

AGREEMENT NUMBER <b>15B-3008</b>	AMENDMENT NUMBER <b>0</b>
REGISTRATION NUMBER <i>EP 1399567</i>	

- This Agreement is entered into between the State Agency and the Contractor named below  
 STATE AGENCY'S NAME  
**Department of Community Services and Development**  
 CONTRACTOR'S NAME  
**El Dorado County Health and Human Services Agency**
- The term of this Agreement is: **January 1, 2015 through January 31, 2016**
- The maximum amount of this Agreement is: **Total \$ 2,121,529.00**
- The parties agree to comply with the terms and conditions of the following exhibits that are by this reference made a part of the Agreement:

- Part I  
 Preamble  
 Article 1 - Scope of Work  
 Article 2 - Contract Construction, Administration, Procedure
- Part II\*  
 Subpart A - Administrative Requirements\*  
 Subpart B - Financial Requirements\*  
 Subpart C - Programmatic Requirements\*  
 Subpart D - Compliance Requirements\*  
 Subpart E - Certification and Assurances\*  
 Subpart F - State Contracting Requirements (GTC 610)\*  
 Subpart G - Definitions\*  
 Subpart H - Table of Forms\*

Items shown with an Asterisk (\*) are hereby incorporated by reference and made a part of this agreement as if attached hereto. These documents can be accessed at <https://providers.csd.ca.gov/>.

RECEIVED  
 CONTRACT SERVICES UNIT  
 2015 JAN 30 PM 1:49

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) <b>El Dorado County Health and Human Services Agency</b>		<p>"I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services approval."</p> <p><i>Wendee Kelt</i></p>
BY (Authorized Signature) <i>[Signature]</i>	DATE SIGNED (Do not type) <i>1-27-15</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING Brian Veerkamp, Chair, County of El Dorado, Board of Supervisors		
ADDRESS 3057 Briw Rd #A, Placerville, CA 95667		
By <i>[Signature]</i> Kathryn Tyler, Deputy Clerk <i>1-27-15</i>		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME <b>Department of Community Services and Development</b>		<input type="checkbox"/> Exempt per _____
BY (Authorized Signature) <i>[Signature]</i>	DATE SIGNED (Do not type) <i>2/12/15</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Cindy Halverstadt, Deputy Director, Administrative Services</b>		
ADDRESS 2389 Gateway Oaks Drive, Suite 100, Sacramento, California 95833		

**STANDARD AGREEMENT  
PARTS I&II – ENTIRE CONTRACT**

**PART I**

**PREAMBLE**

This subvention agreement, for the implementation of the Low-Income Home Energy Assistance Program (LIHEAP) in program year 2015 (“Agreement”), is entered into between the Department of Community Services and Development (“CSD” or “Department”) and the contractor named on Form STD 213, the face sheet of this document (“Contractor”), and shall be enforceable on the date last signed.

NOW THEREFORE, in consideration of the promises and of the mutual agreements and covenants hereinafter set forth, the CSD and Contractor hereby agree as follows:

**ARTICLE 1 – SCOPE OF WORK**

**1.1 General**

- A. Contractor shall provide Weatherization (WX) assistance, Home Energy Assistance Program (HEAP) assistance, and Energy Crisis Intervention Program (ECIP) assistance to eligible participants residing in the service area described in Section 1.2, pursuant to Title 42 of the United States Code (USC) Section 8621 et seq. (the Low-Income Home Energy Assistance Act of 1981, as amended) and Government Code Section 16367.5 et seq., as amended. Unless otherwise specified in the Contractor’s LIHEAP Agency Plan elsewhere in this Agreement, Contractor shall make its services and activities available to the low-income community within its service area throughout the entire term of this Agreement. Contractor shall ensure 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, and that the services and activities funded by this Agreement shall also meet all other assurances specified at 42 U.S.C. § 8624.
- B. The LIHEAP Catalog of Federal Domestic Assistance number is 93.568. Award is made available through the United States Department of Health and Human Services.

**1.2 Service Area**

- A. The services shall be performed in the Service Territory comprised of the following service area(s) :

See Part II, Subpart H. The 2015 LIHEAP Numbers, Contractors, and Service Territories listing may be accessed at <http://providers.csd.ca.gov>.



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- B. Contractors that provide services in Los Angeles and San Diego counties shall refer to the ZIP Codes listing located at <http://providers.csd.ca.gov> to determine the zip codes for their respective area.

**1.3 Contract Amount**

- A. The contract amount as represented on the face sheet (Form STD 213) of this Agreement consists of Contractor's total allocation to include the "Direct Services" (formerly "consideration") and "Utility Assistance" (formerly "non-consideration") portions attributable to Contractor's service area(s).
- B. Direct Services and Utility Assistance, as defined in Part II, Subpart G that are allocated to Contractor, shall be expended, reported and accounted for in accordance with the provisions of this Agreement at Part II, Subpart B – Financial Requirements.

**1.4 Service Area Expenditure Requirements**

Contractor shall be subject to special expenditure requirements as provided in Article 5, Section 5.6 of Part II, if any of the following pertain:

- A. This Agreement involves funding for LIHEAP services provided by Contractor in multiple counties or service areas; or
- B. Contractor has additional agreements with CSD for the provision of LIHEAP or Department of Energy, Weatherization Assistance Program (DOE WAP) services in counties or service areas other than the county or service area to which this Agreement applies.

**1.5 Program Authorities – Requirements, Standards and Guidance**

- A. All services and activities are to be provided in accordance with applicable federal, state, and local laws and regulations, and as those laws and regulations may be amended from time to time, including but not limited to, the following:
  - 1. The Low-Income Home Energy Assistance Program Act of 1981, 42 U.S.C. §§ 8621 et seq., and 45 Code of Federal Regulation (CFR) Part 96;
  - 2. The California Government Code §§ 16367.5 et seq., as amended, and Title 22, California Code of Regulations (CCR), §§ 100800 et seq.; and

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3. The Single Audit Act, 31 U.S.C. §§ 7301 et seq., and Office of Management and Budget (OMB) Circular A-133 and its appendices and supplements, except as otherwise provided in this Agreement.
- B. Contractor shall comply with all of the requirements, standards, and guidelines contained in the authorities listed below, as they may be amended from time to time, with respect to procurement, administrative, and other costs claimed under this Agreement, including those costs incurred pursuant to subcontracts executed by Contractor, notwithstanding any language contained in the following authorities that might otherwise exempt Contractor from their applicability. To the extent that the requirements, standards, or guidelines directly conflict with any State law or regulation at Government Code §16367.5 et seq. or 22 CCR §100800 et seq., or any provision of this Agreement, then that law or regulation or provision shall apply, unless, under specified circumstances, a provision of federal law applicable to block grants, such as 45 CFR 96.30, allows for the application of state law.
1. OMB Circular A-102 (Common Rule for State and Local Governments), as codified by the Department of Health and Human Services (HHS) at 45 CFR Part 92;
  2. OMB Circular A-110 (Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and other Non-Profit Organizations), as codified by HHS at 45 CFR Part 74;
  3. OMB Circular A-87 (Cost Principles for State, Local and Indian Tribal Governments) as codified at 2 CFR Part 225;
  4. OMB Circular A-122 (Cost Principles for Non-Profit Organizations) as codified at 2 CFR Part 230.
  5. Contractor further agrees to abide by all requirements in California Contractor Certification Clauses 307 (CCC-307).
- C. CSD shall provide Contractor with specific program guidance which shall be binding on the Contractor as a condition of the Contractor's participation in the LIHEAP program, and as a condition of receipt of funds under the program, PROVIDED:
1. That such guidance shall be issued by CSD in writing in the form of "CSD Program Notice (CPN) No. XX-XX" posted at <https://providers.csd.ca.gov>.
  2. That such guidance shall be issued by CSD in the most timely and expeditious manner practicable;



