

**Emergency Home Energy Assistance for the Elderly Program
Agency Agreement and Memorandum of Understanding (MOU)**

The undersigned agency hereby agrees to meet the following conditions in order to participate in the Emergency Home Energy Assistance for the Elderly Program (EHEAP). The agreement starts on April 1st, 2017 through March 31st, 2019 or will be updated if one of the parties change. Either party can terminate the MOU/Agreement with 30 days written notice.

1. Your agency will assist applicants that are 60 years of age or older that reside in North Port.
2. Your agency shall implement appropriate program management and operational controls to ensure actions are taken to resolve a home energy emergency within 18 hours if the case is life threatening and within 48 hours if the case is non-life threatening. Applications should be submitted to the Area Agency on Aging for Southwest Florida (AAA) within 14 days of completion. Original applications are required to make payment.
3. Your agency must verify that the household is not receiving a Florida Department of Economic Opportunity's Low Income Home Energy Assistance Program (LIHEAP) crisis assistance benefit at the time of application. Eligible households may only receive one crisis assistance benefit per heating or cooling season.
4. Your agency cannot/will not guarantee funds for the EHEAP Program. Guarantee of EHEAP funds can only be done by Area Agency on Aging for Southwest Florida (AAA) EHEAP Program Coordinator.
5. Your agency will ensure that all qualification guidelines have been met; proofs of income, identification cards, social security numbers, Notice Regarding Collection of Social Security numbers, and past due or shut off notice are attached to application. Application must be complete and all documentation attached prior to submitting the EHEAP application to AAA for processing.
6. EHEAP applicants found to have received more than three EHEAP and LIHEAP benefits, within the last 18 months, and who are homeowners, shall be referred to Weatherization Assistance Program (WAP). Either party must notify the other of this referral.
7. To the extent allowable by law, The City of North Port, Florida shall hold harmless and defend the Area Agency on Aging for Southwest Florida, its agents, and employees from suits and actions: including attorney's fees, all cost of litigation, and judgment brought against the Area Agency on Aging for Southwest Florida as a result of loss, damage or injury to persons or property arising out of or resulting from The City of North Port, Florida's direct use and operation of programs in EHEAP for North Port only if as a result of The City of North Port, Florida's negligent or intentional acts.

To the extent allowable by law, the Area Agency on Aging for Southwest Florida shall hold harmless and defend The City of North Port, Florida, its agents, and employees from suits and actions, including attorney's fees and all costs of litigation and judgment brought against The City of North Port, Florida as a result of loss, damage or injury to persons or property arising out of or resulting from the Area Agency

on Aging for Southwest Florida direct use and operation of programs in EHEAP in North Port only as a result of the Area Agency on Aging for Southwest Florida's negligent or intention acts.

I hereby agree to comply with the above EHEAP regulations:

The City of North Port, Florida

Date: _____

Authorized Signer: _____ / _____
Print Signature

Area Agency on Aging for Southwest Florida

Date: 2/1/17

Authorized Signer: Marianne G Lorini / Marianne Lorini
Print Signature—President/CEO

ATTACHMENT A

AGREEMENT

By my signature below, I verify and agree that our organization would like to participate and be responsible for fully completing and submitting the EHEAP application according to the Department of Economic Opportunity Technical Assistance Guide. We will follow the timeline and process as set forth by the AAASWFL (Attachment B).

I understand this payment is capped at \$25.00 per complete approved application and is limited to the availability of AAASWFL allocated funds.

AGENCY NAME: _____

SIGNED BY: _____

TITLE: _____

DATE: _____

Document Name: EHEAP PARTNER PROCEDURE
Effective Date: April 1, 2017

1.0 Purpose

The purpose of this procedure is to establish guidelines for partnering agencies on EHEAP procedures.

2.0 Process and Guidelines

2.1 Receive referral from AAASWFL.

2.2 Contact client to schedule application appointment; requesting all required documentation.

2.3 Special accommodations are available for clients who are homebound of transportation disadvantage. EHEAP application home visits are available upon client request to EHEAP provider agencies and/or AAASWFL.

2.4 During appointment:

2.4.1 Review all documentation provided to be sure client provided all required documentation. (See Page 40-42 of DEO guide for all required documentation)

2.4.2 LIHEAP and Electric Verifications must be done prior to completing required forms, by contacting electric companies.

2.4.3 Complete all required forms:

2.4.3.1 Application (See Attachment I)

2.4.3.2 Notice Regarding Collection of Social Security Numbers

(See Attachment II)

2.4.3.3 Authorization for Release (See Attachment III)

2.4.3.4 Self-Declaration Form (Only if Needed) (See Attachment IV)

2.4.3.5 Statement of Household Maintenance form (Only if under 150%

Poverty Level) (See Attachment V)

2.4.3.6 Narrative with notes of application process taken and any/all required documentation noteworthy activity. (See Attachment VI)

2.4.3.7 Copy of approval or denial letter provided to client.

(See Attachments VII and VIII)

2.4.3.8 Checklist should be completed (See Attachment IX)

2.5 If application is approved, submit commitment via online portal, phone call or letter to utility company.

2.6 Completed application should be reviewed and signed by Supervisor prior to return.

2.7 Return completed application to AAA within 14 calendar days.

Billing:

2.8 Monthly billing will be emailed to Fiscal by the 10th of every month, to include backup signature pages. (See Attachments X and XI)

2.9 Billing form should only include completed applications.

Shutoffs/ Emergencies:

If a client presents to partner location with an immediate need (electricity completely disconnected), partner agency may contact Kathy Gronberg

Kathryn.Gronberg@aaaswfl.org .