Contract #:

14B-5007, A1

Index Code: 531011

CONTRACT ROUTING SHEET

Date Prepared:	3/12/14	Need Date	e: 4/34/14
PROCESSING DE	PARTMENT:	FUNDING	AGENCY:
Department:	Health & Human Services	Name:	CA Dept of Community Services & Development
Dept. Contact:	Amy Higdon	Address:	2389 Gateway Oaks Dr, Ste 100
Phone #:	x4836	-	Sacramento, CA 95833
Department	2	Phone:	916-576-7109
Head Signature:	Don Ashton, M.P.A., Director		
	DEPARTMENT: HHSA - Comm		
	d: Low-Income Home Energy A		
Contract Term: 1			Grant Value: \$1,425,228
•	duman Resources requirements? d by: Mike Strella	N/A	Yes x No
Approved: X	EL: (Must approve all contracts a	Date: 3/24/1	ч ву: ОТ В В
Approved:	Disapproved:	Date:	By:
	***************************************		37 00 00 00 00 00 00 00 00 00 00 00 00 00
			P
	PLEASE FORWARD TO RISK N	AANACEMENT T	LIANIK VOIII
RISK MANAGEMI	ENT: (All contracts and MOU's e		***
Approved:	Disapproved:	Date: 3/∂5	
Approved:	Disapproved:	Date:	By:
	Cty isvendor	Washington and the second of t	The state of the s

			01 17
The state of the s	my Higdon for pick-up. Thank yo		
NOTE: Any contract sending of electronic	AL: (Specify department(s) particle that involves the development, installatinformation, the acquisition of software	ation, implementate e or computer rela	tion, storing, retrieving, transfer, or ated items, or any other service/item
before submission to department.	d, especially those that involve compu Counsel. This also applies to any oth		
Departments:			
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
(VII), er.	3//	V eli	L 60.v.11 1/4
Majura.	1/2/14 M. Hust 3/18/14	Jun 1-10	Y All Walk
Contracts Supe Review/Da Rev. 12/2000 (GS-GVP)	ate Program Mgr, Review/Date /	Contracts Mgr. Revi	ew/Date

STATÉ OF CALIFORNIA STANDARD AGREEMENT

,	AT THE STATE OF TH					
TD.	, 213 A (Rev. 6/03)		AGREEMENT NUMBER	AMENDME	ENT NUME	BER
			14B-5007		1	
			REGISTRATION NUMBER			0
			eP.	1334556.1	_2_	9
1.	This Agreement is er	ntered into between the State Agen	cy and the Contractor named b	elow		70
-	STATE AGENCY'S NAME				Ã,	>70
	Department of Com	imunity Services and Developme	ent		20	CM.
_	CONTRACTOR'S NAME				J	S m
	El Dorado County l	Health and Human Services Age	ncy			70 -
2.	The term of this	1 20144 1 1	. 21. 2015		ĸ	SM
	Agreement is:	January 1, 2014 through January	7 31, 2015		5	C D
3.	The maximum amou	nt 6 1 425 228 00			90	Ş
	of this Agreement is:	\$ 1,425,228.00			₩ #:/*:	4

- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 - A. The maximum amount of this Agreement payable to Contractor by the State has changed from \$365,962.00 to \$1,425,228.00, reflecting an increase of \$1,059,266.00.
 - Replace Exhibit B Attachments I, II, and III in their entirety with the attached Exhibit B -Attachments I, II, and III.
 - C. Replace Exhibit D Attachment II, in its entirety with the attached Exhibit D Attachment II.

All other terms and conditions shall remain unchanged.

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.)	
El Dorado County Health, and Human Services Agency	"I hereby certify that all
BY (Authorized Significance) DATE SIGNED (Do not type)	conditions for exemption have been complied with, and this
PRINTED NAME AND TITLE OF PERSON SIGNING	document is exempt from the Department of General Services
Terri Daly, Chief Administrative Officer, County of El Dorado	approval."
ADDRESS	- 11000
3057 Briw Rd #A, Placerville, CA 95667	nonice hef
STATE OF CALIFORNIA	
AGENCY NAME	
Department of Community Services and Development	
BY (Authorized Signature) BY (Authorized Signature) DATE SIGNED (Dp not type) The signed (Dp not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING	
Cindy Halverstadt, Deputy Director, Administrative Services	
ADDRESS	
2389 Gateway Oaks Drive, Suite 100, Sacramento, California 95833	Exempt per