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3. That such guidance shall be reasonably necessary to realize the purposes of LIHEAP;
  4. That major and material changes in the program and/or requirements which substantially affect the Contractor's and/or CSD's ability to fulfill their obligations or otherwise serve to create a substantial hardship on either the Contractor or CSD shall be subject to an amendment to this Agreement;
  5. That the parties' failure to execute a mutually acceptable amendment, as contemplated in subparagraph C 4, in a reasonable period of time, shall result in this Agreement being without force and effect subject only to such provisions contained herein as are intended to survive the Agreement in accordance with the express and implied provisions of applicable federal and state law; and
  6. That upon CSD's good faith determination, delivered to the Contractor by written notice that Agreement between the parties to any necessary amendment as contemplated in subparagraph C 4 cannot be achieved, then this contract shall be "closed out" and the funds disposed in accordance with established CSD procedure and policy and as required under federal and state law.
- D. The federal and state laws, regulations and other authorities referenced in this Section are hereby incorporated by reference into this Agreement. Copies may be accessed for reference at [www.csd.ca.gov](http://www.csd.ca.gov).
- E. Contract Elements Integral to Agreement
1. Contractor's Local Plan and the applicable portion(s) of the forms listed below (i.e. those portions concerning Direct Program Services or Utility Assistance, or both) are integral to this Agreement.
    - a. Agency Local Plan (referenced in Part II, Article 7.1)
    - b. LIHEAP Weatherization Budget, CSD 557D (referenced in Part II, Article 5.1)
    - c. LIHEAP EHA-16 Program Budget, CSD 537E (referenced in Part II, Article 5.1)
    - d. LIHEAP Performance and Expenditure Benchmark, CSD 622 (referenced in Part II, Article 10.5)

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- e. Certification Regarding Lobbying/Disclosure of Lobbying Activities
  - f. Executive Director and Board Roster (CSD 188)
  - g. Federal Funding Accountability and Transparency Act Report (CSD 279)
2. The Plan and forms must be completed by Contractor before CSD will execute the Agreement and Contractor is authorized to commence work. CSD will not forbear from executing this Agreement pending its own review and final approval of Contractor's submission, provided Contractor acts in good faith to rectify any outstanding issues associated with the Plan or forms. The approved Plan and forms shall become part of this Agreement.
- F. Contractor's signature affixed hereon shall constitute a certification that to the best of Contractor's ability and knowledge it will, unless exempted, comply with the provisions set forth in Part II, Article 11, Section 11.1, "Certifications" of this Agreement.



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ARTICLE 2 – CONTRACT CONSTRUCTION, ADMINISTRATION,  
PROCEDURE

2.1 Base Contract and Whole Agreement

- A. This Agreement consists of two parts, which together constitute the whole agreement between CSD and Contractor.
- B. Part I is the “Base Contract” which consists of the following:
  - 1. The face sheet (Form STD 213) which specifies:
    - a. the parties to the Agreement;
    - b. the term of the Agreement;
    - c. the maximum dollar amount of the Agreement; and
    - d. the authorized signatures and dates of execution.
  - 2. The Preamble, Article 1 and Article 2
  - 3. Zip Code Cross-Reference, if Contractor’s Service Area is defined in whole or in part by ZIP Codes.
- C. Part II consists of the “Administrative and Programmatic Provisions” which are comprised of Subparts A through H, including specified requirements, obligations, provisions, procedures, guidance, forms and technical materials, necessary for program implementation.
- D. Agreed-upon Contract Execution Provisions and Procedures
  - 1. Only Part I, the Base Contract, will be exchanged by the parties for execution with original signatures, fully executed copies being retained by each party.
  - 2. Part II, Administrative and Programmatic Provisions is hereby incorporated by reference into this Agreement, is an essential part of the whole Agreement, and is fully binding on the parties.
  - 3. CSD shall maintain a certified date-stamped “hard copy” of Part II for inspection by Contractor during normal business hours, as well as a date-stamped, edit restricted, version of Part II on CSD’s “Provider Website,” which may be accessed by Contractor, “down-loaded” and printed at Contractor’s option.
  - 4. Neither Part I nor Part II of this Agreement may be changed or altered by any

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party, except by a formal written, fully executed amendment, or as provided in paragraph C 4 of Section 1.5 with respect to program guidance, or as provided Section 3.2 of Part II, Subpart A, Article 3, with respect to minor modifications. Upon such amendment of any provision of Part II, the amended version shall be date-stamped and locked-down until such time as a subsequent Agreement or amendment is executed by the parties.

**2.2 State Contracting Requirements – “General Terms and Conditions, GTC 610”**

In accordance with State contracting requirements, specified contracting terms and conditions are made a part of this agreement. The provisions in their entirety, previously located in Exhibit C of the Standard LIHEAP contract, are now found in Part II, Subpart F of this Agreement and are fully binding on the parties in accordance with state law.

**2.3 Contractor’s Option of Termination**

- A. Notwithstanding the provisions of paragraph C of Section 1.5, Contractor may, at Contractor’s sole option, elect to terminate this contract in lieu of adherence to the procedures set out in paragraph C of section 1.5, should Contractor determine that any subsequent program guidance or proposed amendment to the contract is unjustifiably onerous or otherwise inimical to Contractor’s legitimate business interests and ability to implement the contract in an effective and reasonable manner, PROVIDED:
1. Such notice of termination is in writing and will be effective 30 days after receipt by CSD, delivered by U.S. Certified Mail, Return Receipt Requested.
  2. Notice contains a statement of the reasons for termination with reference to the specific provision(s) in the program guidance or proposed amendment in question.
- B. Contractor shall be entitled to reimbursement for all allowable costs incurred prior to termination of the contract. Such reimbursement shall be in accordance with the program guidance and contract provisions in effect at the time the cost was incurred.
- C. Contractor shall, within 60 days of termination, closeout the contract in accordance with contractual closeout procedures.
- D. CSD may at its option procure a temporary replacement provider, and may at its option, designate a permanent replacement provider for Contractor’s service area in accordance with federal and state law.



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**2.4 Budget Contingencies**

**A. State Budget Contingency**

1. It is mutually agreed that if funds are not appropriated for implementation of LIHEAP through the State budget process or otherwise, whether in the current year and/or any subsequent year covered by this Agreement, this Agreement shall be of no further force and effect. Upon written notice to Contractor by CSD that no funds are available for contract implementation, the Agreement shall be terminated and the State shall have no obligation to pay Contractor or to furnish other consideration under this Agreement and Contractor shall not be obligated for performance.
2. If program funding for any fiscal year is reduced to such degree that CSD reasonably determines that the program cannot be implemented effectively, the State shall at its sole discretion have the option either to terminate this Agreement upon written notice to Contractor or, in the alternative, to offer and negotiate an amendment addressing the reduced funding. If the parties fail to reach agreement on such amendment, CSD may at its option give written notice of termination without further obligation by either party except for contract closeout obligations and final settlement.

**B. Federal Budget Contingency**

1. The parties agree that because of uncertainty in the federal budget process, this Agreement may be executed before the availability and amounts of federal funding can be ascertained, in order to minimize delays in the provision of services and the distribution of funds. The parties further agree that the obligations of the parties under this Agreement are expressly contingent on adequate funding being made available to the State by the United States Government.
2. If federal funding for any fiscal year is reduced to such degree that CSD reasonably determines that the program cannot be implemented effectively, the State shall at its sole discretion have the option either to terminate this Agreement upon written notice to Contractor or, in the alternative, to offer and negotiate an amendment addressing the reduced funding. If the parties fail to reach agreement on such amendment, CSD may at its option give written notice of termination without further obligation by either party except for contract closeout obligations and final settlement.

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3. If federal funding authorities condition funding on any obligations, restrictions, limitations, or conditions not existent when this Agreement was executed, this Agreement shall be amended by mutual agreement for compliance with such obligations, restrictions, limitations or conditions. Failure of the parties to reach agreement on such amendment shall render this Agreement without force and effect.
4. Subject to the provisions of subparagraph B 2, CSD shall authorize expenditures of funds under this Agreement based on any Continuing Resolution appropriations that are adequate for the purpose. CSD shall notify the Contractor in writing of authorized interval funding levels.

**2.5 Miscellaneous Provisions**

- A. **Assignment.** Neither this Agreement nor any of the rights, interests, or obligations under this Agreement shall be assigned by any party without the prior written consent of the other parties, except in the case where responsibility for program implementation and oversight may be transferred by the State to another State agency. In the event of such transfer, this Agreement is binding on the agency to which the program is assigned.
- B. **Merger/Entire Agreement.** This Agreement (including the attachments, documents and instruments referred to in this Agreement) constitutes the entire agreement and understanding of the parties with respect to the subject matter of this Agreement and supersedes all prior understandings and agreements, whether written or oral, among the parties with respect to such subject matter.
- C. **Severability.** If any provision of this Agreement be invalid or unenforceable in any respect for any reason, the validity and enforceability of any such provision in any other respect and of the remaining provisions of this Agreement will not be in any way impaired and shall remain in full force and effect.
- D. **Notices.** Unless otherwise provided herein, notice given by the parties shall be in writing, delivered personally, by United States mail, or by overnight delivery service (with confirmation). Certain reporting and other communications may be delivered electronically as specified by CSD or as is customary between the parties. Notice shall be delivered as follows:
  1. To Contractor's address of record; and
  2. To CSD at:



**(2015 LIHEAP)**

**STANDARD AGREEMENT  
PARTS I&II – ENTIRE CONTRACT**

**Department of Community Services and Development  
2389 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833**

The County Officer or employee with responsibility for administering this Agreement is Michelle Hunter, Program Manager I, Health and Human Services Agency, or successor.

