. DODGE
NAME:

CITY MANAGER
TITLE:

DATE:

FEDERAL ID NUMBER: 59-0908106
FISCAL YEAR-END DATE: September 30
DUNS: 024-485-310

SIGNATURE

PAULINE GRANT
NAME:

PRESIDENT
TITLE:

DATE:

ATTACHMENT I

**STATEMENT OF WORK
EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM
CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT**

SECTION I – SERVICES TO BE PROVIDED

1.1 DEFINITIONS OF ACRONYMS

CIRTS - Client Information and Registration Tracking System
DEO – Department of Economic Opportunity
DOEA-State of Florida, Department of Elder Affairs
EHEAP - Emergency Home Energy Assistance for the Elderly Program
FFATA - Federal Financial Accountability and Transparency Act
LIHEAP - Low Income Home Energy Assistance Program
MOU - Memorandum of Understanding
NOI - Notice of Instruction
OMB - Office of Management and Budget
SNAP – Supplemental Nutrition Assistance Program
SSI – Social Security Income
WAP - Weatherization Assistance Program
CAP - Corrective Action Plan
EPLS - Excluded Parties List System
SAM - System for Award Management (www.sam.gov)
DUNS - Dun and Bradstreet Numbering System

1.2 PROGRAM SPECIFIC TERMS

- (1) **Eighteen (18) hours** – The timeframe within which all applications for life-threatening crisis assistance shall be acted upon, with an eligible action to mediate the crisis being taken and documented in the client file within eighteen (18) hours of the application date stamp.
- (2) **Forty-eight (48) hour rule** – The timeframe within which all applications for standard crisis assistance shall be acted upon, with an eligible action to mediate the crisis being taken and documented in the client file within forty-eight (48) hours of the application date stamp.
- (3) **Caseworker** – Person who has the responsibility of determining program eligibility by completing the Emergency Home Energy Assistance for the Elderly Program Coronavirus Aid, Relief, And Economic Security (CARES) Act (EHEAP CARES Act) Eligibility Worksheet (ATTACHMENT X) and awarding crisis benefits.
- (4) **Caseworker Signature Date** – The date that the client’s completed application is processed, eligibility determined, and the crisis resolved. This date shall not be changed. Signatures must be in ink. Rubber-stamped signatures will not be accepted.
- (5) **Client Application Date** -The date the application is completed (whether by self or with assistance) and signed by the client. Signatures must be in ink. Rubber-stamped signatures will not be accepted. This date shall not be changed. If the client cannot write their signature on the application, or any other required document, and must sign with an “X”, two witnesses are required.
- (6) **Crisis** - A home cooling or heating crisis exists when an elder has no access to, or is danger of losing access to needed home energy.

- (7) **Crisis Assistance** – Assistance provided to an elder who has no access to, or is in danger of losing access to, needed home energy.
- (8) **Crisis Assistance Benefit** – Payment of heating/cooling energy bill; the purchase of heating/cooling device; and/or the repair of a heating/cooling device.
- (9) **Date of Resolution** – The date that a documented commitment to pay was made to the utility vendor to resolve the energy crisis. This date is used as the EHEAP CARES Act Client Enrollment date in the DOEA’s Client Information and Registration Tracking System (CIRTS). This date shall not be changed.
 - a. The amount of time elapsed between the Date Stamp and the Date of Resolution shall determine whether or not the eighteen or forty-eight (18/48) hour rule was met.
 - b. Vendors must be paid within forty-five (45) days of the date of resolution.
- (10) **Date Stamp** – The date the application and all required documentation is presented in acceptable form to intake staff. An inked stamp must be used, and the date shall not be changed. The 18/48-hour rule for crisis resolution begins when the application is date stamped.
- (11) **Disability** – A disabling condition that causes an elder to be determined eligible to receive Supplement Security Income (SSI) or Social Security Disability Income (SSDI) payment from the Social Security Administration.
- (12) **Elder** – An individual aged 60 or older.
- (13) **Eligible Action** – An action taken by the caseworker to mediate an elder’s energy crisis. Eligible actions include:
 - a. Approval of an elder’s application;
 - b. Denial of an elder’s application pending further information;
 - c. Denial of an elder’s application because the elder is deemed ineligible;
 - d. Contact with a utility vendor to halt utility disconnection or interruption in services; or
 - e. Written referral to and providing the elder with assistance contacting another agency if EHEAP CARES Act funding is not available or the elder is ineligible.
- (14) **Energy Subsidy** - Utility costs paid directly or indirectly to the elder who lives in government –subsidized housing.
- (15) **Household** – Any individual or group of individuals who are living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent.
- (16) **Household Member** – Persons in a household who share a common kitchen or bath and purchase residential energy in common.
- (17) **Intake Worker** – Person who accepts the EHEAP CARES Act application and required documentation and may have the responsibility to determine eligibility or award crisis benefits.
- (18) **Minimum Level of Service** – Service to a minimum of one household per month.
- (19) **Priority for Assistance** – Households with the highest home energy needs and lowest household income, determined by taking into account both the energy burden and the unique situation of such households with members of vulnerable populations, including very young children, individuals with disabilities, and frail elder individuals.
- (20) **Provider** – The entity that is awarded a contract, subcontract or has entered into a MOU to provide services under EHEAP CARES Act. For the purposes of this contract, the terms “Provider” and “Contractor” may be used interchangeably.
- (21) **Reasonable Promptness** - Within 15 working days of receiving the client’s completed application.
- (22) **Request for Payment** – Submission of actual monthly expenditures for reimbursement.
- (23) **Service Unit** – One individual (elder) served.

- (24) **Social Security Number** – The number on an elder’s Social Security card, or an award or determination letter from an entity, such as a government agency that has already verified the social security number.
- (25) **Supervisory/Peer Review Date** – The date that a supervisor or peer reviewed the application and documentation, and signed the application indicating vendor payment can be made. The intent of the supervisor/peer review is to avoid errors in eligibility determination, payment amounts, and to alleviate the possibility of fraud. This date shall not be changed. Signatures must be in ink. Rubber-stamped signatures will not be accepted.
- (26) **Verification Date** – The date the caseworker verified previous Low Income Home Energy Assistance Program (LIHEAP) crisis benefits with the LIHEAP provider or the minimum amount necessary to resolve the crisis with the utility company. This date shall not be changed.

1.3. GENERAL DESCRIPTION

1.3.1 General Statement

The EHEAP CARES ACT serves the mission of the DOE A by providing home energy assistance aid to elders in the event of a home energy heating or cooling emergency. The primary purpose of the EHEAP CARES Act program is to prevent, prepare for, and respond to coronavirus; including assisting low-income households with at least one member aged sixty (60) or older experiencing a heating or cooling emergency.

1.3.2 Authority

The relevant federal and state authorities governing EHEAP CARES ACT are:

- (1) Low Income Home Energy Assistance Act of 1981 (Title XXVI of the Omnibus Reconciliation Act of 1981, P.L. 97-35), as amended;
- (2) CARES Act;
- (3) 42 United States Code (USC) Section 8621 et seq.;
- (4) 45 Code of Federal Regulations (CFR) part 96, Subpart H(Subsection 96.80-96.89);
- (5) Section 409.508, Florida Statutes (FS) and Rule 73C-26.021(3), Florida Administrative Code (F.A.C.);
- (6) Chapter 73C-26, Florida Administrative Code (FAC);
- (7) State of Florida LIHEAP Policies and Procedures Manual; and
- (8) LIHEAP State Plan.

1.3.3 Scope of Service

The Contractor is responsible for the programmatic, fiscal, and operational management of EHEAP CARES ACT. Eligible households may receive multiple crisis assistance benefit(s), that combined not to exceed \$2,000.00 during the term of this agreement. Eligible, elders may receive crisis assistance benefits during the period from May 1, 2020 to August 31, 2021.

The services provided under this contract will be in a manner consistent with and described in ATTACHMENT I, SECTION II: MANNER OF SERVICE PROVISION. The Contractor, in collaboration with its EHEAP CARES ACT program partners will ensure the following service tasks are completed:

- (1) Client Outreach;
- (2) Program Partners and Stakeholders Coordination;
- (3) Applicant’s Benefit Eligibility Determination; and
- (4) Benefit Disbursement.

1.3.4 Major Program Goals

EHEAP CARES Act is designed to provide crisis assistance to eligible low-income households with at least one individual aged sixty (60) or older experiencing a heating or cooling emergency. The summer and winter crisis seasons are waived until the CARES Act funding is fully expended.

(1) Standard Crisis

A home cooling or heating crisis exists when an elder has no access or is in danger of losing access to needed home energy because one or more of the following conditions is present:

- a. The elder has been notified that the energy source for cooling or heating will soon be cut off;
- b. The elder has received a notice indicating the energy source is delinquent or past due; and/or
- c. The elder has a bill or notice for which the due date has lapsed.

(2) Life-Threatening Crisis

A life-threatening home cooling or heating crisis exists if one of the following conditions is present:

- a. The elder's home cooling or heating energy source has been cut off;
- b. The elder is unable to get delivery of heating fuel, is out of heating fuel, or is in danger of being out of heating fuel; or
- c. The elder has other problems with lack of cooling or heating in the home, such as needing to pay a deposit, needing a repair or purchase of heating or cooling equipment, or needing interim emergency measures to avoid further crisis.

1.4 CLIENTS TO BE SERVED

1.4.1 General Description

EHEAP CARES Act provides for direct client services to elders in low-income households experiencing a home energy heating or cooling emergency. A household receiving EHEAP CARES Act services may not have an income above one hundred fifty percent (150%) of the poverty level, as published by the United States Department of Health and Human Services.

1.4.2 Client Eligibility

To be eligible for services under this contract, and to receive assistance, an applicant must:

- (1) Be aged 60 or older;
- (2) Reside in the EHEAP CARES ACT service area (Broward County) at the time the home energy costs were incurred;
- (3) Complete and return an EHEAP CARES ACT application with all required information and verification to the Contractor while funds remain available;
- (4) Provide a fuel bill or other documentation evidencing an energy emergency and an obligation to pay for home energy costs for the home in which they live;
- (5) Possess a total gross household income of not more than 150% of the OMB federal poverty level for the size of the household; level for the size of the household, in accordance with Section I.C.3.d. of this contract;
- (6) Not be a resident of a group living facility or a home where the cost of residency is at least partially paid (or subsidized) through any foster care or residential program administered by the State;
- (7) Not be a student living in a dormitory;
- (8) Be experiencing a verifiable home heating or cooling crisis; and
- (9) Legally reside in the State of Florida.