EXHIBIT B - ATTACHMENT I 2014 LIHEAP WEATHERIZATION BUDGET

Contractor:			Contrac	t Number:	Telepho	ne Number:
El Dorado County Health and Human Services			14B-	5007	530-642-4839	
Class "B" Contractor's License No.: Name on License:					Expiration	on Date:
Pre	pared By:	E-mail Address:			Fax Num	iber:
Jose	Martinez / Accountant II	jose.martinez@edcgov.us			(53	0) 621-2518
10 -	ADMINISTRATIVE BUDGET		CC	DLUMN A	CC	LUMN B
1	Administrative Costs		s	25,120	\$	41,207
2	Administrative Equipment (More than	\$5,000)				
Tot	al Administrative Budget (Total o	f Lines 1 - 2)	s	25,120	s	41,207
20 -	WEATHERIZATION PROGRAM E	BUDGET				
1	Intake		s	25,120	\$	41,207
2	Outreach			15,701		25,755
3	Training and Technical Assistance			15,701		25,755
4	Direct Program Activities			218,067		357,847
5	Liability Insurance			1,000		1,000
6	Major Vehicle and Equipment (More t	han \$5,000)				
7	Minor Vehicle and Equipment (Less th	nan \$5,000)				
8	Workers' Compensation			300		300
9	General Operating Expenditures			12,980		22,000
10	Training and Technical Assistance - S	olar Hot Water Heating				
Tot	al Program Costs (Total of lines 1	- 10)	s	288,869	s	473,864
30 -	TOTAL BUDGET (Total of Section	(0 and 20)	s	313,989	s	515,071

INSTRUCTIONS EXHIBIT B – ATTACHMENT I, 2014 LIHEAP WEATHERIZATION BUDGET CSD 557D (Rev. 12/09/13)

10 - ADMINISTRATIVE BUDGET

<u>Line 1 – Administrative Costs</u> - Enter the amount of funds allocated for all Administrative Costs for Columns A and B. Administrative costs includes salaries, wages, workers' compensation, and fringe benefits for administrative staff, accounting, audit, intake (intake in excess of 5% may be charged as an administrative cost), equipment, facilities, office equipment and supplies, telephone, training and travel for administrative staff, utilities, and miscellaneous expenditures.

<u>Line 2 – Administrative Equipment</u>: Enter the budgeted acquisition amount (actual cost to purchase) for office equipment. These are purchases that are \$5,000 or more.

<u>Total Administrative Budget</u> - The sum of lines 1 through 2 will auto-populate.

20 - WEATHERIZATION PROGRAM BUDGET

Line 1 – Intake - Enter the amount of funds allocated for Intake activities in Columns A and B.

<u>Line 2 – Outreach</u> - Enter the amount of funds allocated for Outreach activities in Columns A and B, i.e., flyers, brochures, advertisements, etc.

Note: Outreach is 5% of the total Weatherization Program Budget, excluding carryover and administrative costs. For Column A, this amount is 5% of the Weatherization Program Budget to be paid to Contractor for the months of January through March (60% of the total Weatherization Program Budget). For Column B, this amount is 5% of the total remaining amount (40% of the total Weatherization Program Budget) to be paid contingent upon approval of a Weatherization Waiver as referenced in the contract.

<u>Line 3 – Training and Technical Assistance</u> - Enter the amount of funds allocated for weatherization-related training and technical assistance, both internal and external, in Columns A and B. Costs include actual labor costs, training materials, admissions, and travel expenditures. Training costs must not exceed 5% of the total Weatherization Program Budget.

<u>Line 4 – Direct Program Activities</u> - Enter the amount of funds budgeted for Direct Program Activities in Columns A and B. Include costs associated with the installation of measures including labor, materials, subcontractors and other program costs.

<u>Line 5 - Liability Insurance</u> - Enter the amount of funds budgeted for insurance bonds, general liability, vehicle insurance, and pollution occurrence insurance (if applicable) in Columns A and B.

<u>Line 6 – Minor Vehicles and Field Equipment (Acquisition Costs)</u>: Enter the budgeted amount of vehicle and field equipment (actual acquisition cost of purchases under \$5,000) and lease payments to be incurred in Columns A and B.