**Article 2 – Contract Construction, Administration, Procedure**



### CERTIFICATION REGARDING LOBBYING

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FAMILY SUPPORT ADMINISTRATION

PROGRAM: Low-Income Home Energy Assistance Program

PERIOD: January 1, 2015 through January 31, 2016

The undersigned certifies, to the best of his or her knowledge and belief, that:

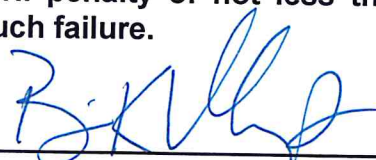
(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Chair, County of El Dorado, Board of Supervisors  
Title

  
Signature Brian Veerkamp

Health and Human Services Agency  
Agency/Organization

1-27-15  
Date

ATTEST: James S. Mitrisin  
Clerk of the Board of Supervisors

By   
Kathryn Tyler, Deputy Clerk





**DISCLOSURE OF LOBBYING ACTIVITIES**  
CONTINUATION SHEET

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_



**INSTRUCTION FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and ZIP Code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
- (b) Enter the full name of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget. Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

**2015 LIHEAP EHA-16 AND UTILITY ASSISTANCE BUDGET**

Contractor: El Dorado County Health and Human Service Agency		Contract Number: 15B- 3008	Telephone Number: 530-642-4839
Class "B" Contractor's License No.:	Name on License:		Expiration Date:
Prepared By, Title: Jose Martinez, Accountant II	Date Prepared: 12/01/2014	E-mail Address: jose.martinez@edcgov.us	Fax Number: 530-621-2518
<b>TOTAL ADMINISTRATION, ASSURANCE 16, and ECIP/HEAP UTILITY ASSISTANCE ALLOCATION</b>			<b>\$ 1,568,101</b>
<b>10 - ASSURANCE 16 BUDGET</b>			
1	Assurance 16 Activities		\$ 102,322
<b>20 - ADMINISTRATIVE BUDGET</b>			
1	Administrative Cost		\$ 110,544
2	Administrative Equipment (More Than \$5,000)		\$
	<b>TOTAL Administrative Budget (Total of Section 20 Lines 1 - 2)</b>		<b>\$ 110,544</b>
<b>30 - INTAKE BUDGET (ECIP AND HEAP)</b>			
1	Intake	<i>Not to Exceed</i> 108,419	\$ 108,419
<b>40 - OUTREACH BUDGET (ECIP AND HEAP)</b>			
1	Outreach	<i>Not to Exceed</i> 67,762	\$ 67,762
<b>50 - TRAINING AND TECHNICAL ASSISTANCE BUDGET (ECIP AND HEAP)</b>			
1	Training and Technical Assistance	<i>Not to Exceed</i> 27,105	\$ 27,105
<b>60 - ECIP AND HEAP DIRECT PROGRAM SERVICES BUDGET</b>			
1	ECIP EHCS DIAGNOSTIC		\$ 1,500
2	ECIP EHCS Cooling Service Repair/Replacement		\$ 18,000
3	ECIP EHCS Heating Service Repair/Replacement		\$ 18,000
4	ECIP EHCS Water Heater Repair/Replacement		\$ 13,500
5	ECIP EHCS Other Program Costs		\$
	<b>ECIP EHCS SUBTOTAL (Section 60 Lines 1-5)</b>		<b>\$ 51,000</b>
6	ECIP Wood, Propane, and Oil (ECIP WPO)		\$
7	Severe Weather Energy Assistance and Transportation Services (SWEATS) <i>activated by CSD</i>		\$
8	SWEATS Drought 2014 (Total from Section 285 Line 1)		\$
9	HEAP Wood, Propane, and Oil (HEAP WPO)		\$ 524,102
10	Liability Insurance		\$ 2,000
11	Major Vehicle and Equipment (More than \$5,000)		\$
12	Minor Vehicle and Equipment (Less than \$5,000)		\$
13	Workers' Compensation		\$ 1,200
14	General Operating Expenditures		\$ 13,000
15	Automation Supplemental		\$ 5,000
	<b>TOTAL ECIP and HEAP Direct Program Services Budget (Section 60 Lines 1-15)</b>		<b>\$ 596,302</b>
<b>70 - SUBTOTAL BUDGET (Total of Sections 10, 20, 30, 40, 50, and 60)</b>			<b>\$ 1,012,454</b>
<b>80 - ECIP AND HEAP UTILITY ASSISTANCE BUDGET</b>			
1	ECIP Fast Track and HEAP Gas & Electric (Utility Assistance)		\$ 555,647
<b>90 - GRAND TOTAL BUDGET (Total Sections 70 and 80)</b>			<b>\$ 1,568,101</b>



**2015 LIHEAP PERFORMANCE AND EXPENDITURE BENCHMARK**

<b>Local Service Provider Name:</b> El Dorado County Health And Human Services		15B-3008
<b>Prepared By: NAME AND TITLE (please print)</b> Star Walker, Program Coordinator	<b>Phone Number:</b> 530-621-6255	<b>E-mail Address:</b> star.walker@edcgov.us

## SECTION 1 - WEATHERIZATION

SECTION 1A - Total Weatherization Expenditure						
	Total Weatherization Allocation	Enter a Percentage % Quarter 1 (1/1/15 - 3/31/15)	Enter a Percentage % Quarter 2 (4/1/15 - 6/30/15)	Enter a Percentage % Quarter 3 (7/1/15-9/30/15)	Enter a Percentage % Quarter 4 (10/1/15 - 1/31/16)	Total Unit Production
	\$ 553,428.00	5%	25%	35%	35%	158.00
<b>TOTAL</b>	\$553,428.00	5%	30%	65%	100%	158.00

SECTION 1B - Weatherization Direct Program Activities Expenditure by County						
Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Enter a Percentage % Quarter 1 (1/1/15 - 3/31/15)	Enter a Percentage % Quarter 2 (4/1/15 - 6/30/15)	Enter a Percentage % Quarter 3 (7/1/15-9/30/15)	Enter a Percentage % Quarter 4 (10/1/15 - 1/31/16)	Total Households to be Served per County
El Dorado County	\$419,892.00	5%	25%	36%	35%	156.00
Alpine County	\$5,920.00	0%	1%	1%	0%	2.00
<b>TOTAL</b>	\$425,812.00	5%	30%	65%	100%	158.00

*\* Performance Benchmarks - Per Article 10.5.b: 60% of funds should be expended by September 30, 2015 .*

## SECTION 2 - EHA-16

SECTION 2A - Total EHA-16 Expenditure						
	Total EHA-16 Allocation	Enter a Percentage % Quarter 1 (1/1/15 - 3/31/15)	Enter a Percentage % Quarter 2 (4/1/15 - 6/30/15)	Enter a Percentage % Quarter 3 (7/1/15-9/30/15)	Enter a Percentage % Quarter 4 (10/1/15 - 1/31/16)	Total Unit Production (EHCS and WPO)
	\$ 1,012,454.00	25%	25%	25%	25%	1335.00
<b>TOTAL</b>	\$1,012,454.00	25%	50%	75%	100%	1335.00



**SECTION 2B - Total EHCS Expenditures by County**

Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Enter a Percentage % Quarter 1 (1/1/15 - 3/31/15)	Enter a Percentage % Quarter 2 (4/1/15 - 6/30/15)	Enter a Percentage % Quarter 3 (7/1/15-9/30/15)	Enter a Percentage % Quarter 4 (10/1/15 - 1/31/16)	Total Households to be Served per County
El Dorado	\$50,291.00	25%	25%	25%	25%	24.00
Alpine	\$709.00	0%	50%	50%	0%	1.00
<b>TOTAL</b>	<b>\$51,000.00</b>	<b>25%</b>	<b>50%</b>	<b>75%</b>	<b>100%</b>	<b>25.00</b>

\* Performance Benchmarks - Per Article 10.5.b: 60% of funds should be expended by September 30, 2015.

**SECTION 2C - Total ECIP WPO Expenditures by County**

Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Enter a Percentage % Quarter 1 (1/1/15 - 3/31/15)	Enter a Percentage % Quarter 2 (4/1/15 - 6/30/15)	Enter a Percentage % Quarter 3 (7/1/15-9/30/15)	Enter a Percentage % Quarter 4 (10/1/15 - 1/31/16)	Total Households to be Served per County
El Dorado	\$0.00					0.00
Alpine	\$0.00					0.00
<b>TOTAL</b>	<b>\$0.00</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0.00</b>

\* Performance Benchmarks - Per Article 10.5.b: 60% of funds should be expended by September 30, 2015.