1.4.3 Applicant's Benefit Eligibility Determination

The Contractor shall begin taking applications for EHEAP CARES ACT services upon full execution of this contract, and continue taking applications until the contract expires or funds are exhausted. The Contractor will not accept applications when funds are exhausted for a particular time period. The Contractor shall:

- (1) Provide assistance to clients in completing the DOE A provided applications for assistance and determining eligibility;
- (2) Ensure that no one is excluded from program participation on the grounds of age, race, color, national origin, sex, sexual orientation, gender, gender expression or disability, and ensure that such person shall not be subjected to discrimination under any activity funded in whole or in part with these funds;
- (3) Treat homeowners and those who rent equitably under this contract;
- (4) Use program qualification approvals or notifications to document household size and income of elders receiving Supplemental Nutrition Assistance Program (SNAP) or SSI. Elders shall meet program income eligibility guidelines and possess a total gross household income of not more than 150% of the OMB Federal poverty level for the size of the household. The benefit level to be provided to elders receiving SNAP or SSI shall be the same as that provided to other qualified elders. Social Security Numbers and documentation of that number are required for all household members.;
- (5) Obtain a signed statement of maintenance from the client explaining how basic living expenses, i.e., food, shelter and transportation are being provided, if the total household income is less than 50% of the current federal poverty guidelines and no one in the household is receiving SNAP;
- (6) Ensure elders receive no more than the household crisis assistance cap of \$2,000.00.
 - a. Elders may apply for and receive multiple crisis assistance benefit;
 - b. Crisis assistance benefit may consist of payment of more than one energy obligation in the following allowable categories for a household to resolve a single crisis:
 - (i) Utility payments for heating/cooling bill assistance for electric, gas, propane, wood, coal, or refillable fuels;
 - (ii) Temporary emergency shelter (if needed due to energy-related crisis);
 - (iii) Payment to landlords (when utility costs are included in rent);
 - (iv) Repairs or replacements to heating/cooling units (as long as the amount is within the benefit limits and the work is done by a licensed contractor);
 - (v) Deposits to connect or restore energy;
 - (vi) Late fees, disconnect fees, and reconnect fees;
 - (vii) Charges from a previous account held by the applicant that is now closed;
 - (viii) Blankets and fans;
 - (ix) Taxes and fees associated with the client's utility bill towards the energy portion. In some cases, where the utility vendor combines all the other fees and taxes, which also includes non-home energy services, such taxes and fees can be paid with EHEAP CARES Act funding. Example: In a case where taxes for other services are commingled with taxes for home energy services, proceed with paying the taxes portion of the bill;
 - (x) Other allowable payments are those related to the start-up of services, including reasonable connection or reconnection fees, delivery fees, deposits, and other fees related to the start-up of service;
 - (xi) Pre-pay home energy usage;

1. The elder is within seven days of using the remaining balance of the pre purchased energy source, the elder's power is currently disconnected/shut off, or the elder needs a deposit.
 2. The benefit amount for pre-paid account shall be for one month's energy usage and may include other allowable costs;
 - (xii) The purchase or repair of fans, blankets, air conditioners, and/or portable heaters in addition to heating/cooling bill assistance; and
 - (xiii) Crisis situations which may involve a heater or air conditioner that is powered by both gas and electricity, in which case both energy obligations are eligible for a crisis benefit.
 - c. Water, sewer, garbage, and fire, etc. charges may not be paid;
 - d. Payment to landlord when utility costs are included in the elder's rent is allowable; and
 - e. Payment for temporary emergency shelter is allowable if due to energy related crisis.
- In no case shall the Contractor be required to incur costs in excess of the full contract amount to provide services to the clients.

SECTION II – MANNER OF SERVICE PROVISION

2.1. SERVICE TASKS

In order to achieve the goals of the EHEAP CARES ACT program, the Contractor will ensure the following tasks are performed:

- (1) Ensure that all eligible applicants meet the eligibility requirements as stated in this contract;
- (2) Ensure that all energy assistance payments made to home energy vendors comply with the requirements of Section 2.1.2(4) of this agreement.
- (3) Contractor shall implement appropriate program management and operational controls to ensure all applications for crisis assistance are acted upon with an eligible action to mediate the crisis within eighteen or forty-eight (18/48) hours of the application date stamp, and document in the client file that the crisis was resolved within eighteen or forty-eight (18/48) hours.
- (4) Provide all elders a written Notice of Approval and Appeal within 15 working days of crisis resolution that includes:
 - a. Type and amount of assistance;
 - b. Name of the energy vendor to be paid on elder's behalf;
 - c. The next date when the elder will be eligible to apply for further assistance;
 - d. Contractor's appeal process; and
 - e. Signature, date and contact information of agency's authorized representative.
- (5) Provide all elders whose EHEAP CARES ACT applications were denied with a written Notice of Denial and Appeal within 15 working days of receiving the elder's application. At a minimum, the written Notice of Denial and Appeal shall contain:
 - a. Name of the elder;
 - b. Date of application;
 - c. Type of benefit sought;
 - d. Reason(s) for denial;
 - e. Statement on Contractor's benefit limits, if applicable;
 - f. Appeal process;
 - g. Explanation of under what circumstances the elder may reapply;
 - h. Information or documentation needed for the elder to reapply;
 - i. The name, address, and phone number applicable to the appeal process;
 - j. Number of days the elder has to file the appeal; and

- k. Signature, date and contact information of agency's authorized representative.
- (6) The Contractor will maintain consumer appeal procedures that provide an opportunity for a fair administrative hearing to elders whose applications for assistance are denied or whose applications are not acted upon with reasonable promptness. "Reasonable promptness" shall be defined as within 15 working days of receiving the client's completed application.
- (7) At a minimum, Contractor's appeal process must provide an opportunity for clients to file a written appeal or complaint with Contractor's Program Supervisor within ten (10) working days of receipt of the written Notice of Denial and Appeal:
 - a. Upon receipt of a validly filed appeal or complaint, Contractor must respond in writing within ten (10) working days;
 - b. The client may appeal Contractor's first response by filing its objections to the response with Contractor's Director, Executive Director or Board Chair, as applicable, within five (5) working days of receipt of the first response; and
 - c. Upon receipt of a validly filed objection to the first response, Contractor must respond in writing within ten (10) working days, and the response must clearly state the final outcome of the appeal, that the decision is final, and if applicable, the circumstance under which the client may reapply for services.
- (8) Post appeal provisions in a prominent place and in plain view at all locations where EHEAP CARES Act applications are taken.
- (9) Ensure no client fees are charged, nor donations accepted, from a client as prerequisite for receiving EHEAP CARES ACT benefits. The Contractor will ensure the following notice is posted in a conspicuous place at all points where EHEAP CARES ACT applications are received: "No money, cash or checks will be requested or received from customers in the EHEAP CARES ACT office. If an employee asks for money, report this to the agency executive director or department head".
- (10) Compare LIHEAP CARES Act records and EHEAP CARES Act records for households with elderly members to avoid exceeding the household crisis benefit cap and maintain documentation sufficient to ensure compliance with this requirement.
- (11) Maintain a written policy and implement procedures to protect and secure elder applicants' information and social security numbers in order to protect their identities from theft or fraud. This policy shall address the handling of both paper and electronic records and files. Contractor shall, in collecting elders' social security numbers, use the Notice Regarding Collection of Social Security Numbers, which is incorporated into this contract by reference, (Notice of Instruction #071113-1-I-SWCBS, <http://elderaffairs.state.fl.us/doea/notices/July13/LIHEAP%20Notice%20re%20Social%20Security%20Numbers%20Final.pdf>). The Notice Regarding Collection of Social Security Numbers shall be signed by the elder and retained in the client file;
- (12) Ensure all ineligible applicants and applicants denied crisis assistance, when EHEAP CARES ACT funds are not available or are insufficient to meet their emergency home energy needs, are referred to and assisted in securing help through other community resources; and
- (13) Comply with the Federal Financial Accountability and Transparency Act (FFATA) by securing a Dun and Bradstreet Numbering System (DUNS) number (www.dnb.com) and maintaining an active and current profile in the System for Award Management (SAM) (www.sam.gov).

2.1.1 Consumer Outreach

To ensure that households in Broward County wishing to benefit from the program have the opportunity to do so. The Contractor shall undertake client outreach initiatives designed to

inform potentially eligible households in Broward County about EHEAP CARES ACT, especially those elderly households with disabled individuals, young children and those with the highest percentage of their income required to pay for their home energy. Outreach activities must be carried out regardless of whether funds are utilized in this category. Specific outreach initiatives shall include, but are not limited to:

- (1) Informing all local agencies, non-profits and similar organizations that are in regular contact with the low-income population about the program, especially those serving seniors;
- (2) Encouraging EHEAP CARES Act program participation through local television and radio programs and placing announcements of the EHEAP CARES Act program in media community calendars;
- (3) Developing and implementing a written procedure regarding making home visits to homebound elderly persons for completion of the program application and eligibility determination when other assistance is not available.
- (4) Making visits in response to requests by a local congregational center serving elder or disabled persons, to provide information, and/or make presentations explaining EHEAP CARES ACT.
- (5) Disseminating Council provided local weatherization program information to all persons who request it (including organizations that provide outreach activities).