<u>Line 7 – Major Vehicles and Field Equipment (Acquisition Costs)</u>: Enter the budgeted acquisition amount (actual cost to purchase) of vehicle and field equipment in Columns A and B. These are purchases that are \$5,000 and over. Vehicle and field equipment purchases or lease purchase option with a value of \$5,000 or more need prior approval from CSD.

<u>Line 8 - Workers' Compensation</u> - Enter the amount of funds budgeted for workers' compensation for program staff in Columns A and B. Do not include workers' compensation for salaries allocated to administrative costs.

<u>Line 9 – General/Operating Expenses</u> - Enter the amount of funds budgeted for Operating Expenses in Columns A and B.

<u>Line 10 – Training & Technical Assistance – Solar Hot Water Heating</u> – Enter the amount of funds budgeted for Training & Technical Assistance for Solar Hot Water Heating.

Total Program Costs - The sum of lines 1 through 10 will auto-populate for Columns A and B.

30 - TOTAL BUDGET

Enter the sum of Sections 10 and 20 for Columns A and B. Verify the total allocation as provided by CSD.

EXHIBIT B - ATTACHMENT II 2014 LIHEAP EHA-16 PROGRAM BUDGET

	stractor: Dorado County Helath and Human Services	Contract Number: 14B- 5007	Telephone Num (530) 642-4839	
	pared By: Name and Title (Please Print)	E-mail Address:	Fax Number:	
	Martinez	jose.martinez@edcgov.us	(530) 621-2518	
10 -	ASSURANCE 16 BUDGET	公司,从中国的 中国的大学的大学的大学		文理学 经正常
1	Assurance 16 Activities (5% of total allocation	on)	S	100,541
20 -	ADMINISTRATIVE BUDGET	的多数是数据的 是是重要的概念		
1	Administrative Costs (5% of total allocation)		S	62,367
2	Administrative Equipment (More Than \$5,00	00)		
	TOTAL ECIP/HEAP Administrative Bud	get (Total of Lines 1 - 2)	s	62,367
30 -	INTAKE BUDGET	医0000 日本日本中国18日本日本日本日本日本		当时里里的
1	Intake (8% of total allocation)		S	108,303
40 -	OUTREACH BUDGET (ECIP AND HEAD	9		
1	Outreach (5% of ECIP/HEAP)		S	67,689
50 -	TRAINING AND TECHNICAL ASSISTA	NCE		
1	Training and Technical Assistance (2% of E0	CIP/HEAP)	S	27,077
60 -	ECIP/HEAP PROGRAM BUDGET	215000000000000000000000000000000000000		ASSESSED FOR THE PARTY OF THE P
1	ECIP EHCS Diagnostics		S	534
2	ECIP EHCS Cooling Service Repair/Replace	ment		15,000
3	ECIP EHCS Heating Service Repair/Replace	ment		20,000
4	ECIP EHCS Water Heater Repair/Replacement	ent		8,000
5	ECIP EHCS Other Program Costs			
	ECIP EHCS Subtotal (Lines 1-5)		S	43534.00
6	ECIP Wood, Propane, and Oil			
7	Severe Weather Energy Assistance and Trans	sportation Services (SWEATS) (activated by CSI	0)	
8	HEAP Wood, Propane, and Oil	-		500,646
9	Liability Insurance			
10	Major Vehicle and Equipment (More than \$5	,000)		
11	Minor Vehicle and Equipment (Less than \$5.	000)		
12	Workers' Compensation			
13	General Operating Expenditures			
14	Automation Supplemental			
	TOTAL ECIP/HEAP Program Budget (To	otal of Lines 1 - 14)	s	544,180
70 -	TOTAL BUDGET (Total of Sections 10, 20	. 30, 40, 50, and 60)	s	910,157

INSTRUCTIONS EXHIBIT B – ATTACHMENT II, 2014 LIHEAP EHA-16 PROGRAM BUDGET CSD 537E (Rev. 12/09/2013)

10 - ASSURANCE 16 PROGRAM BUDGET

<u>Line 1 – Assurance 16 Activities</u> - Enter the amount of funds allocated for Assurance 16 Activities.