**SECTION 2D - Total HEAP WPO Expenditures by County**

Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Enter a Percentage % Quarter 1 (1/1/15 - 3/31/15)	Enter a Percentage % Quarter 2 (4/1/15 - 6/30/15)	Enter a Percentage % Quarter 3 (7/1/15-9/30/15)	Enter a Percentage % Quarter 4 (10/1/15 - 1/31/16)	Total Households to be Served per County
El Dorado	\$516,820.00	25%	25%	25%	25%	1292.00
Alpine	\$7,282.00	25%	25%	25%	25%	18.00
<b>TOTAL</b>	<b>\$524,102.00</b>	<b>25%</b>	<b>50%</b>	<b>75%</b>	<b>100%</b>	<b>1310.00</b>

\* Performance Benchmarks - Per Article 10.5.b: 60% of funds should be expended by September 30, 2015.



# SECTION 3 - UTILITY ASSISTANCE (HEAP & FAST TRACK)

## SECTION 3A - Total HEAP Expenditures by County

Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Enter a Percentage % Quarter 1 (1/1/15 - 3/31/15)	Enter a Percentage % Quarter 2 (4/1/15 - 6/30/15)	Enter a Percentage % Quarter 3 (7/1/15-9/30/15)	Enter a Percentage % Quarter 4 (10/1/15 - 1/31/16)	Total Households to be Served per County
El Dorado	\$516,820.00	25%	25%	25%	25%	1485.00
Alpine	\$7,282.00	25%	25%	25%	25%	33.00
<b>TOTAL</b>	<b>\$524,102.00</b>	<b>25%</b>	<b>50%</b>	<b>75%</b>	<b>100%</b>	<b>1518.00</b>

\* Performance Benchmarks - Per Article 10.5.b: 60% of funds should be expended by September 30, 2015 .

## SECTION 3B - Total Fast Track Expenditures by County

Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Enter a Percentage % Quarter 1 (1/1/15 - 3/31/15)	Enter a Percentage % Quarter 2 (4/1/15 - 6/30/15)	Enter a Percentage % Quarter 3 (7/1/15-9/30/15)	Enter a Percentage % Quarter 4 (10/1/15 - 1/31/16)	Total Households to be Served per County
El Dorado	\$31,107.00	25%	25%	25%	25%	35.00
Alpine	\$438.00	0%	0%	100%	0%	1.00
<b>TOTAL</b>	<b>\$31,545.00</b>	<b>25%</b>	<b>49%</b>	<b>75%</b>	<b>100%</b>	<b>36.00</b>

\* Performance Benchmarks - Per Article 10.5.b: 60% of funds should be expended by September 30, 2015 .

**2015 LIHEAP WEATHERIZATION BUDGET**

Contractor: El Dorado County Health and Human Service Agency			Contract Number: 15B- 3008		Telephone Number: 530-642-4839		
Class "B" Contractor's License No.:		Name on License:			Expiration Date:		
Prepared By, Title: Jose Martinez, Accountant II		Date Prepared: 12/01/2014	E-mail Address: jose.martinez@edcgov.us		Fax Number: 530-621-2518		
				<b>COLUMN A</b>		<b>COLUMN B</b>	
<b>10 - TOTAL WEATHERIZATION ALLOCATION</b>				<b>\$ 348,785</b>		<b>\$ 553,428</b>	
<b>20 - WEATHERIZATION PROGRAM BUDGET</b>		<i>Not to exceed without waiver</i>					
1	Intake	27,903	44,274	\$ 27,903		\$ 44,274	
2	Outreach	17,439	27,671	\$ 17,439	2	27,671	
3	Training and Technical Assistance	17,439	27,671	\$ 17,439	\$	27,671	
4	Direct Program Activities			\$ 272,004	\$	425,812	
5	Liability Insurance			\$ 1,250	\$	2,500	
6	Major Vehicle and Equipment (More than \$5,000)			\$	\$		
7	Minor Vehicle and Equipment (Less than \$5,000)			\$	\$		
8	Workers' Compensation			\$ 750	\$	1,500	
9	General Operating Expenditures			\$ 12,000	\$	24,000	
10	Training and Technical Assistance - Solar Hot Water Heating			\$	\$		
<b>Total Weatherization Program Costs (Total of lines 1 - 10)</b>				<b>\$ 348,785</b>		<b>\$ 553,428</b>	



**EXHIBIT D - ATTACHMENT I  
EXECUTIVE DIRECTOR AND BOARD ROSTER**

**Agency Name** County of El Dorado, Health and Human Services Agency  
**Agency Address** 3057 Briw Road, Suite A, Placerville, CA 95667  
**Submitted By** Zhana Mc Cullough

**Received by CSD**

Note: List all vacancies within the board. Indicate vacancy title and date of vacancy in the "Name" Field

<b>Name</b>	<b>Title/Position</b>	<b>Address</b>	<b>Phone Number</b>	<b>Email</b>
Don Ashton, Director, Health and Human Services Agency	Executive Director	3057 Briw Road, Suite B Placerville, CA 95667	(530) 642-7300	<a href="mailto:don.ashton@edcgov.us">don.ashton@edcgov.us</a>
Brian Veerkamp, County of El Dorado, Board of Supervisors	Board Chair	330 Fair Lane Placerville, CA 95667	(530) 621-6577	<a href="mailto:bofive@edcgov.us">bofive@edcgov.us</a>
Vacant - Chief Administrative Officer / Effective 11-04-2014	Additional Authorized Signer of the Contract	330 Fair Lane Placerville, CA 95667	(530) 621-5567	<a href="mailto:karen.feathers@edcgov.us">karen.feathers@edcgov.us</a>
Ron Mikulaco, District I	EDC Board of Supervisors Governing Board	330 Fair Lane Placerville, CA 95667	(530) 621-5650	<a href="mailto:hosone@edcgov.us">hosone@edcgov.us</a>
Shiva Frentzen, District II	EDC Board of Supervisors Governing Board	330 Fair Lane Placerville, CA 95667	(530) 621-5651	<a href="mailto:hostwo@edcgov.us">hostwo@edcgov.us</a>
Brian Veerkamp, District III	EDC Board of Supervisors Governing Board	330 Fair Lane Placerville, CA 95667	(530) 621-5652	<a href="mailto:three@edcgov.us">three@edcgov.us</a>
Michael Ranalli, District IV	EDC Board of Supervisors Governing Board	330 Fair Lane Placerville, CA 95667	(530) 621-6513	<a href="mailto:bofour@edcgov.us">bofour@edcgov.us</a>
Sue Novasel, District V	EDC Board of Supervisors Governing Board	330 Fair Lane Placerville, CA 95667	(530) 621-6577	<a href="mailto:bofive@edcgov.us">bofive@edcgov.us</a>



**Community Services and Development  
 Federal Funding Accountability and Transparency Act Report Form**

**Due to CSD by March 30, 2015**

As of October 1, 2010, CSD is required to comply with sub-award reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA). CSD must file the FFATA sub-award report by the end of the month following the month in which CSD awards funds greater than or equal to \$25,000 to any agency/service provider. In accordance with terms of the CSD agreement, agencies are required to provide the information requested in this form on or before the above due date. Failure to timely submit the completed form may result in "high-risk" designation and/or imposition of additional special terms and conditions on the agency's eligibility for CSD funds.

Please e-mail completed report forms to your respective program e-mail address listed below:

**Department of Energy Weatherization Assistance Program:** Wx@csd.ca.gov

**Community Services Block Grant:** CSBGDIV@csd.ca.gov

**Lead Hazard Control:** LEADGrants@csd.ca.gov

**Low Income Home Energy Assistance Program:** Wx@csd.ca.gov

NOTE: If your agency receives multiple Community Services and Development (CSD) awards under various programs (i.e., Community Services Block Grant (CSBG), Weatherization Assistance Program (WX), Lead Hazard Control Program (LHCP), Low-Income Home Energy Assistance Program), *complete a separate form for each program*.