2.1.2 Program Partners and Stakeholders Coordination

The Contractor shall coordinate services with other program partners and stakeholders to prevent the duplication of services, facilitate referrals and improve the efficiency of services for clients. Coordination activities shall include, but not be limited to:

- (1) Coordinating services and communicating with the DEO LIHEAP Contractors in the respective services areas to prevent exceeding the household crisis assistance cap to elders;
- (2) The Contractor will establish a MOU with all WAPs in Broward County. The MOU shall detail cooperative efforts and describe the actions that will be taken by either the Contractor or the Council and the WAP agency to assure coordination and referrals. The MOU shall be reviewed and renewed at least every five (5) years. The Contractor, in coordination with the local WAP agency, shall develop a system by which EHEAP CARES ACT applicants who have received more than three EHEAP CARES ACT and LIHEAP benefits in the last 18 months and who are homeowners are referred to a WAP provider. The Contractor will maintain copies of all MOUs in each contract file.
- (3) The Contractor will establish a MOU with Broward County LIHEAP Contractors. The Contractor will ensure coordination of services, avoid duplication of assistance, increase the quality of services provided to elderly participants. The MOU shall require LIHEAP providers to refer individuals age 60 or older to EHEAP CARES ACT providers for energy assistance. The MOU shall be reviewed and renewed at least every five (5) years. The Contractor will maintain copies of all MOUs in each contract file. MOUs with the local LIHEAP agencies are to be updated if one of the contracted parties change. The MOUs must be applicable to the Contractor's current EHEAP CARES ACT program requirements and guidelines.
- (4) Developing agreements with home energy vendors that benefit clients. The Contractor will maintain copies of all vendor agreements. All current EHEAP agreements between Contractor and home energy vendors are valid under the EHEAP CARES Act contract. All agreements between the Contractor and home energy vendors must contain, at minimum the following conditions:
 - a. The beginning and ending date of the agreement;

- b. The Vendor Agreement must include a process for identifying the Contractor's representatives authorized to resolve a crisis situation and make a payment commitment on behalf of the client;
 - c. The Vendor Agreement must include a process for identifying the Vendor's representatives authorized to resolve a crisis;
 - d. A description of how energy payments will be made directly to the vendor on behalf of the EHEAP CARES ACT eligible customer;
 - e. Assurances from the home energy supplier that no household receiving EHEAP CARES ACT assistance will be treated adversely because of such assistance under applicable provisions of state law or public regulatory requirements;
 - f. Assurances from the home energy supplier that they will not discriminate, either in the cost of goods supplied or the services provided, against the eligible household on whose behalf payments are made;
 - g. A statement that only energy-related elements of a utility bill are to be paid. Water, sewer, garbage, and fire, etc. charges are not covered as part of the utility bill of the household. However, EHEAP does allow an exception with water that is used for air conditioning, i.e. an evaporated cooler;
 - h. A statement that the Contractor may not pay for charges that result from illegal activities such as a worthless check or meter tampering, and that the vendor is aware that those charges are the responsibility of the client;
 - i. Assurances from the energy supplier that the client is responsible for any remaining amount owed when the client's benefit amount does not pay for the complete charges;
 - j. Details on how the vendor will assist the Contractor in verifying the EHEAP CARES ACT applicant's account information and in the case of crisis assistance make timely commitments to resolve the crisis. A process should be in place to verify the current amount owed and the amount necessary to resolve the crisis situation;
 - k. The Contractor's commitment to make payment to the vendor within 45 days of the date of crisis resolution;
 - l. Assurance from the energy vendor that when EHEAP CARES ACT payments made to the vendor cannot be applied to the client's account, the funds will be returned to the Contractor or with the Contractor's approval applied to another eligible customer's account;
 - m. Assurance that the Contractor shall collect a signed Authorization for Release of General and/or Confidential Information for EHEAP Data from each eligible elder and ensure the signed releases are available for inspection by the home energy vendor;
 - n. Assurance that energy vendors are aware that as long as signed Authorization for Release of General and/or Confidential Information for EHEAP Data are collected and available, the energy vendor will provide the requested customer data to DEO;
 - o. The agreement will be reviewed by both parties at least every five (5) years to ensure all conditions are still in force;
 - p. Vendor agreements must be signed by a representative of both the Contractor and the vendor who has authority to bind the entity and enter into such commitments; and
 - q. The home energy vendor, with the exception of municipal providers, must be in "active" status with the State of Florida (<http://sunbiz.org/search.html>). The business name on the vendor agreement must match the legal business name on the State of Florida Sunbiz website.
- (5) The Contractor shall submit to the Council's Program Specialist a copy of all vendor agreements, and any subsequent changes or renewals, between the Contractor and home energy vendors.

2.1.3 Calculation of Income Eligibility

Calculate the income eligibility of the elder by using the past thirty (30) days earnings for all occupants of the household annualized or the elder's current economic situation and reference the current year EHEAP CARES Act Sources of Income, ATTACHMENT XII, to determine what is considered allowable income. Contractor shall proceed as follows:

- (1) Total household income cannot exceed one hundred fifty percent (150%) of the current federal Poverty Income Guidelines, ATTACHMENT XIII;
 - a. Stimulus payments from the federal government in relation to the Coronavirus Disease will not be considered income and will not be considered in determining a household's Federal Poverty Level (150% or below).
 - b. Any type of unemployment payments will not be counted as income.
- (2) Obtain a self-declaration from household members aged eighteen (18) years or older claiming zero income. Self-declarations must be completed and signed by the household member who is claiming zero income.
 - a. Zero income can be determined with proof of client employment termination or self-declaration.
 - b. Zero income can be determined at the time of application and projected forward (current economic status), instead of using the past 30 days. If applicable, clients should note the reason for zero income related to COVID19.
 - c. Although not counted as income for eligibility purposes, excluded income sources may be used to determine how a household is meeting its expenses.
- (3) The Contractor must determine if all or part of the utility costs are paid directly (utility reimbursement. or indirectly (utility allowance) by the government if the client lives in government subsidized housing. The Contractor will proceed as follows:
 - a. If total home heating or cooling costs are included in the rent and the client has no obligation to pay any portion of the costs, then the client is not eligible for assistance; and
 - b. If there is a Florida Section 8 (Housing Choice Voucher Program) or a Public Housing Authority (PHA) Program energy subsidy available to the client during the period covered by the utility bill, then the client is eligible only for partial assistance. The energy subsidy for the period covered by the utility bill must be subtracted from the allowable EHEAP CARES ACT benefit calculated for the household.

2.1.4 Contractor Responsibilities

- (1) Making vendor payments directly to fuel providers on behalf of eligible consumers.
- (2) Determine the correct amount of each crisis benefit based on the minimum necessary amount needed to resolve the crisis, but not more than the item limits or total limit set by the DOEA. The maximum crisis assistance cap for this contract is \$2,000.00 per household.
- (3) Encourage households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.
- (4) Making home energy payments to vendors on behalf of approved elders within 45 days of the date of crisis resolution.
- (5) Making payments on behalf of those consumers with the highest home energy needs and the lowest household income, which will be determined by taking into account both the energy burden and the unique situation of households that result from having members of vulnerable population, including very young children, the disabled and frail older individuals.
- (6) Refunding to the Council, with non-federal funds, all funds incorrectly paid on behalf of consumers that cannot be collected from the consumer.

- (7) Developing adequate procedures to ensure EHEAP CARES ACT funds are appropriately budgeted and expended. Procedures should include referral to other community agencies when funds budgeted for a particular period are exhausted and consumers are subsequently denied.
- (8) Developing adequate procedures to address the use of EHEAP CARES ACT funds for clients who are on oxygen support or a “Lifeline Program” and must have power.
- (9) Developing a written policy regarding the use of funds for repairs to heating or cooling equipment. The procedures must address under what conditions an applicant is eligible and what constitutes an emergency related to lack of heating or cooling.
- (10) Ensure appropriate staff participate in training opportunities scheduled by the Council to cover EHEAP CARES Act policies and procedures
- (11) Develop monitoring and oversight procedures to ensure that administrative costs that exceed the contracted EHEAP CARES Act administrative award to Contractor or Subcontractor are paid from non-federal sources.
- (12) Notwithstanding that tasks for which the Contractor is held accountable involve coordination with other entities in performing this contract, the failure of other entities does not alleviate the Contractor from any accountability for tasks or services that the Contractor is obligated to perform pursuant to this contract.

2.1.5 Staffing Requirements

The Contractor shall dedicate the staff necessary as required to meet the obligations of the contract and ensure that the staff responsible for performing this Contract have the qualifications as specified in the DOEA Program and Services Handbook. The Contractor shall ensure the provision of training for all staff members assigned responsibilities within the program.

(1) Use of Subcontractors

If this Contract involves the use of a subcontractor or third party, then the Contractor shall not delay the implementation of its agreement with the subcontractor. If any circumstances occur that may result in a delay for a period of 60 days or more of the initiation of the subcontract or in the performance of the subcontractor, the Contractor shall notify the Council’s Program Specialist and the Council’s Finance Director in writing of such delay.

The Contractor shall not permit a subcontractor to perform services related to this agreement without having a binding subcontractor agreement executed. In accordance with Section 23 of the Master Contract JM020-10-2022, the Council will not be responsible or liable for any obligations or claims resulting from such action. The Contractor shall submit a copy of all subcontracts to the Council’s Program Specialist within thirty days of the subcontract being executed.

(2) Monitoring Performance of Subcontractors

The Contractor shall monitor at least once per year each of its subcontractors paid from funds provided under this Contract. The Contractor shall perform fiscal, administrative and programmatic monitoring of each subcontractor to ensure contractual compliance, fiscal accountability, programmatic performance, and compliance with applicable state and federal laws and regulations. The Contractor shall monitor to ensure that time schedules are met, the budget and scope of work are accomplished within the specified time periods and other performance goals stated in this Contract are achieved.

2.2 SERVICE DELIVERY

(1) Service Delivery Location

The Contractor shall ensure that the services provided under this contract are available to

residents within Broward County by in-person service, telephone, and/or other electronic means.

(2) **Service Times**

The Contractor shall provide the services listed in this contract at a minimum, during normal business hours. Normal business hours are defined as Monday through Friday, 8:00 a.m. to 5:00 p.m.

(3) **Contractor shall publish its service delivery location, toll-free telephone number, and normal business hours in available forms of media (i.e. newspapers, radio, television, website, publications, etc.).**

2.3 DELIVERABLES

(1) **Certification that Contractor must operate during its regular business hours, as identified in Section 2.2 of this contract.**

(2) **Contractor shall provide the minimum level of service per month. Minimum Level of Service means service to a minimum of one household per month.**

2.3.1 Records and Documentation

Contractor will maintain a separate record (paper and CIRTS) for each EHEAP CARES ACT client that includes the following, as applicable:

(1) **The EHEAP CARES ACT Application and Eligibility Worksheet, DOEA Form 114, completed and signed by Contractor and the client. The application must be approved by a supervisor or peer prior to payment remittance. Contractor is responsible for using the most recent application and EHEAP CARES ACT Application and Eligibility Worksheet Instructions, issued by the DOEA, ATTACHMENT IX;**

a. **If Contractor approves an application, one elderly member of the household must be registered in CIRTS using the EHEAP CARES Act Application and Eligibility Worksheet (ATTACHMENT IX); or**

b. **If Contractor denies an application, the elder must be registered in CIRTS using the EHEAP CARES Act Application and Eligibility Worksheet (ATTACHMENT IX).**

(2) **Client's name, address, sex, and age;**

(3) **Names, ages and current identification documentation (no more than one year expired) of all household members;**

(4) **Social Security numbers and documentation of that number for all household members or the citation to the applicable exemption;**

(5) **Signed notice regarding the collection of Social Security numbers (NOI #071113-1-I-SWCBS, <http://elderaffairs.state.fl.us/doea/notices/July13/LIHEAP%20Notice%20re%20Social%20Security%20Numbers%20Final.pdf>);**

(6) **Income amount and method of verification for all household members;**

(7) **Income documentation to support eligibility that is representative of the client's current economic situation;**

(8) **Statement of self-declaration of income, if applicable;**

(9) **Signed Statement of how basic living expenses (i.e., food, shelter, and transportation) are being provided if the total household income is less than 50% of the current Federal Poverty Guidelines and no one in the household is receiving SNAP assistance;**

(10) **Documentation of the elder's obligation(s) to pay an energy bill for the residence in which they live;**

a. **The elder's utility bill must include detail to identify unallowable categories of assistance resulting from charges for water, sewer, garbage, and fire, etc.; charges resulting from**

meter-tampering and returned checks; and other charges that are not energy-related and are not required for cooling/heating the household.

