

**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 July 1, 2016 through March 31, 2017 or will be updated if one of the parties change. Either party can terminate the MOU with 30 days written notice.

1. Your agency will assist applicants that are 60 years of age or older that reside in Sarasota County.
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) weekly in order to meet these deadlines. 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. 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 cut off notice are attached to application, and that the application is complete and all documentation is 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.


I hereby agree to comply with the above EHEAP regulations:

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

THE CITY OF NORTH PORT, FLORIDA

AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA

  
\_\_\_\_\_  
Jonathan R. Lewis, ICMA-CM,  
City Manager

  
\_\_\_\_\_  
Marianne Lorini, President/CEO

6/17/16  
\_\_\_\_\_  
Date

05-17-2016  
\_\_\_\_\_  
Date

ATTEST:

## 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: CITY OF NORTH PORT

SIGNED BY: *Joseph R. D.*

TITLE: CITY MANAGER

DATE: 6/17/16

AGENCY NAME: Area Agency on Aging for Southwest Florida

SIGNED BY: *Margaret S. Loring*

TITLE: President/CEO

DATE: 05-17-2016

## ATTACHMENT B

Document Name: EHEAP PARTNER PROCEDURE  
Effective Date: October 1, 2015

### 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 or client my contact City of North Port Social Services Division, directly.
- 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 AAASWFL.
- 2.4 During appointment:
  - 2.4.1 Review all documentation provided to be sure client provided all required documentation. (Page 40-42 of TA 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 (Attachment 1)
    - 2.4.3.2 Notice Regarding Collection of Social Security Numbers (Attachment 2)
    - 2.4.3.3 Authorization for Release (Attachment 3)
    - 2.4.3.4 Self-Declaration Form (Only if Needed) (Attachment 4)
    - 2.4.3.5 Statement of Household Maintenance form (Only if under 150% Poverty Level) (Attachment 5)
    - 2.4.3.6 Narrative with notes of application process taken and any/all required documentation noteworthy activity. (Attachment 6)
    - 2.4.3.7 Copy of approval or denial letter provided to client. (Attachments 7 & 8)
    - 2.4.3.8 Checklist should be completed (Attachment 9)

- 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 Program Specialist by the 10<sup>th</sup> of every month, to include backup signature pages. (Attachments 10 & 11)
- 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 Christina Gorgon at [Christina.gorgon@aaaswfl.org](mailto:Christina.gorgon@aaaswfl.org)

[Kathryn.Gronberg@aaaswfl.org](mailto:Kathryn.Gronberg@aaaswfl.org) for budget approval to complete the application.