**AGENCY/SUB-AWARDEE INFORMATION**

Agency Name	El Dorado County Health and Human Services Agency			
Program Type ( <i>check one</i> )	<input type="checkbox"/> CSBG	<input type="checkbox"/> LEAD	<input checked="" type="checkbox"/> LIHEAP	<input type="checkbox"/> DOE WAP
Contract #(s) ( <i>list all active contracts for the selected program</i> )			15B-3008	
Contract Period(s) ( <i>mm/dd/yy - mm/dd/yy</i> )			01/01/2014 - 01/31/2015	
Agency Unique Identifier (DUNS Number)	96-506-7382			
Agency Primary Contact Information ( <i>person responsible for completing this form</i> )	Name:	Germaine Marino		
	Title	Supervising Accountant/Auditor		
	E-mail:	germaine.marino@edcgov.us		
	Phone:	530-642-4808		
Location of Agency	Mailing Address:	3057 Briw Road, Suite B, Placerville		
	State:	California		
	Zip + 4 digits ( <i>+4 digit is required</i> )	95667-5330		
	U.S. Congressional District:	Fourth		
	State Assembly District:	Fifth		
	State Senate District:	First		

Place of Performance <i>(where program funds are primarily spent, if different from agency location above)</i>	Street Address:	
	State:	
	Zip + 4 digits (+4 digit is required)	
	U.S. Congressional District:	
	State Assembly District:	
	State Senate District:	
Agency (Sub-Awardee) Executive Compensation Reporting	Is more than 80% of your agency's annual gross revenue from the Federal government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If YES, continue to the next question. If NO, you are now finished completing this form.)	
	Does your agency's total annual federal funding exceed \$25 million? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, continue to the next question. If NO, you are now finished completing this form.)	
	Is your agency one of the entities described below? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>▪ A tax-exempt nonprofit entity required to file an annual Form 990 return with the Internal Revenue Service (IRS).</li> <li>▪ A publicly owned corporation required to file annual reports with the Securities and Exchange Commission (SEC).</li> </ul>	
	(If NO, please list the names and compensation of your agency's top five highest compensated employees in the spaces below. If YES, <u>you are now finished completing this form.</u> )	
Five Highest Compensated Executives/Employees	Name	
	Compensation	
	Name	
	Compensation	
	Name	
	Compensation	
	Name	
	Compensation	




LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

2015 AGENCY LOCAL PLAN

January 1, 2015 through January 31, 2016

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Agency Information	
Agency Legal Name:	El Dorado County Health and Human Services Agency
Contact Person:	Star Walker
Title:	Program Coordinator
Phone Number:	530-621-6255
E-Mail Address:	<a href="mailto:star.walker@edcgov.us">star.walker@edcgov.us</a>
Prepared By:	Star Walker
Preparer's Signature:	
Date Plan was Submitted:	10/24/2014
Modified Date:	

## Part I - Agency Profile

### PROFILE:

1. Provide your Agency mission and vision below. Please check the component that drives your Agency.

Mission

Vision

**Mission:** With integrity and respect we provide effective, efficient, collaborative services that strengthen, empower and protect individuals, families and communities, thereby enhancing their quality of life.

**Vision:** Transforming Lives and Improving Futures

2. Select all programs that your Agency operates:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Affordable Housing/Section 8       | <input checked="" type="checkbox"/> Employment training and/or placement |
| <input type="checkbox"/> Homeless Shelter/ Services                    | <input checked="" type="checkbox"/> One Stop Center                      |
| <input checked="" type="checkbox"/> Mental Health Housing Services     | <input checked="" type="checkbox"/> Computer Training Programs           |
| <input checked="" type="checkbox"/> Mental Health Programs/ Services   | <input checked="" type="checkbox"/> Computer Access                      |
| <input type="checkbox"/> Head Start                                    | <input checked="" type="checkbox"/> Youth Job Training                   |
| <input type="checkbox"/> Charter Schools                               | <input checked="" type="checkbox"/> Youth Crisis Services                |
| <input type="checkbox"/> Child Development Centers                     | <input type="checkbox"/> Family Counseling                               |
| <input type="checkbox"/> State Preschools                              | <input type="checkbox"/> Parenting Classes                               |
| <input type="checkbox"/> After-School Programs                         | <input checked="" type="checkbox"/> Covered California                   |
| <input type="checkbox"/> Food Bank                                     | <input checked="" type="checkbox"/> Tax Services (EITC)                  |
| <input checked="" type="checkbox"/> WIC or Nutrition Program           | <input type="checkbox"/> Court Appointed Special Advocates               |
| <input checked="" type="checkbox"/> Meals on Wheels/ Sr. food delivery | <input checked="" type="checkbox"/> Transportation Services              |



- Workforce Development
- Income Management/Asset Building Classes
- Visiting Nurses for Seniors
- Healthy Living Programs (i.e. Community Gardens, bike programs, safe routes to school, etc.)
- Other, please explain:

Our Agency is comprised of Social Service Programs, Community Services, Area Agency on Aging Programs, Public Health Programs, and Mental Health Programs.

## Part 2 – Outreach and Coordination

### OUTREACH:

1. Select all outreach activities provided by your Agency which are designed to assure eligible households are informed of LIHEAP assistance:
  - Place posters/flyers in local and county Social Service offices, Office of Aging, Social Security Administration offices, VA, etc.
  - Publish articles in local newspapers or broadcast media
  - Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
  - Mass Mailing(s) to prior-year LIHEAP recipients.
  - Inform low-income groups of the availability of all types of LIHEAP assistance at the time of application intake for other low-income programs.
  - Execute interagency agreements with other low-income offices to perform outreach to target groups.

Other:

- Partnership with utility companies
- Outreach to: Legislative offices, community organizations, and/or attendance at community events
- Agency website
- Special events
- Canvass neighborhoods and go door to door
- Distribute flyers at schools
- Verbal interagency agreements
- Specify if your agency provides other types of outreach, not listed above:

2. Describe how the outreach methods above are targeted to potentially eligible clients, particularly those with high energy burdens and members of vulnerable populations, including very young children, individuals with disabilities, and frail older individuals. If the methods are different from Weatherization Assistance and Crisis Services describe the differences.

The Agency targets low income housing communities where potential eligible clients reside by providing off-site HEAP appointments visits throughout the community, targeting rural areas. The Agency coordinates with utility companies to refer potential eligible clients particularly those with high energy burdens to the HEAP Office. HEAP Staff also works with community organizations and attends community events to provide outreach to low income service providers that work with vulnerable populations within the community.

3. Describe how your Agency overcomes language barriers and ensures information is communicated in the language of the low-income population in your service territory(ies). Indicate below, what language(s) documents and materials are being provided to the public (other than English).

HEAP applications are available in Spanish, upon request. Agency has a bi-lingual staff person that is able to meet with clients and conduct HEAP Appointments. The Agency has a contract with a translation phone service, should we have potential clients with a



different language other than what staff is able to assist with. Weatherization staff when conducting the initial assessment will coordinate with family to assist with translation services, if applicable.

4. Describe how your Agency will outreach to low-income populations that have been difficult to serve in the past.

Not Applicable

Outreach in rural areas is difficult, due to geographic locations of some of the communities. Agency works with local community churches and newspapers to assist with outreach opportunities.

5. Identify if outreach services are needed in any portion of your service territory(ies) but cannot be provided by your Agency. Please identify the specific challenges and/or limitations preventing your Agency from delivering these services and internal efforts to overcome these obstacles.

Not Applicable

6. Describe how your Agency will conduct outreach efforts to educate and inform the community at large and create an environment that fosters partnerships in your local community. If the Agency has multiple service areas, describe how this will be accomplished in each area.

The Agency has staff in both the Western Slope and Tahoe Basin areas that provide outreach in the rural areas. The Tahoe Basin staff provides outreach efforts in the Alpine County area and coordinates with the local tribe and county offices to ensure

community members are aware of HEAP and Weatherization services. Western Slope staff coordinates with local utility companies and community organizations to ensure outreach and education efforts are being met.

7. Describe how your Agency conducts outreach to tribal organizations that do not receive LIHEAP funds directly or do not provide the full complement of LIHEAP services. Please refer to the Directory of Tribes located on the provider's website at: <http://providers.csd.ca.gov/Energy/Contracts/2015LIHEAPContract.aspx>.

The Agency provides outreach to tribal organizations located in El Dorado and Alpine County by mailing flyers and brochures to tribal offices (if applicable) and tribal medical facilities.

**COORDINATION:**

8. Describe how you ensure that the LIHEAP program is coordinated with other programs available to low-income households. Please check the boxes below to indicate the program(s) you currently coordinate with.

CSBG

CalWORKs

CalFresh

Other - describe below:

Because we are such a large Agency comprised of almost all noted programs, staff works very closely with other low-income programs to provide appropriate resources as needed to clients. Program brochures are available to staff when families are identified as needing assistance. Flyers and brochures are posted and distributed to all HHS building locations in El Dorado County. HEAP staff are also very well educated about available resources in the area to assist the information and referral method with potential HEAP clients.

Multipurpose Senior Service Program



Public Housing Authority  
Child Protective Services  
Family Caregiver Support Program  
Senior Legal Services  
Salvation Army  
Green Valley Community Church

9. Describe how you coordinate LIHEAP services with tribal organizations in your service territory.

Not Applicable

Agency staff provide HEAP outreach materials to local tribal organizations and conduct monthly site visits to review and pick up HEAP applications.