- b. Use of the most current utility bill(s) which provides the vendor's name and address, account holder's name and physical address, account number, and amount(s) due is required. If an elder's utility bill, cutoff notice, door-hanger notice, or similar documentation does not include all of this information, Contractor must document the verified missing information by writing the information on the utility bill and on the EHEAP CARES Act Application and Eligibility Worksheet (ATTACHMENT IX);
- (11) Signed Authorization for Release of General and/or Confidential Information for LIHEAP/EHEAP CARES ACT Federal Reporting or notation that the client did not sign the waiver;
- (12) Copies of approval or denial letters, including those related to the initial application and all appeals, which are provided to the elder;
- (13) Notation if EHEAP CARES ACT prevented disconnection or restored an energy disruption;
- (14) If preference is given due to a disability, documentation of such, disability income or physician's statement;
- (15) Documentation of referrals to LIHEAP and WAP;
- (16) Documentation of coordination with LIHEAP providers to avoid exceeding the individual crisis cap for households with elderly residents;
- (17) Proof of payment made to vendors;
- (18) Documentation of calculation of benefits for elders living in subsidized housing; and
- (19) Completed EHEAP CARES ACT Client File Content Checklist DOEA Form 211, ATTACHMENT X.
- (20) Services provided, including copies of utility bills, copies of bills for fans, heaters, or blankets purchased and copies of repair bills;

2.4 PERFORMANCE SPECIFICATIONS

2.4.1 Reports

The Contractor is responsible for responding in a timely fashion to additional routine and/or special requests for information and reports required by the Council. The Contractor must establish due dates that permit the Contractor to meet the Council's reporting requirements.

(1) EHEAP CARES ACT Summary Report

Contractor shall ensure timely and accurate CIRTS data entry of EHEAP CARES ACT activity and submit to the Council's Program Specialist the service report entitled "EHEAP Summary" from CIRTS. The report shall reflect the use of EHEAP CARES ACT and shall be inclusive of all elders applying for crisis energy assistance during the reporting month or period.

The parameters for the EHEAP Summary Report for the program year shall be:

- a. PSA;
- b. Provider;
- c. All Locations;
- d. Start Date (first date of reporting period); and
- e. End Date (last date of reporting period).

The report shall be submitted based on the following schedule:

REPORT	REPORTING PERIOD	DATE DUE TO COUNCIL
1	05/01/20 – 06/30/20	July 15, 2020
2	07/01/20 – 09/30/20	October 15, 2020
3	10/01/20 – 12/31/20	January 15, 2021
4	01/01/21 – 03/31/21	April 15, 2021
5	04/01/21 – 06/30/21	July 15, 2021
6	07/01/21 – 09/30/21	October 15, 2021

- (2) For the term of this contract, each month Contractor shall provide to the Council, by the 15th of each month for the preceding month, the following information:
- The total number of individuals served with crisis assistance for the reporting month;
 - The total number of individuals ineligible or denied assistance during the reporting month; and
 - The total number of individuals served by referral to other community resources for energy assistance during the reporting month.

(3) **Program Effectiveness Reports**

The Contractor agrees to provide to the Council other service reports on the effectiveness of the program and include statistics and information that the Council may require. The report period shall begin with the effective date of this contract in a format and according to a schedule provided by the Council for each report.

2.4.2 **Contract Monitoring**

The Council shall monitor the Contractor's performance to ensure that time schedules are met, the budget and scope of work are accomplished within the specified time periods, and other performance goals stated in this contract are achieved. Such review shall be made for each function or activity set forth in this contract, and reported in the quarterly report.

- (1) The Council shall, at its own discretion, conduct investigations concerning any aspect of the Contractor's performance of this contract.
- (2) The Council shall review 100% of completed EHEAP CARES ACT applications in accordance with the Emergency Home Energy Assistance for the Elderly Client File Content Checklist, ATTACHMENT X.
- (3) The Council shall conduct a full onsite review of Contractor at least once during each three-year period. Contractor shall allow the Council to carry out monitoring, evaluation, and technical assistance, and shall ensure the cooperation of its employees, and of any subcontractors with whom Contractor contracts to carry out program activities.
- (4) The Council shall conduct EHEAP CARES ACT intake site visits.
- (5) The Council shall conduct desk review activities throughout the year to monitor contractual program requirements.
- (6) The Council shall conduct follow-up reviews including prompt return visits to Contractors that fail to meet the goals, standards, and requirements established by the state and federal funding agency.

2.5 **COUNCIL RESPONSIBILITIES**

- (1) The Council may provide technical support and assistance to the Contractor within the resources of the Council to assist the Contractor in meeting the requirements of this contract.

The support and assistance, or lack thereof, shall not relieve the Contractor from full performance of contract requirements.

- (2) The Council will provide to Contractor the State of Florida LIHEAP Policies and Procedures Manual. The State of Florida LIHEAP Policies and Procedures Manual will provide information and procedures needed to administer EHEAP CARES Act in Florida.
 - a. This contract excludes all provisions of the State of Florida LIHEAP Policies and Procedures Manual in reference to LIHEAP Regular Home Energy Annual Benefits.
 - b. To the extent any conflict arises between this contract and any incorporated reference contained herein, this contract shall have precedence.

SECTION III – METHOD OF PAYMENT

3.1 GENERAL STATEMENT OF METHOD OF PAYMENT

This is a cost reimbursement contract. The Council agrees to pay for contracted services according to the terms and conditions of this Contract in an amount not to exceed the limits specified in the EHEAP CARES ACT Budget Summary, ATTACHMENT IV, subject to the availability of funds and the satisfactory completion of the Tasks/Deliverables, as specified in this contract. All Cost Reimbursement Requests for Payment must include the actual All Cost Reimbursement EHEAP CARES Act Requests for Payment must include the actual EHEAP CARES Act Receipts and Expenditure Reports beginning with the first month of this contract Expenditure Reports beginning with the first month of the contract.

The Contractor agrees to implement the distribution of funds as detailed in the Budget Summary, ATTACHMENT IV. An amendment is required to move funds between categories and to change the total amount of the contract.

(1) Cost Analysis Report and Budget Detail

Contractor shall submit a completed Cost Analysis Report, ATTACHMENT VIII, which shall reflect Administrative, Outreach, and Crisis Service allocations to explain the expenditures' allowability, allocability, and reasonableness. The Cost Analysis Report shall be submitted and approved by the Council prior to this contract's execution, as well as, all subsequent amendments that affect the budget.

(2) Administrative Expense

Administrative expenses include costs for general administration and coordination of the program, including direct and indirect costs. This includes the salaries, fringe, rent, utilities, travel, etc. associated with financial and administrative management of the program. The use of other federal funds to supplement the administrative operations of EHEAP CARES ACT, above and beyond the budgeted amount, is prohibited. Administrative costs that exceed the contracted EHEAP CARES ACT administrative awards to Contractor or subcontractor must be paid from non-federal sources. Contractors must have adequate procedures for monitoring and oversight to ensure compliance.

(3) Outreach Expenses

Outreach expenses are those costs incurred in delivering EHEAP CARES ACT services that are not purely administrative in nature. This may include staff expenses such as salaries, fringe, rent, utilities, travel, etc. for those employees performing outreach and intake. Outreach expense shall not include senior management expense, unless outreach and intake with direct contact with elders occurs. Documentations to support exceptions shall be maintained by Contractor and available upon request.

(4) **Advance Payments**

Advance payments will not be issued for the EHEAP CARES Act program.

3.2 INVOICE SUBMITTAL AND REQUESTS FOR PAYMENT

All payment requests shall be based on the submission of actual monthly expenditure reports beginning with the first month of the contract; refer to the Invoice Report Schedule, ATTACHMENT III.

- (1) All requests for payment and expenditure reports submitted to support requests for payment shall be on DOE forms 106P and 105P, ATTACHMENT V, accompanied by:
 - a. The EHEAP Expenditure Summary for Administration and Outreach expenses, ATTACHMENT VI. This report must be submitted via email in an Excel spreadsheet.
 - b. The EHEAP Crisis Client report, ATTACHMENT VII.
 - c. Certification that Contractor operated during its regular business hours as identified in Section 2.2 of this Contract. A statement to this effect is included in the 106P form.
- (2) The following data to be reported in the 106P form:
 - a. Total number of clients served with crisis energy assistance for the reporting period,
 - b. Total number of clients ineligible or denied assistance during the reporting period,
 - c. Total number of clients referred to other community resources for energy assistance during the reporting period, and
 - d. Total number of applicants during the reporting period.
- (3) Contractor shall only expend funding under this Contract for allowable costs resulting from obligations incurred during the contract period.
- (4) Contractor shall refund to the Council all funds paid in excess of the amount to which Contractor is entitled under the terms and conditions of this Contract.
- (5) Any payment due by the Council under the terms of this contract may be withheld pending the receipt and approval by the Council of all financial and programmatic reports due from the Contractor and any adjustments thereto, including any disallowance not resolved as outlined in Paragraph 26 of the Master Contract.
- (6) The Contractor shall maintain documentation to support payment requests that shall be submitted with the payment request and shall be available to the Council or authorized individuals upon request.
- (7) Payment may be authorized only for allowable expenditures in compliance with OMB Circular A-122, which are in accord with the limits specified in the EHEAP CARES ACT Budget Summary, ATTACHMENT IV. Payments due under the terms of this contract may be withheld pending the receipt and approval by the Council of all financial and programmatic reports requested from the Contractor.

3.2.1 Date for Final Request for Payment

The final request for payment will be due to the Council no later than **October 15, 2021**.

3.2.2 Payment Withholding

Any payment due by the Council under the terms of this contract may be withheld pending the receipt and approval by the Council of all financial and programmatic reports due from the Contractor and any adjustments thereto, including any disallowance not resolved as outlined in Section 26 of the Master Contract.

3.3 MODIFICATIONS

The Council shall not be obligated to reimburse the Contractor for expenditures in excess of the funded amount of this Contract unless and until the Council officially approves such

expenditures by executing a written modification to the original Contract.

- (1) Contractor must use a Council approved budget modification process.
- (2) For the purpose of transferring funds, the following are considered budget categories: (1) Administration, (2) Outreach, and (3) Crisis Assistance.

3.3.1 Final Request for Adjustments:

Final request for budget revisions or adjustments to contract funds based on expenditures for services provided through September 30, 2021 must be submitted to the Council by September 30, 2021.

The line item budget, as given in ATTACHMENT IV of this Contract and reported on the monthly expenditure reports, may not be altered without a written budget modification submitted in accordance with the terms below:

- (1) The Contractor must use a Council approved Budget Modification process.
- (2) For the purpose of transferring funds, the following are considered budget categories: Administrative, Outreach, and EHEAP CARES ACT Benefits.
- (3) The Contractor may transfer unobligated budgeted line items within a budget category as long as the budget category subtotal remains the same.
- (4) The Contractor may transfer unobligated budgeted funds from Administrative, or Outreach to EHEAP CARES ACT Benefits only, unless otherwise directed by the Council.
- (5) All requests for modifications to increase or decrease any line item must be submitted to the Council for approval 30 days prior to the anticipated implementation date. Failure to meet this time frame may result in reimbursement delays.
- (6) A letter of explanation and a completed request for budget modification, signed by the Contractor, must be submitted to the Council and approved prior to the submission of a financial status report in which the changes are implemented.
- (7) None of the budget transfers may violate this Contract or OMB Circulars A-110, Common Rule, A-121 or A-87. The budget revision(s) will be reviewed by the Council for compliance with these circulars.

3.4 REMEDIES FOR NON-CONFORMING

- (1) The Contractor shall ensure that all participants served under this Contract are eligible for the program and that all monthly and/or quarterly performance reports and financial records are maintained for each reporting period and submitted as stipulated in this Contract.
- (2) Any nonconforming program service, performance report or financial record not meeting the aforementioned requirements is not eligible for reimbursement under this program. The Contractor shall solely bear the costs associated with enrolling, training, reporting and/or managing the program. The Contractor shall give immediate notice to the Council of any significant and/or systemic infraction that compromises the Contractor's ability to provide participant services, to achieve programmatic performance or to provide sound financial management of the program.

3.5 CONSEQUENCES FOR NON COMPLIANCE

Contractor shall ensure 100% of the deliverables identified in this Contract are performed pursuant to contract requirements. Failure to meet the deliverables described in this contract may result in a financial consequence and may result in the redistribution of funding. Contractor shall ensure the provision of services and the successful completion of deliverables as set forth in this contract.

3.5.1 Corrective Action Plan

If at any time the Contractor is notified by the Council's Program Specialist that it has failed to correctly, completely, adequately perform contract deliverables identified in this Contract, the Contractor will have ten (10) days to submit a CAP to the Council's Program Specialist that addresses the deficiencies and states how the deficiencies will be remedied within a time period approved by the Council's Program Specialist. The Council shall assess a Financial Consequence for Noncompliance on the Contractor for each deficiency identified in the CAP which is not corrected pursuant to the CAP. The Council will also assess a Financial Consequence for failure to timely submit a CAP.

If the Contractor fails to correct an identified deficiency within the approved time period specified in the CAP, the Council shall deduct 1% of the monthly value of the administrative funds in the contract from the payment for the invoice of the following month for each day the deficiency is not corrected.

If Contractor fails to timely submit a CAP, the Council shall deduct 1% of the monthly value of the administrative funds in the contract from the payment for the invoice of the following month act for each day the CAP is overdue.

If, or to the extent, there is any conflict between ATTACHMENT I, Section 3.6 and Section 39 of the Master Contract JM020-10-2022, Section 3.6 shall have precedence.

3.6 FINANCIAL CONSEQUENCES

The Council shall not reimburse any expenditure associated with Deliverables not accepted by the Council as successfully completed; however, this does not preclude Contractor from receiving payment for such expenditures upon successful completion of the deliverable.

If Contractor fails to be open and available for services according to its regular business hours as identified in Section 2.2 of this Attachment, excluding weekends or holidays, Contractor shall pay to the Council financial consequences for such failure, unless the Council waives such failure in writing based upon its determination that the failure was due to factors beyond the control of Contractor.

Contractor's failure to operate according to its regular business hours shall result in an assessment of a financial consequence in the amount of \$10.00 per day. Any amounts due from financial consequences shall be paid by Contractor out of non-federal funds.

END OF ATTACHMENT

ATTACHMENT II**FUNDING SUMMARY****1. FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS AGREEMENT CONSISTS OF THE FOLLOWING:**

Program Title	Year	Funding Source	CFDA#	Fund Amounts
Emergency Home Energy Assistance for the Elderly Program – Coronavirus Aid, Relief, And Economic Security (CARES) Act	2020-2021	U.S. Dept. of Health and Human Services	93.568	\$18,986.75
TOTAL FUNDS CONTAINED IN THIS CONTRACT:				\$18,986.75

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:**FEDERAL FUNDS:**

2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. OMB Circular A-133, As amended – Audits of States, Local Governments, and Non-Profit Organizations.

2. STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			

MATCHING RESOURCES FOR FEDERAL PROGRAMS**STATE FINANCIAL ASSISTANCE SUBJECT TO Sec. 215.97, F.S.**

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
TOTAL AWARD			\$

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:**STATE FINANCIAL ASSISTANCE**

Section 215.97, F.S., Chapter 69I-5, FL Admin Code, Reference Guide for State Expenditures, Other fiscal requirements set forth in program laws, rules and regulations.

ATTACHMENT III

**EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM
CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT**

INVOICE REPORT SCHEDULE

<u>Report Number</u>	<u>Based On</u>	<u>Submit to Council On This Date</u>
1	June Expenditure Report	July 8, 2020
2	July Expenditure Report	August 6, 2020
3	August Expenditure Report	September 7, 2020
4	September Expenditure Report	October 7, 2020
5	October Expenditure Report	November 6, 2020
6	November Expenditure Report	December 7, 2020
7	December Expenditure Report	January 8, 2021
8	January Expenditure Report	February 5, 2021
9	February Expenditure Report	March 5, 2021
10	March Expenditure Report	April 7, 2021
11	April Expenditure Report	May 7, 2021
12	May Expenditure Report	June 7, 2021
13	June Expenditure Report	July 8, 2021
14	July Expenditure Report	August 6, 2021
15	August Expenditure Report	September 7, 2021
16	September Expenditure Report	October 7, 2021
17	Final Expenditure Report	October 18, 2021

Note # 1: Submission of expenditure reports may or may not generate a payment request. If final expenditure report reflects funds due back to the Council, payment is to accompany the report.

Note # 2: Reports submitted after the 10th of the month may be processed the following month.

ATTACHMENT IV**EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM
CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT****BUDGET SUMMARY****ADMINISTRATIVE COSTS****PERSONNEL**

Social Services Coordinator	\$ 500.00
Intake Worker	\$ 500.00

Total Personnel: \$ 1,000.00**RECURRING EXPENSES:**

Fringe Benefits	\$ 190.00
Communications & Utilities	\$ 300.00
Printing & Supplies	\$ 270.85
Other	\$ -

Total Recurring Expenses: \$ 760.85**TOTAL ADMINISTRATIVE BUDGET** \$ 1,760.85**OUTREACH COSTS****PERSONNEL**Total Personnel: \$ -**RECURRING EXPENSES:**

Fringe Benefits	\$ -
Equipment	\$ -
Printing & Supplies	\$ -
Advertisement	\$ 2,583.87

Total Recurring Expenses: \$ 2,583.87**TOTAL OUTREACH BUDGET** \$ 2,583.87**TOTAL EHEAP CARES Benefits (Crisis)** \$ 14,642.03**TOTAL** \$ 18,986.75Projected minimum number of Consumers to be served (Crisis): 24

*Eligible households may be provided with more than one benefit, totaling no more than \$2,000.00. The minimum number of individuals to be served crisis energy assistance may reflect duplicated consumers if a consumer receives multiple benefits.

DEFINITIONS - Administrative Expense, Grantee Outreach Expenses

ADMINISTRATIVE EXPENSES

Allowable expenditures: Salaries including Fringe, Rent, Utilities, Travel, Other. Examples: Salaries for the Executive Director, Accountant, Administrative Assistant, space costs, i.e., rent, utilities, telephone, computers, office supplies, mileage. Agency staff is responsible for the overall administration of the program, including developing program policies, manuals, rules, forms and procedures, coordinating the program's operation, monitoring and providing training and technical assistance.

GRANTEE OUTREACH EXPENSES (Direct program staff costs)

Allowable expenditures: Salaries including Fringe, Rent, Utilities, Travel, Other. Example: Social Workers, Intake Workers space costs, i.e., rent, utilities, telephone, computers, office supplies, mileage.

These expenses are costs necessary to provide direct client assistance. Each agency is responsible for providing staff to operate LIHEAP and EHEAP CARES Act in areas accessible to potential applicants.

The agency is responsible for accomplishing the following according to federal and state laws, contractual agreement and program policy:

- (1) Providing 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. The matrix and the LIHEAP worksheet, also allows for paying more to those with lower incomes and larger families,
- (2) Making referrals for potential clients with the WAP and any other energy conservation program,
- (3) Having agreements with vendors which benefits clients,
- (4) Informing potential clients of times and places to apply through outreach activities,
- (5) Copying applications, brochures and forms in sufficient numbers to operate the program,
- (6) Receiving applications,
- (7) Tracking applications,
- (8) Establishing client records (files),
- (9) Accurately determining eligibility or ineligibility,
- (10) Securing verification of all household income, or obtaining self-declaration when verification is not possible,
- (11) Calculating income amounts,
- (12) Accurately completing worksheets and notices,
- (13) Sorting, reviewing for accuracy and filing of documents in client records,
- (14) Correcting errors, especially eligibility or payment errors,
- (15) Updating addresses when the household reports a change,
- (16) Filing client records in accurate alphabetical order by the applicant's last name then first name,
- (17) Helping clients by telephone and in person politely and professionally,
- (18) Making home visits, as required,
- (19) Sorting mail and handling clients' correspondence expeditiously,
- (20) Processing approval and denial notices within required time frames,
- (21) Establishing a procedure to track payments and identify staff that is authorized to process payments,
- (22) Taking actions that resolve the emergency within eighteen or forty-eight 18/48 hours of application for approved for a crisis benefit,
- (23) Resolving payment problems, and
- (24) Having supervisors read each case, show errors to staff, track corrections, and sign each worksheet when corrected.