10. Describe any challenges your Agency faces coordinating services with local tribal organizations and how your Agency will address those challenges.

Not Applicable

Challenges have included geographic locations between tribal land and HEAP Offices. Many times applications get returned to the HEAP office incomplete and client's failure to follow through with the HEAP Office are challenges. Agency conducts monthly outreach efforts with local tribes.

**ASSURANCE 16:**

11. Describe how Assurance 16 funds are used to provide services that encourage and enable households to reduce their home energy needs and thereby reduce the need for energy assistance.

Agency staff conducts one-on-one HEAP appointments with eligible households. During this time staff is able to review client's utility bills and monthly energy costs. Staff is also

able to review the household energy usage and provide households with energy saving tips and programs the household may be eligible for. Households with high energy needs are referred to the Weatherization Program. In Weatherization, staff reinforce the need of energy conservation upon the initial assessment.

- 11a.** Describe how your Agency provides Energy Conservation Education to clients. Please provide your energy education materials electronically, label as **Attachment A**. If your materials cannot be attached electronically, you may describe below.

Households are given a handout "Household Energy Saving Tips." This form contains tips on laundry, benefits of fans and ventilations, how to keep your cooling and heating system running effectively, the effectiveness of Energy Star appliances, and ways to lower your water heater costs. Staff also review the client's current utility bills and shows them why their bill may be high and how to reduce the monthly utility costs.

- 11b.** Describe how your Agency provides Budget Counseling to clients. Please provide your budget counseling education materials electronically, label as **Attachment B**. If your materials cannot be attached electronically, you may describe below.

Households are given two handouts "Everyday Budget and Money Saving Tips" and "Household Budgeting Worksheet." These forms contain money saving tips and also a worksheet for budgeting a household on a limited income. Households are also given information on Cal Fresh and are encouraged to apply for the program if they are income eligible and meet program guidelines.

- 12.** Describe how your Agency coordinates with utility companies and energy vendors, and other energy programs.

The Agency has a very close relationship with all the local utility companies and energy vendors. Phone and mail communication occurs often. Utility companies often refer potential clients to the Agency to apply for HEAP and Weatherization services.



13. Identify any Assurance 16 services needed in any portion of your service territory but cannot be provided by your Agency. Please identify the specific challenges and/or limitations preventing your Agency from delivering these services and any internal efforts to overcome these obstacles.

Not Applicable

The Agency has had major staffing challenges which have limited the time staff are able to access the services territories for Outreach or Assurance 16 services. The Agency has currently hired additional staff and is currently looking at providing more Outreach and Assurance 16 services in the community, such as home needs assessments, coordination with utility companies and energy conservation measures. Staff will also be able to attend additional community meetings and target rural areas for community outreach events.

### Part 3 - Service Delivery

#### APPLICATION PROCESS:

1. Describe your Agency's intake and enrollment process for LIHEAP services. If there are different methods used for the various service components, please describe i.e. mail in only, appointments and/or online applications.

To enroll for the HEAP Program, households must meet with HEAP staff in an appointment one-on-one setting. In rural areas, clients are able to come to an Off-Site location and meet with staff. These Off-Site locations are held monthly throughout the County. Home visits may be conducted for homebound and disabled clients, upon request. In rural areas, clients that are in need of emergency services that cannot wait to attend an Off-Site location may request a home visit. For Weatherization applications, clients may drop off or mail their application into the office or if necessary, a home visit may be conducted upon request for homebound and disabled clients.

2. Does your Agency close the office(s) for more than 3 consecutive business days during the program year (excluding State and Federal Holidays)? If so, describe the reason for the closure(s) to include dates and how clients experiencing an emergency/crisis are served during the closure period.

Yes

No

3. The Form CSD 43 – Energy Intake Application must be available during regular business hours to anyone who wishes to obtain an application. Please respond to the queries below to explain how you make applications available.

"X"	Application Availability	Comments
X	Live Agency representatives are available to take application requests during the days and hours specified in the "Comments" section to the right.	Monday –Friday 8am-5pm
	A message line is available on which clients can leave a message, request an application. If so, enter the message phone number, and days and hours of availability in the "Comments" section to the right.	
X	We make the applications available on our website for download. If so, enter the URL in the "Comments" section to the right.	Weatherization application is available on line. <a href="http://www.edcgov.us/Government/HumanServices/Family_Services/Home_Weatherization_Program.aspx">www.edcgov.us/Government/HumanServices/Family_Services/Home_Weatherization_Program.aspx</a>
X	We send applications via email, when requested.	
X	We perform mass mailing to the types of groups and in the approximate numbers specify in the "Comments" section to the right.	Schools, vendors, low income housing apartments/mobile home parks, past HEAP consumers, etc.
X	We regularly make applications available for distribution at our local utility offices. If so, enter the name of the utility company (ies) in the "Comments" section to the right.	PGE Office, Propane and Wood Vendors.
X	We regularly make applications available for distribution at local	Social services offices, Job One, Office of Education, Green Valley Community Church,



	social service agencies. Examples of such agencies are listed in the "Comments" section to the right.	Salvation Army, Red Cross, etc.
	We regularly make applications available for distribution at local library (ies).	
	We make hardcopy applications available directly outside or very nearby our office, where they can be accessed when our office is closed.	
X	Other: Community Outreach	Applications and Appointments are available at Offsite Locations such as, El Dorado Hills, Fairplay, Greenwood, Pollock Pines, and Cameron Park
	Other:	
	Other:	

Please enter any other information you would like CSD to know regarding the way you make applications available below.

4. How does your Agency provide individuals who are physically infirmed the means to submit applications for Home Energy Assistance (HEAP) and Energy Crisis Intervention (ECIP) benefits without leaving their homes or to travel to the sites at which applications are accepted?

Home visits and mailing options are available, upon request.

5. Describe the client referral process to ECIP, weatherization, reduced energy rate programs, and other energy conservation programs. Please provide client referral

materials electronically, label as *Attachment C*. If your materials cannot be attached electronically you may describe below.

Households are referred to ECIP, Weatherization and reduced energy rate programs if it is determined during their HEAP appointment that they are in need of such services. CARE and Weatherization Applications are available in the office and staff will help eligible households fill out the paperwork in order for the client to receive such services. ECIP referrals also come in from local utility vendors and staff answering the main phone lines for Community Services programs.

**ENERGY CRISIS INTERVENTION PROGRAM (ECIP):**

6. Select the types of crisis services your Agency provides:

- ECIP WPO
- ECIP Heating
- ECIP Cooling
- ECIP Water Heating
- ECIP Fast Track

If any of the above services are not provided, please explain why below:

ECIP-WPO The Agency does not see a need for ECIP-WPO. As the Agency works very closely with the vendors to ensure clients are not at risk of shut off.

7. Describe how your Agency ensures that crisis services for Fast Track, Heating and Cooling (HCS) and WPO are resolved within 48 hours (from the time the application is approved).

Fast Track

Staff determine Fast Track eligibility on site and work with utility company to remedy the emergency. Agency staff conduct phone pledge while client is in office. The emergency is usually remedied within the hour of the client's application being approved.



Heating & Cooling

Once a referral for ECIP Heating and Cooling comes into the office, the household must qualify. Once the application is deemed eligible, staff will contact vendors to see when they can get out to household. During this time, clients are offered heating and cooling portable devices to loan. Staff work with vendors to get them out to the household as soon as possible. In some situations, staff will coordinate with the Weatherization Program to have them conduct a home visit and remedy the situation, if applicable.

WPO

N/A

8. If the client is experiencing a life-threatening crisis, describe how your Agency ensures that the crisis for Fast Track, HCS, and WPO is resolved within 18 hours (from the time the application is approved).

*Life-threatening is defined as an "Applicant without heating, cooling or utility service during extreme weather conditions, as determined by the local administrative Agency. This may include energy-related situations that pose a threat to the health and safety of one or more members of the household".*

Fast Track

Staff determine Fast Track eligibility on site and work with utility company to remedy the emergency. Agency staff conduct phone pledge while client is in office. The emergency is usually remedied within the hour of the client's application being approved.

Heating & Cooling

Staff work with vendors to get them out the household as soon as possible to conduct an assessment. In some situations, staff will coordinate with the Weatherization Program to have them conduct a home visit and remedy the situation, if applicable.

Portable utility devices are also available on loan to households with such needs as heating or cooling. In situations where a client is experiencing a life-threatening crisis, Agency staff will provide portable devices to alleviate heating or cooling emergency need or work with a vendor to get them into the home to remedy the crisis. The goal is to have the situation remedied within 18 hours of the life threatening emergency.