ATTACHMENT V**CONTRACT #:****EHEAP CARES 2020-21**

**RECEIPTS AND EXPENDITURE REPORT
EHEAP CARES Act**

PROVIDER NAME, ADDRESS, PHONE # & FEID PROVIDER ADDRESS Tel: Fax: FEID #:	Program Funding Source : EHEAP CARES Act Emergency Home Energy Assistance For the Elderly Program Coronavirus Aid, Relief, And Economic Security (Cares) Act	THIS REPORT PERIOD REPORT PERIOD CONTRACT PERIOD CONTRACT #: REPORT # PSA# 10		
CERTIFICATION : I certify to the best of my knowledge and belief that this report is complete and all outlays herein are for purposes set forth in the contract.				
Prepared by : _____ Date: _____ Approved by : _____ Date : _____				
PART A : BUDGETED INCOME/ RECEIPTS	1. Approved Budget	2. Actual Receipts for this Report	3. Total Receipts Year to Date	4. Percent of Approved Budget
1. Agreement Amount	\$0.00	\$0.00	\$0.00	#DIV/0!
2. Interest on Agreement Funds	\$0.00	\$0.00	\$0.00	0.00%
3. TOTAL AGREEMENT AMOUNT	\$0.00	\$0.00	\$0.00	#DIV/0!
PART B : EXPENDITURES	1. Approved Budget	2. Expenditures for this Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Administration	\$0.00	\$0.00	\$0.00	#DIV/0!
2. Outreach	\$0.00	\$0.00	\$0.00	#DIV/0!
3. Crisis Services	\$0.00	\$0.00	\$0.00	#DIV/0!
4. Weather Related Services	\$0.00	\$0.00	\$0.00	0.00%
5. Weather Related Administration	\$0.00	\$0.00	\$0.00	0.00%
6. TOTAL EXPENDITURES	\$0.00	\$0.00	\$0.00	#DIV/0!

DOEA FORM 105p revised 12/08

CONTRACT #:

EHEAP CARES 2020-21

**REQUEST FOR PAYMENT
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM**

CONTRACTOR NAME, ADDRESS, PHONE# and FEID# PROVIDER ADDRESS Tel: Fax: FEID #:	TYPE OF REPORT : Advance Request _____ Reimbursement Request <u> X </u>	This Request Period: REPORT PERIOD CONTRACT PERIOD CONTRACT #: REPORT # PSA# 10			
CERTIFICATION: I hereby certify that this request or refund conforms with the terms of the above agreement, including that Contractor has been open and operating during its normal business hours for the reporting month.					
Prepared by : _____ Date: _____ Approved by : _____ Date : _____					
PART A: BUDGET SUMMARY	ADMIN SERVICES	OUTREACH SERVICES	CRISIS SERVICES	WEATHER RELATED	TOTAL
1. Approved Agreement Amount	\$ -	\$ -	\$ -	\$ -	\$ -
2. Previous Funds Received	\$ -	\$ -	\$ -	\$ -	\$ -
3. Agreement Balance	\$ -	\$ -	\$ -	\$ -	\$ -
4. Previous Funds Requested and Not Received for Contract Period	\$ -	\$ -	\$ -	\$ -	\$ -
5. Agreement Balance	\$ -	\$ -	\$ -	\$ -	\$ -
PART B: AGREEMENT FUNDS REQUEST					
1. Anticipated Cash Needs (1st - 2nd month, Attach Justification)	\$ -	\$ -	\$ -	\$ -	\$ -
2. Net Expenditures For Month (DOEA Form 105P, Part B, Line 5)	\$ -	\$ -	\$ -	\$ -	\$ -
3. TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -
PART C: NET FUNDS REQUESTED					
1. Less Advance Applied	\$ -	\$ -	\$ -	\$ -	\$ -
2. TOTAL FUNDS REQUESTED (Part B, Line 3 minus Part C, Line 1)	\$ -	\$ -	\$ -	\$ -	\$ -
PART D: SERVICE INFORMATION 1. Number of individuals served with crisis energy assistance this period: <u> 0 </u> 2. Number of individuals ineligible or denied assistance during this period: <u> 0 </u> 3. Number of individuals referred to other community resources for energy assistance during this period: _____ Certification statement: Contractor hereby certifies that it has been open and operating during its normal business hours for this period, as described in the Statement of Work section, of the EHEAP contract.					

DOEA FORM 106P revised 5/4/12

AAA Office Use Only

BATCH #: _____

DESC: HSN/MOW EHEAP MM/YYYY

VENDOR ID:P-VENDOR NAME

ACCT#: 20.20.10.JPC2000.0210.135.7045 \$0.00

ACCT#: 20.20.10.JPC2000.0210.135.7135 \$0.00

ACCT#: 20.20.10.JPC2000.0210.140.7050 \$0.00

CHECK # _____

CHECK DATE: _____

INPUT: _____

APPROVAL: _____

ATTACHMENT VI

**EHEAP CARES
EXPENDITURE SUMMARY**

CONTRACT #:**Provider: PROVIDER****Report Period:****PERIOD**

Budget Category	Line Item	Description	Ck #, D.D., EFT	Amount
Administration				
			TOTAL ADMINISTRATION\$	-
Outreach				
			TOTAL OUTREACH\$	-

Ck #, D.D., EFT = Check #, Direct Deposit or Electronic Funds Transfer

ATTACHMENT VII

**EHEAP CARES Act
CRISIS CLIENT REPORT**

Provider: PROVIDER

CONTRACT #:
Report Period:
PERIOD

#	Client CIRT ID:	Utility account # or Service Provided*	Amount Paid
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

TOTAL

\$0.00

of applications: 0

* Please write utility company acct #, purchase of blankets, portable heaters or fans, repairs of heating or cooling equipment.

ATTACHMENT VIII

Cost Analysis Report EHEAP CARES Act

Provider: **Provider Name**Contract # **Contract Number**

CONTRACT PERIOD: 06/01/2020 - 09/30/2021

1	2	Column 3	Column 4	Column 5	To be completed by the AAA		
Budget Category		Line Item	Amount	% Allocated	Allowable	Reasonable	Necessary
Administration	a.	Salaries (List position titles and salaries below; add rows as necessary)					
			\$ -				
		Please list positions only	\$ -				
		do not use names	\$ -				
			\$ -				
			\$ -				
		Sub-total Salaries	\$ -	#DIV/0!			
	b.	Fringe Benefits	\$ -	#DIV/0!			
	c.	Equipment	\$ -	#DIV/0!			
	d.	Telephone & Utilities	\$ -	#DIV/0!			
	e.	Travel	\$ -	#DIV/0!			
	f.	Printing & Supplies	\$ -	#DIV/0!			
	g.	Building Space	\$ -	#DIV/0!			
	h.	Other	\$ -	#DIV/0!			
			\$ -	#DIV/0!			
			\$ -	#DIV/0!			
		TOTAL ADMINISTRATION	\$ -				
Outreach	a.	Salaries (List position titles and salaries below; add rows as necessary)					
			\$ -				
			\$ -				
			\$ -				
			\$ -				
			\$ -				
		Sub-total Salaries	\$ -	#DIV/0!			
	b.	Fringe Benefits	\$ -	#DIV/0!			
	c.	Equipment	\$ -	#DIV/0!			
	d.	Telephone & Utilities	\$ -	#DIV/0!			
	e.	Travel	\$ -	#DIV/0!			
	f.	Printing & Supplies	\$ -	#DIV/0!			
	g.	Building Space	\$ -	#DIV/0!			
	h.	Other	\$ -	#DIV/0!			
			\$ -	#DIV/0!			
			\$ -	#DIV/0!			
		TOTAL OUTREACH	\$ -				
Services		Crisis	\$ -	#DIV/0!			
		Weather-Related		#DIV/0!			
		TOTAL SERVICES	\$ -				
		CONTRACT TOTAL	\$ -	#DIV/0!			

INSTRUCTIONS:**Provider Level Cost Analysis**

The purpose of the Provider Level Cost Analysis, is to document that all costs are allowable, reasonable and necessary. Upon receipt of the sub-contract budget, the EHEAP program manager will:

1. Evaluate each separate line item to determine whether the cost is allowable, reasonable and necessary.
 - a. To be allowable, a cost must be allowable pursuant to state and federal expenditure laws, rules and regulations and authorized by the agreement between the state and the contractor.
 - b. To be reasonable, a cost must be evaluated to determine that the amount does not exceed what a prudent person would incur given the specific circumstances.
 - c. To be necessary, a cost must be essential to the successful completion of the program.
 - d. Allocated costs/overhead should be evaluated to determine that the rate is reasonable.
2. Place the *Provider Level Cost Analysis* form in the official file for this contract, and attach a copy to the DOEA Cost Analysis For Non-Competitively Procured Contracts in Excess of Category II - ADDENDUM.

(1) In accordance with the following instructions for the Provider Cost Analysis, the provider must complete COLUMN 4 AND ensure COLUMN 5 calculates accurately. This form is required for the original contract and for any amendment that affects the amount of compensation and/or the level of services provided.

(2) **Definition of Administrative/Outreach Costs –**

- a. **Salaries/Wages:** Are the charges to directly hire someone and put them on payroll.
- b. **Fringe Benefits:** Are the costs of health insurance, Social Security, Medicare, unemployment and other benefits paid on behalf of each employee. If fringe benefits will be based on a specified percentage, rather than the actual cost of fringe benefits, then the calculation for the fringe benefits amount must be shown.
- c. **Equipment:** Equipment means an article of nonexpendable, tangible personal property generally having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the established capitalization level of \$5,000 (federal funds) or \$1,000 or hardback bound books not circulated, with a value of \$250.00 or more (state funds).
- d. **Telephone and Utilities:** Are items such as utilities and telephone service costs.
- e. **Travel:** Are those that are necessary, reasonable and allowable for carrying out the project. Travel must be in accordance with Section 112.061, Florida Statutes, which includes submission of the claim on the approved State travel voucher or electronic means and at the authorized meal, per diem and state mileage reimbursement rates.
- f. **Printing and Supplies:** Are items such as office supplies, postage, and printing.
- g. **Building Space:** Costs related to lease or mortgage payments.
- h. **Other Costs:** Identify these by individual line item and include their associated costs.

(3) **Crisis and Weatherization** costs should be documented via Area Agency on Aging Budget Summary, Attachment VII.

(4) The allocation to the agreement will be calculated based on the cost by line item cost divided by the total agreement amount.

(5) The EHEAP program manager will evaluate each separate line item to determine the allowability, reasonability, and necessity of all costs; and sign the certification statement at the bottom of the form.

PLEASE NOTE: This form is specific to the EHEAP contract and should not be used for any other AAA contract with the Department of Elder Affairs.

Administrative & Outreach Expense Budget Detail

Provider Name EHEAP 2020-21

Contract #: CARES EHEAP

ADD ADDITIONAL LINES AS NEEDED

Budget Line Item	Expenditure Detail	Quantity/ Hrs	Unit Cost	Total Cost
Admin				\$0.00
Admin				\$0.00
Admin				\$0.00
Admin				\$0.00
Admin				\$0.00
Admin				\$0.00
Admin				\$0.00
Admin				\$0.00
Outreach				\$0.00
Outreach				\$0.00
Outreach				\$0.00
Outreach				\$0.00
Outreach				\$0.00
Outreach				\$0.00
Outreach				\$0.00
Outreach				\$0.00
Outreach				\$0.00
				\$0.00
Total				\$0.00

Administration Subtotal	\$	-
Outreach Subtotal	\$	-
Total	\$	-

ATTACHMENT IX

Emergency Home Energy Assistance for the Elderly Program CARES Act - Application

Section One: Applicant (Aged 60 and older) Information			
Name: (First, Middle, Last)		<input type="checkbox"/> REPAIR CURRENT	
Date of birth:	Age:	SSN:	
Service address:		Data Street:	
City:	Florida County:	ZIP Code:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of people in the household:	Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Phone:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other			
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other		Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
Does client have limited ability reading, writing, speaking, or understanding the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the client a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was client referred to the local veteran's Affairs office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Applicant's income type(s):		Applicant's monthly income amount:	
Section Two: Additional Household Members Information			
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Section Three: Household Characteristics			
Is there a child 5 years of age or younger in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, select all that applies: <input type="checkbox"/> 0-2 years old <input type="checkbox"/> 3-5 years old			
Is there an individual with a disability in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant a U.S. citizen or an alien lawfully admitted for permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant a homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant live in government subsidized housing, such as Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the complex name: _____			
If yes, does the household receive an energy subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant live in a student dormitory, adult family care home, or any kind of group living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the facility name: _____			
Section Four: Heating and Cooling Information			
Have you or any member of your household received energy assistance in the current season? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the name of Agency: _____			
Type of Assistance: <input type="checkbox"/> Crisis <input type="checkbox"/> Home Energy <input type="checkbox"/> Weather-Related <input type="checkbox"/> Other: _____			
What is the primary source of home heating? (select one) <input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood/Coal <input type="checkbox"/> Renewable Fuels			
Does household use supplemental heating source? <input type="checkbox"/> Electricity <input type="checkbox"/> Wood/Coal <input type="checkbox"/> N/A			
Air conditioning unit type? <input type="checkbox"/> Central A/C <input type="checkbox"/> Window/Wall A/C <input type="checkbox"/> Fans <input type="checkbox"/> Other – specify (including evaporative cooler)			
Section Five: Energy Crisis Explanation		Client Attestation and Signature	
<input type="checkbox"/> Home cooling or heating energy source has been disconnected. (Life-Threatening/12-hour)		The information provided on this application, is to the best of my knowledge, true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medical needs, or children reside. I authorize the agency to make benefit payments directly to my energy supplier. I am aware that after I have provided all the information requested to determine my eligibility, if I am applying for crisis assistance, the agency has 18 hours to act upon my application with an eligible action. I am also aware that if I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to appeal the decision. (If you sign with an "X" two witnesses are required.)	
<input type="checkbox"/> Unable to get delivery of fuel, is out of fuel, or is in danger of being out of fuel for heating. (Life-Threatening/12-hour)			
<input type="checkbox"/> Other problems with lack of cooling or heating in the home, such as needing to pay a deposit, repair or replacement, or inciting emergency measures to avoid further crisis. (Life-Threatening/12-hour)			
<input type="checkbox"/> Notified that the energy source for cooling or heating is going to be disconnected. (Standard/12-hour)			
<input type="checkbox"/> Received a notice indicating the energy source bill is delinquent or past due. (Standard/12-hour)			
<input type="checkbox"/> Has an energy source bill for which the due date has lapsed. (Standard/12-hour)		Client Signature: _____	
		Date: _____	

ALL CLIENTS SHOULD SIGN THIS STATEMENT, AUTHORIZING THE RELEASE OF PERSONAL AND/OR CONFIDENTIAL INFORMATION FOR PROGRAM ADMINISTRATION PURPOSES.

10/16/20 Form 114 - 10/16/2020

Emergency Home Energy Assistance for the Elderly Program CARES Act - Eligibility				
Section Six: Income Eligibility Determination				
Annualize all household income.		Simple calculator tape here showing income calculations or write calculations in this space.		Poverty Guidelines, effective 10/01/2015.
1. Add all gross monthly earned and unearned income from the past 30 days of all household				Select the annual income limit by household size: 50% of Poverty 60% of Poverty Family Family 1 - \$18,310 \$ 8,248 2 - \$25,386 \$ 9,468 3 - \$31,886 \$10,888 4 - \$38,306 \$12,876 5 - \$45,286 \$14,888 6 - \$51,886 \$17,288 7 - \$58,676 \$19,808 8 - \$65,746 \$21,718 Add \$5,000 for each additional member of family.
2. Add Medicare Premium (\$135.90). If not included in				
3. Add Medicare Part D, if				
4. To annualize, multiply the monthly total by 12 months.				
Annual Household Income				
When total annual household income is less than 50% of the current Federal Poverty Guidelines for household size (using chart above), and no one in the household is receiving SNAP assistance, the applicant must provide a signed statement of how basic living expenses (i.e., food, shelter and transportation) are provided for the household.				
Section Seven: Vendor, Benefit, and Verification Information				
Vendor/Vendor II		Other Vendor II		Contact made with LIHEAP provider to verify previous crisis assistance.
Name:		Name:		
Account Number		Account/Voucher Number:	Date:	Contact Person: _____ Date of contact: _____
Minimum Amount Due: _____		Amount Due: _____		Has the applicant received LIHEAP crisis assistance during the current season? _____
Verification and Commitment		<input type="checkbox"/> Blanket <input type="checkbox"/> Repair/Building <input type="checkbox"/> Portable Fan Heating or Cooling <input type="checkbox"/> Space Equipment <input type="checkbox"/> Heater <input type="checkbox"/> Emergency Shelter		If the minimum amount due is more than the cost due amount, did the energy vendor verify that this amount is required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Contact Person: _____				
Vendor/Vendor II		Other Vendor II		If the minimum amount due is more than the cost due amount, did the energy vendor verify that this amount is required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name:		Name:		
Account Number		Account/Voucher Number:	Date:	If the minimum amount due is more than the cost due amount, did the energy vendor verify that this amount is required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Minimum Amount Due: _____		Amount Due: _____		
Verification and Commitment		<input type="checkbox"/> Blanket <input type="checkbox"/> Repair/Building <input type="checkbox"/> Portable Fan Heating or Cooling <input type="checkbox"/> Space Equipment <input type="checkbox"/> Heater <input type="checkbox"/> Emergency Shelter		If the minimum amount due is more than the cost due amount, did the energy vendor verify that this amount is required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Contact Person: _____				
(*) Total Energy Vendors	0	(*) Total Other Vendors	0	Is the name on the fuel bill that of the applicants? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide name on bill: _____
(*) Energy Academy	0	Total LIHEAP Cases/ Add'l		
(*) Water, Sewer, Heating, Insurance	0	Total Energy Vendors (*) & Total Other Vendors (*)		
(*) Budget (BUD) from (*)	0			
Section Eight: Weatherization Assistance Program (WAP) Referral				
If the applicant is a homeowner, has he/she received more than three LIHEAP or EHCAP benefits in the last 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
If the answer to the previous question is "yes", was the applicant referred to WAPT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
If the answer to the last question is "no",				
Section Nine: Resolution of Crisis				
Resolution of the Energy Crisis occurred within 1040 hours, by the following eligible action(s): (Select all that apply)				
<input type="checkbox"/> Approval of application		<input type="checkbox"/> EHCAP CARES Act benefit prevented disconnection		
<input type="checkbox"/> Commitment made to vendor		<input type="checkbox"/> EHCAP CARES Act benefit restored energy already disconnected		
<input type="checkbox"/> Denial of Application, pending additional information		<input type="checkbox"/> Yes, client signed waiver		
<input type="checkbox"/> Denial of Application, ineligible		<input type="checkbox"/> No, client refused to sign waiver		
<input type="checkbox"/> Written referral and assistance to access other community resources				
Case Worker Signature		Approval Signature		
Unclassified/Unaffiliated/Unemployed, I am not the applicant, nor am I a family member or employee of the applicant.		The application and eligibility determination is not for review for review and appropriate documentation prior to making payment. (I have reviewed and approved this application for review.)		
Case Worker's Name:		Supervisor/Peer's Name:		
Case Worker's Signature:		Supervisor/Peer's Signature:		
Date:		Date:		
Agency Name:		Agency Name:		

B-2020-000000-000000

ATTACHMENT X**EHEAP CARES ACT CLIENT FILE CONTENT CHECKLIST**

ELDER'S NAME	PSA#	AGENCY	APPROVAL _____ DENIAL _____
NAME OF WORKER	APPLICATION DATE	CRISIS RESOLUTION DATE	CHECK DATE

PROGRAM REQUIREMENTS MONITORED	Yes	No	N/A	COMMENTS
1. Individual client file for the elder includes consumer's name, address, sex, and age.				
2. Household contains a member 60 or older.				
3. The household is in the Florida county covered by the contract.				
4. <u>All</u> household members are listed and their name, age, DOB, and income(s) are included.				
5. Client file contains documentation of Social Security numbers for all household members, or citation to the applicable exemption.				
6. Client file contains signed notice regarding collection of social security number(s).				
7. The client file contains official income documents for all household members.				
8. If income is self-declared, is there a self-declaration form signed by each individual household member (18 years of age or older) lacking income verification or claiming zero income?				
9. The household's total gross income is calculated correctly and is at or below 150% of the OMB Federal Poverty Level for the household size.				
10. Statement of how basic living expenses (i.e., food, shelter and transportation) are being provided if total household income is less than 50% of the current Federal Poverty Guidelines and no one in the household is receiving SNAP assistance.				
11. Checked that elder does not live in student dormitory, adult family care home, or any kind of group living facility.				
12. Verified and documented household has not received combined LIHEAP and EHEAP CARES Act Crisis Assistance exceeding the crisis assistance cap of \$2,000.00.				
13. Documentation of Weatherization Assistance Program (WAP) referral, if applicable.				
14. Copies of fuel bills, or other supporting documentation as proof of energy crisis, for the residence in which they reside.				
15. Signed copy of Authorization for Release of General and/or Confidential Information.				
16. Only eligible components of the utility bill are paid to resolve the crisis.				
17. Only the minimum necessary to resolve the crisis is paid. If a different amount is required by the utility company, provide additional information on the Eligibility Worksheet.				
18. Crisis energy benefit was reduced by unallowable charges, such as: water, sewer, garbage, fire, etc., if applicable.				
19. Crisis energy benefit was reduced by energy subsidy, if applicable.				
20. Energy crisis resolved within 18/48 hours by an eligible action.				
21. Written notice of approval or denial for services that includes appeal procedures is issued within 15 working days of eligibility determination.				
22. Appropriate benefit provided, at or below the EHEAP CARES Act crisis assistance cap of \$2,000.00.				
23. All required sections of the application are signed and dated by the elder, staff, and supervisory/peer PRIOR to payment.				
24. Proof of payment to vendor.				
25. Place completed DOEA Form 211 (05/01/2020) in client file.				