WPO

N/A

9. Does your Agency provide ECIP-HCS services outside of your Agency's typical heating and/or cooling season to eligible dwellings?

Yes

No

If yes, provide a justification for ECIP-HCS services:

**WEATHERIZATION ASSISTANCE:**

10. Provide a description of your Agency's weatherization service delivery model. The description should indicate your Agency's subcontracts, size of weatherization workforce, and approach to scheduling and identifying dwellings for services.

The Agency provides weatherization services on a first come, first serve basis to income eligible clients. Dwellings are identified as part of the HEAP Intake process. Assessments and/or Weatherization jobs are scheduled by geographical location in the County to maximize travel time and mileage. If the number of applications exceeds what can be processed within a couple months, a waiting list is then established. The waiting list is prioritized based on vulnerable populations. Four points are given to anyone 60+ in the household, three points are given to any disabled person in the household and 2 points are given to anyone in the household that is under 5 years of age. Total points are calculated for the household, and weatherization services are

provided from highest to lowest priority points. If a household has been weatherized within the last four years, the household will not be considered for assessment and possible re-weatherization unless there is currently not a waiting list. We will transpose the priority points onto the CSD 43 form.

Weatherization has 3 Weatherization installers/assessors and 1 Supervisor. Currently weatherization has 3 sub-contractors, 2 HVAC companies and one plumber.

11. Describe hard to reach service areas that are in need of weatherization services but cannot be provided by your Agency. Please identify the specific challenges and/or limitations preventing your Agency from delivering these services and internal efforts to overcome these obstacles.

Not Applicable

12. Describe your Agency's plan for prioritizing weatherization services.

Applications are accepted in the Weatherization office daily. If the number of applications exceeds what can be processed within a couple months, a waiting list is then established. The waiting list is prioritized based on vulnerable populations. Four points are given to anyone 60+ in the household, three points are given to any disabled person in the household and 2 points are given to anyone in the household that is under 5 years of age. Total points are calculated for the household, and weatherization services are provided from highest to lowest priority points. If a household has been weatherized within the last four years, the household will not be considered for assessment and possible re-weatherization unless there is currently not a waiting list.

13. Complete Attachment I- Utility Assistance Priority Plan and submit with the Agency Local Plan. The Attachment is located on the Provider's website at the link below:

<http://providers.csd.ca.gov/Energy/Contracts/2015LIHEAPContract.aspx>.

#### Part 4 – Customer Notification of Services



**APPEAL RIGHTS:**

1. Describe your Agency's appeal procedures for households whose applications are denied to include the following:
  - How households are informed of their appeal rights.
  - When households are informed of their appeal rights (i.e. before, during, after).

Provide materials distributed to clients notifying them of their appeal rights. Please provide materials electronically, label as *Attachment D*. If your materials cannot be attached electronically, you may describe below.

The CSD 43 Intake Application states the clients appeals rights-all client must sign the CSD 43 stating receipt of information.

If a client is denied HEAP or Weatherization services a denial letter is given to the client. The client's appeals rights are noted on the letter, as well.

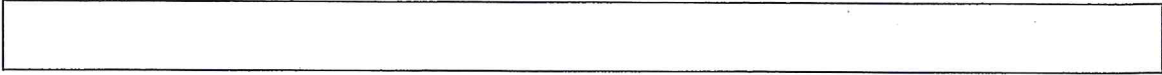
2. How are households notified when they are denied services? Please provide any forms or letters used to notify households, provide electronically and label as *Attachment E*.

They are notified in person and in writing.

3. How does your Agency track customer complaints, both written and verbal? Are these complaints used to better assist your Agency in the customer service process?

If so, please explain:

When a customer complaint is registered an EL597 Complaint Form is filled out by a supervisor or manager. When the complaint has been resolved, the EL597 form is signed off by the Assistant Director or Director and filed. Executive staff will assign a complaint number and enter the complaint in a tracking log. The Agency uses past complaints to better assist staff in our customer service process. This is overseen by review of the complaint with staff and discussion with staff on how the situation could have dealt with the differently in order to get a more positive result, if applicable.



# COUNTY OF EL DORADO

## HEALTH & HUMAN SERVICES

Don Ashton, M.P.A.  
Director

Community Services Division  
Jan Walker-Conroy  
Chief Assistant Director

937 Spring Street  
Placerville, CA 95667  
530-621-6150 Phone / 530-642-9233 Fax

3368 Lake Tahoe Boulevard, Suite 202  
South Lake Tahoe, CA 96150  
530-573-3490 Phone / 530-542-9312 Fax



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RAY NUTTING  
District II  
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District III  
RON BRIGGS  
District IV  
NORMA SANTIAGO  
District V

May 2, 2014

Dear Weatherization Applicant,

Thank you for your interest in the El Dorado County Weatherization Program. You have taken a positive approach towards conserving energy and improving the comfort of your home.

Unfortunately your home is being denied for Weatherization Services for the following reason(s).

- Your household is over income guidelines
- Your home has been weatherized within the last six (6) months
- Your home does not qualify as an eligible dwelling under Weatherization Guidelines-per CSD LIHEAP Contract Exhibit G.
- Our staff is unable to find three (3) priority measures needed, in order to weatherize your home-per CSD LIHEAP Contract Exhibit F.
- Your housing complex does not accept Weatherization Services.
- Your home requires repairs that go beyond the scope of the Weatherization Program, if repairs are made within 120 days of this letter, we may be able to do Weatherization on your home.

If you disagree with this decision and/or have additional proof that may establish your eligibility, you have the right to appeal. To initiate the appeal process, please send a written request explaining why you feel this decision was in error and any additional proof of eligibility within 30 days of this letter.

Thank You,

Kyle Hartman  
Weatherization Supervisor  
Weatherization Department El Dorado County Human Services  
(530) 621-6391



COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

BOARD OF SUPERVISORS

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937 Spring Street  
Placerville, CA 95667  
530-521-8150 Phone / 530-542-9233 fax

3309 Lake Tahoe Boulevard, Suite 202  
South Lake Tahoe, CA 96150  
530-573-3990 Phone / 530-542-9342 fax



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BRYAN CRISTOFANI  
District II  
BRENNAN VICKERMAN  
District III  
RON BENTLEY  
District IV  
ROBIA SANTIAGO  
District V

Date: \_\_\_\_\_

Staff Initials \_\_\_\_\_

Dear LIHEAP Applicant:

Your 2014 HEAP application requesting assistance with your energy costs has been received. However, we regret to inform you that your application is being denied for the following reason(s):

- Over income guidelines
- Credit on bill
- Duplicate application, ect
- Client doesn't meet Priority Guidelines
- Other: \_\_\_\_\_

If you disagree with this decision and/or you have additional proof that may establish your eligibility, you have the right to appeal. To initiate the appeal process please send a written request explaining why you feel this decision was in error and any additional proof of eligibility within 30 days of this letter.

Vision Statement:



**2015 Agency Local Plan  
Attachment I - Utility Assistance Priority Plan**

The annual Agency Local Plan explains how each LIHEAP Service Provider intends to meet Federal law by providing financial assistance and weatherization services to those households with the lowest income and highest energy burden, as well as to those households with "vulnerable populations": elderly, disabled, and with children 5 and under. By determining certain point ranges and assigning agency-defined priority categories, agencies are able to modify their priority plans to meet local need, while still meeting federal intent. Refer to the accompanying instructions for more information about completing this plan.