INSTRUCTIONS: A check mark in the Yes column indicates the requirement has been met. A check mark in the No column indicates the requirement has not been met or is questionable. Each "No" mark must be explained under "COMMENTS".

Supervisor/Peer Signature

Consumer File Monitoring Date

ATTACHMENT XI

EHEAP CARES ACT APPLICATION AND ELIGIBILITY INSTRUCTIONS

EHEAP CARES Act Application Instructions

Section One: Applicant (Age 60 and older) Information

Complete Section One in its entirety.

Special notes:

- ✓ **The Winter and Summer Seasons are waived under the CARES Act.**
- ✓ The Date Stamp is the official application date;
- ✓ The Intake Worker (with name and phone number recorded) is the person who accepts the application and required documentation;
- ✓ The applicant's income type(s) and monthly income amount is recorded in this section, and
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Two: Additional Household Members Information

Complete Section Two by listing additional household members and providing the information requested.

Special notes:

- ✓ At a minimum, the name(s), age(s), and Social Security number(s) of each additional household member is required;
- ✓ You will be attaching a calculator tape of the household's income calculations in the section provided on the EHEAP CARES Act Eligibility Worksheet; and
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Three: Household Characteristics

Complete Section Three by answering each "Yes" or "No" question and providing additional information if applicable.

Special note:

- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Four: Heating and Cooling Information

Complete Section Four by answering each question.

Special note:

- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Five: Energy Crisis Explanation

Section Five is completed by choosing the best possible explanation for the applicant's crisis and obtaining their signature and date of signature.

Special note:

- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Client Attestation and Signature

The applicant should read the attestation statement. If the applicant is unable to read the attestation statement, the intake worker should read it to them before they sign and date the application.

At this point, the intake worker should have the applicant sign the waiver authorizing the release of general and/or confidential information for LIHEAP/EHEAP CARES Act federal reporting. CIRTTS will require you to verify that either the waiver has been signed or that the client has refused to sign.

EHEAP CARES Act Eligibility Worksheet Instructions**Section Six: Income Eligibility Determination**

Complete Section Six by stapling the calculator tape in the space provided, entering the annual income, and checking the appropriate number of individuals in the household to determine the household annual income limit.

Special notes:

- ✓ Adjacent to the annual income limit by household size is the fifty percent (50%) of poverty amount by household size. If the annual household income is below the amount for the household size, AND the household does not receive SNAP, the applicant must provide a written statement of how basic living expenses are provided for the household.
- ✓ **Specific to CARES Act, the following is not counted as income when determining income eligibility for the household:**
 - **Stimulus payments from the federal government in relation to the Coronavirus Disease ; and**
 - **Any type of unemployment payments will not be counted as income.**
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Seven: Vendor, Benefit, and Verification Information

Complete Section Seven by completing in its entirety.

Special notes:

- ✓ Eligible elders may receive multiple crisis assistance benefit(s), that combined not to exceed \$2,000.00.
- ✓ The minimum amount due is the amount provided to you during the verification process with the home energy vendor.
- ✓ For those applicants receiving an energy subsidy, the minimum amount due will be reduced by the energy subsidy amount listed on the applicant's public housing lease to determine the total EHEAP CARES Act benefit. The energy subsidy is deducted from home energy vendor payments only.
- ✓ It is allowable to make several crisis benefit payments for a household to resolve a single crisis and/or one or more benefits from EHEAP CARES Act funding. This may include the purchase of blankets, portable fans, space heaters, and/or repair of existing heating/cooling equipment, in addition to energy bill assistance, that combined does not exceed the crisis assistance cap of \$2,000.

- ✓ Crisis situations that involve a heater or air conditioner that is powered by both gas and electricity are eligible for a crisis benefit payment to both home energy vendors.
- ✓ Allowable utility categories for heating/cooling bill assistance include the following:
 - Electricity;
 - Natural Gas;
 - Propane;
 - Wood/Coal; and
 - Refillable fuels;
- ✓ Crisis benefits may also be used for the following:
 - Pre-pay energy;
 - Purchase of blankets, portable fans, space heaters, and window air conditioners;
 - Repair of an existing heating/cooling unit;
 - Deposits to connect or restore energy;
 - Late fees and disconnect and reconnect fees;
 - Charges from a previous account held by the elder that is now closed;
 - Payment to landlord when utility costs are included in the elder's rent; and
 - Temporary emergency shelter, if due to energy related crisis.
- ✓ Water, sewer, garbage, and fire, etc. MAY NOT be paid with EHEAP CARES Act funds. Utility bills that include charges that are not directly related to cooling and heating will be reduced by the amounts for these charges.
- ✓ Charges incurred due to illegal activities, such as a worthless check or meter tampering, MAY NOT be paid with EHEAP CARES Act funds.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Eight: Weatherization Assistance Program (WAP) Referral

Complete Section Eight in its entirety.

Special notes:

- ✓ When determining the number of LIHEAP or EHEAP CARES Act crisis benefits the applicant has had, you will include the current application in the count, provided the application is approved. Refer back to Section Seven, to the information obtained from the LIHEAP provider.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Nine: Resolution of Crisis

Complete Section Nine by selecting all that applies to this applicant and application for services.

Special notes:

- ✓ The left-hand selections indicate that the application has been acted upon within the 18/48 hour requirement.
- ✓ If the selection is made to deny the application pending additional information from the client, the 18/48 hours has been met and does not repeat itself when the client returns with the pending information. You have already met the requirement.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Case Worker Signature

To complete this section, the individual who completes the EHEAP CARES Act Eligibility Worksheet, determines income eligibility, and provides the commitment to the utility vendor must sign and complete the requested information.

Special note:

- ✓ If you are the applicant, or a friend, relative, or employee of the applicant, you cannot determine the eligibility or award EHEAP CARES Act benefits. This application must be processed by someone who is not the applicant or a friend, relative, or employee of the applicant.

Approval Signature

To complete this section, the signer is attesting that he/she has reviewed the application for completeness, determined that all required documentation is included, and verified that the annual household income calculation and EHEAP CARES Act benefit awarded are correct.

ATTACHMENT XII

<p align="center">EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY – CARES ACT FY 2020/2021 SOURCES OF INCOME EFFECTIVE May 1, 2020</p>	
<p align="center">INCLUDED SOURCES OF INCOME (Includes total annual cash receipts before taxes from all sources)</p>	<p align="center">EXCLUDED SOURCES OF INCOME</p>
<p>1. Money wages and salaries before any deductions</p> <p>2. Net receipts from non-farm employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses)</p> <p>3. Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses)</p> <p>4. REGULAR PAYMENTS FROM: Social Security Railroad retirement Strike benefits from union funds Worker's compensation Veteran's payments Public Assistance or Temporary Assistance for Needy Families (TANF), Supplemental Security Income, and non-federally funded General Assistance or General Relief money payments.</p> <p>5. Payments to foster children age 18 or older received through the Independent Living Program</p> <p>6. Training stipends</p> <p>7. Alimony</p> <p>8. Child Support</p> <p>9. Social Security Benefit Garnishes for Non-Payment of School Loans (The total amount of the Social Security Retirement benefit including the garnished deduction must be used when calculating the applicant's income.)</p> <p>10. Military family allotment or other regular support from a family member or someone not living in the household</p> <p>11. Private pensions</p> <p>12. Government employee pensions (including military retirement pay)</p> <p>13. Regular insurance or annuity payments</p> <p>14. Educational Assistance: Grants, Fellowships, Assistantships, College or University Scholarships – <u>Only count as income those funds specifically allotted for living expenses</u></p> <p>15. Dividends</p> <p>16. Interest</p> <p>17. Net rental income</p> <p>18. Net royalties</p> <p>19. Periodic receipts from estates or trusts</p> <p>20. Net gambling or lottery winnings</p>	<p>1. CAPITAL GAINS Any Assets drawn down as withdrawals from a bank, the sale of property, a house or a car.</p> <p>2. Tax Refunds</p> <p>3. Gifts</p> <p>4. Loans</p> <p>5. Lump-sum inheritances</p> <p>6. One-time insurance payments</p> <p>7. Foster Care Payments*</p> <p>8. Compensation for injury</p> <p>9. Combat zone pay to the military</p> <p>10. Adoption Subsidies</p> <p>11. Reverse Mortgage Payments</p> <p>12. NON-CASH BENEFITS (a) Employer-paid or union paid portion of health insurance or other employee benefits</p> <p>(b) Food or housing received in lieu of wages</p> <p>(c) The value of food and fuel produced and consumed on farms.</p> <p>(d) The imputed value of rent from owner-occupied non-farm or farm housing.</p> <p>(e) Federal non-cash benefit programs such as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance.</p> <p>13. Supplemental Security Income (SSI) benefits cannot be garnished for any reason <u>unless</u> a recipient received an overpayment of benefits. The total amount of the SSI benefit minus the garnished deduction for recoupment must be used when calculating the applicant's income.</p> <p>*Persons whose cost of residence is paid through a foster care or residential program administered by the state cannot be counted as household members.</p> <p>14. Stimulus payments from the federal government in relation to the Coronavirus Disease will not be considered income and will not be considered in determining a household's Federal Poverty Level (150% or below).</p> <p>15. Any type of unemployment payments will not be counted as income.</p>

ATTACHMENT XIII

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
POVERTY INCOME GUIDELINES***

EFFECTIVE JULY 1, 2020

PEOPLE IN THE HOUSEHOLD	150%
1	\$19,140
2	\$25,860
3	\$32,580
4	\$39,300
5	\$46,020
6	\$52,740
7	\$59,460
8	\$66,180
For each additional person in the household with more than 8 people, add:	\$ 6,720

*These figures are based on the 2020 U.S. Department of Health and Human Services (HHS) poverty guidelines published in the *Federal Register* on January 17, 2020.