Contractor (Agency Name):		Date:	
El Dorado County Health and Human Services Agency		10/24/2014	
Prepared by:	Email:	Phone:	Fax:
Star Walker, Program Coordinator	star.walker@edcgov.us	530-621-6255	530-295-2581

Section 1: INCOME				Section 1: INCOME			
EGIP WPO and HEAP				HEAP WPO and HEAP			
Fed Pov Group	From	To	Points	Fed Pov Group	From	To	Points
1	0	100%	10	1	0	100%	10
2	100.1%	125%	8	2	100.1%	125%	8
3	125.1%	150%	5	3	125.1%	150%	5
4	150.1%	60% SMI	2	4	150.1%	60% SMI	2

Section 2: ENERGY BURDEN				Section 2: ENERGY BURDEN			
EGIP WPO and HEAP				HEAP WPO and HEAP			
From	To	Points		From	To	Points	
<i>You are not req'd to use all four lines. You may have fewer point ranges.</i>							
0%	5.9%	2		0%	5.9%	2	
6%	13.9%	5		6%	13.9%	5	
14%	19.9%	8		14%	19.9%	8	
20%	100%	10		20%	100%	10	

Section 3: VULNERABLE POPULATIONS				Section 3: VULNERABLE POPULATIONS			
EGIP WPO and HEAP				HEAP WPO and HEAP			
If household contains any of the following populations, award VP points:			VP Points	If household contains any of the following populations, award VP points:			VP Points
Elderly (60 years or older)			10	Elderly (60 years or older)			10
Disabled							
Children (5 years or under)							

Section 4: AGENCY-DEFINED (Optional)				Section 4: AGENCY-DEFINED (Optional)			
EGIP WPO and HEAP				HEAP WPO and HEAP			
Agency-Defined Vulnerable Pop Group			Points	Agency-Defined Vulnerable Pop Group			Points
<i>Use of Agency-Defined Priorities is Optional. If used, complete page 2 to detail point assignments.</i>			<i>10 Max (Total Lines 1-4)</i>	<i>Use of Agency-Defined Priorities is Optional. If used, complete page 2 to detail point assignments.</i>			<i>10 Max (Total Lines 1-4)</i>
1	Medically Needy		N/A	1	Medically Needy		N/A
2	Frail Elderly		N/A	2	Frail Elderly		N/A
3	Severe Financial Hardship		N/A	3	Severe Financial Hardship		N/A
4	Hard to Reach		N/A	4	Hard to Reach		N/A
5	Priority Offsets (-1 to -10)			5	Priority Offsets (-1 to -10)		



**2015 Agency Local Plan  
 Attachment I - Utility Assistance Priority Plan**

Contractor (Agency Name):		Date	
El Dorado County Health and Human Services Agency		10/24/2014	
Prepared by:	Email:	Phone:	Fax:
Star Walker, Program Coordinator	star.walker@edcgov.us	530-621-6255	530-295-2581

**AGENCY DEFINED CATEGORIES**

*For each agency defined categories selected on page one, please detail and describe how your agency will apply the categories to clients.*

ECIP WPO and FT Medically/Needy		HEAP WPO and HEAP Medically/Needy	
1		1	
2		2	
3		3	
4		4	
5		5	

Rural/Elderly		Rural/Elderly	
1		1	
2		2	
3		3	
4		4	
5		5	

Severe Financial Hardship		Severe Financial Hardship	
1		1	
2		2	
3		3	
4		4	
5		5	

Hard to Reach		Hard to Reach	
1		1	
2		2	
3		3	
4		4	
5		5	

Priority Offsets		Priority Offsets	
1		1	
2		2	
3		3	
4		4	
5		5	



**2015 Agency Local Plan  
Attachment I - Utility Assistance Priority Plan**

Contractor (Agency Name):		Date:	
El Dorado County Health and Human Services Agency		10/24/2014	
Prepared by:	Email:	Phone:	Fax:
Star Walker, Program Coordinator	star.walker@edcgov.us	530-621-6255	530-295-2581

**Priority Plan Implementation**

This information is intended to help CSD understand how your agency applies its Priority Plan, and ensure that federal requirements for prioritization are met. Please respond to the multiple choice questions, below, then complete the narrative at the bottom of this page.

1. Our agency applies our priority plan points (as defined on page 1 of this document) to assess every application for cash assistance benefits. If "no," please explain below:

Yes  No  Varies

2. Our agency applies a minimum point threshold for the following programs, denying those who fall below the threshold. If "yes," please enter your minimum point threshold, by program. If "no," enter "n/a."

HEAP       Fast Track       HEAP-WPC       ECIP-WPO

Yes  No  Varies

3. Our agency applies a minimum energy burden for the following programs, denying those who fall below the percentage. If "yes," please enter your minimum energy burden, by program. If "no," enter "n/a."

HEAP       Fast Track       HEAP-WPC       ECIP-WPO

Yes  No  Varies

4. Our agency gives first priority to households whose members have a "life-threatening emergency."

Yes  No  Varies

5. Our agency prioritizes and serves applicants based on their priority points, from highest points to lowest, until all funds are expended. This process is based on the following allocation cycle:

Daily       Weekly       Monthly       Other second method, if applicable

Yes  No  Varies

6. If an applicant qualifies to be served, but cannot be served because of high demand or some other reason, does your agency "rollover" their application for future consideration?

Yes  No  Varies

If yes, please explain your process for rolling applications over:

If no, please explain how you notify clients they will not receive services:

Please explain how your agency applies its Priority Plan. If you answered "Varies" to any of the questions above, explain your answer below. Also, if necessary, explain, in more detail, any of your answers above.

Our agency is going to apply the Minimum Point Threshold for the 2015 Contract Year as our primary method. This will allow us to establish a minimum point threshold that will serve the lowest income, highest energy burden and vulnerable population. We have selected a minimum point threshold, by program to best serve our lowest income, highest energy burden and vulnerable populations. Once an initial application comes through the front desk, it will be run through the Priority Point System Database. If an Application does not meet our minimum point value, the application is denied and filed away. Clients that applied and were denied because of not meeting the Minimum Point Value will be encouraged to reapply should their needs change. Letters will also be sent to these clients encouraging them to reapply for the program. We will track denied applications in the new Denial Database. Applications that meet the minimum point value will be served. If the agency finds that the contract funds cannot be fully expended, by monitoring contract budget, within the contract term agreement, we will implement a secondary method of accepting and prioritizing applications. This will be done by ranking applications by priority points-highest to lowest, with highest being served first. This will be done on a weekly basis to ensure services are sustained and funds are fully expended. For monitoring purposes, the Agency Field Representative will be notified by the Agency that the secondary method is being implemented with a definitive start date.

**2015 Agency Local Plan: Instructions**  
**Attachment I - Utility Assistance Priority Plan**

These instructions are intended to guide agencies completing the LIHEAP Priority Plan.

**Instructions for Page 1: Determining Priority Points**

**Instructions that Apply to the Whole Page**

- Note that the first column (blue) applies to points assigned for "ECIP WPO" and "Fast Track." The second column (orange) applies to points assigned for "HEAP WPO" and "HEAP"
- Grayed boxes must be filled in.
- Use only whole numbers (no decimal points).

**Section 1: Income**

- The value for Federal Poverty Group 1 is established at 10 points. This cannot be changed. The value for Federal Poverty Groups 2, 3 and 4 must be set by the agency.
- Each range must have a unique number (in other words: two ranges can't have the same number).

DO: Retain 10 points for Range 1, and assign a progressively lower point value to ranges 2-4. Assure that no two ranges have the same point value.

1	0	100%	10
2	100.1%	125%	8
3	125.1%	150%	4
4	150.1%	60% SMI	0

<-- Example (your numbers may vary!)

**Section 2: Energy Burden**

- Although the form has room for up to four ranges, it is not required that you use all four ranges. Your agency may choose to use fewer ranges. If you use fewer than four ranges, either delete the unused rows or enter "n/a" into the unused cells.
- When you enter a percent in the "From" column for the final range ("x" to 100%), CSD expects that "x" will be very close to your agency's average energy burden. If you enter a number significantly different than your agency's average energy burden, you should be prepared to justify your reasons. CSD has the right to disapprove a percent that is not sufficiently justified.

**Section 3: Vulnerable Populations**

- No action required by agency when completing the initial priority plan.
- When applying the priority plan, if the household contains any of the three vulnerable populations, the agency will award the full 10 points. This means that the agency will either award 0 points (if the household contains no VPs), or 10 points (if the household contains one or more VPs).

**Section 4: Agency-Defined**

- Agency Defined categories are optional. Your agency may choose to use none, some or all five of the available categories.
- Only the five categories listed on the form are available for use. You may not change the categories or add your own. In 2012, CSD issued a CSD Program Notice (CPN-E 12-03) on the subject of Priority Plans, including the use of Agency-Defined priority points. CSD recommends that agencies review the CPN before completing this section.
- You may assign a maximum of 10 points (total) for the Agency-Defined categories 1 to 4. For example, if your agency wished to focus its efforts on "frail elderly," you may choose to assign all 10 points to that category and forego using the other agency-defined categories. Or, if you wanted to focus on "frail elderly" and "hard to reach," you might distribute the points 5 and 5, or 3 and 7--you can distribute your 10 points in any way you choose, to any, all (or none) of the first four agency-defined categories, as long as the total does not exceed 10.

- ☑ In addition to Agency-defined categories 1 - 4, you may also choose to use category 5 to assign "Priority Offsets" (or, in other words, "negative points.") Please refer to the CSD CPN-E 12-03 for more information.. If you choose to use this category, you may assign any negative, whole number from negative (-) 1 to negative (-) 10.
- ☑ If you choose to use the Priority Offset category, describe on your priority plan the specific reasons for which your agency intends to issue negative points. For example: "receives utility subsidy" or "served in prior program year."