20 - ADMINISTRATIVE BUDGET (ASSURANCE 16, ECIP, AND HEAP)

<u>Line 1 – Administrative Costs</u> - Enter the amount of funds allocated for Administrative Costs. Administrative costs include salaries, wages, workers' compensation, and fringe benefits for administrative staff, accounting, audit, intake (intake in excess of 8% may be charged as an administrative cost), equipment, facilities, office equipment and supplies, telephone, training and travel for administrative staff, utilities, and miscellaneous expenditures.

<u>Line 2 – Administrative Equipment</u>: Enter the budgeted acquisition amount (actual cost to purchase) for office equipment. These are purchases that are \$5,000 or more.

<u>Total Administrative Budget</u> - The sum of lines 1 through 2 will auto-populate.

30 - INTAKE PROGRAM BUDGET (ECIP AND HEAP)

<u>Line 1 – Intake</u> - Enter the amount of funds allocated for Intake activities.

40- OUTREACH BUDGET (ECIP AND HEAP)

Line 1 – Outreach – Enter the amount of funds allocated for Outreach and related services.

50 - TRAINING AND TECHNICAL ASSISTANCE

<u>Line 1 – Training and Technical Assistance</u> – Enter the amount of funds allocated for Training and Technical Assistance.

60 - ECIP/HEAP PROGRAM BUDGET

<u>Lines 1 through 14</u> – ECIP/HEAP Program Budget Line Items - Enter the amount of funds budgeted for ECIP EHCS Diagnostics, ECIP EHCS Cooling Service Repairs and Replacements, ECIP EHCS Heating Service Repairs and Replacements, ECIP Water Heater Repair/Replacement, ECIP EHCS Other Program Costs, ECIP Wood, Propane, and Oil payments, Severe Weather Energy Assistance and Transportation Services (SWEATS), and HEAP Wood, Propane, and Oil payments. Enter the amounts budgeted for liability insurance, minor vehicle and equipment (include those purchases that are under \$5,000 per unit and lease payments), major vehicle and equipment (include those purchases that are over \$5,000 per unit), workers' compensation, general operating expenditures, and automation supplemental.

Total ECIP/HEAP Program Budget - The sum of items 1 through 14 will auto-populate.

70 - TOTAL BUDGET

Enter the sum of Sections 10 through 60.

EXHIBIT B - ATTACHMENT III 2014 LIHEAP NONCONSIDERATION ALLOCATIONS

Loca	al Service Provider Name		Contract Numb	per:
El	Dorado County Health and Human Serv	rices Agency	14B-	5007
Prep	ared By: NAME AND TITLE (please pr	rint)		
Jo	se Martinez, Accountant II			
E-m	ail Address:	Phone Number:	Fax Number:	
jo:	se.martinez@edcgov.us	(530) 642-4839	(530	0) 621-2518
NOI	NCONSIDERATION ECIP FAST TR	ACK BUDGET		
Er	nter the name of each county in your serv	ice territory on a separate line	The state of the s	lollar amount to be ed to the county
1	El Dorado County		\$	42,930
2	Alpine County			604
3				
4				
5				
6				
7		and the second s		
8	TOTAL		S	43,534
NO	NCONSIDERATION HEAP BUDGET			
En	ter the name of each county in your serv	ice territory on a separate line	The state of the s	ollar amount to be ed to the county
1	El Dorado County		\$	493,690
2	Alpine County			6,956
3				
4				
5				
6				
7				
8	TOTAL		\$	500,646
TO	TAL NONCONSIDERATION ECIP	AND HEAP BUDGET		
En	ter the name of each county in your serv	ice territory on a separate line		l dollar amount to be ed to the county
1	El Dorado County		\$	536,620
2	Alpine County			7,560
3				
4				
5				
6				
7				
8	TOTAL		\$	544,180

The total amount allocated to the Nonconsideration program must be entered by Contractor and is not made part of the total consideration for this Agreement but shall be for Contractor's use as described in EXHIBIT B, BUDGET DETAIL AND PAYMENT PROVISIONS, and EXHIBIT F, PROGRAMMATIC PROVISIONS.

The total Nonconsideration Budget must match the total nonconsideration allocation on the CSD 622 LIHEAP Expenditure and Performance Benchmarks.

INSTRUCTIONS

EXHIBIT D – ATTACHMENT II, 2014 LIHEAP Expenditure and Performance Benchmark CSD 622 (Rev. 2/20/14)

The expenditure and performance benchmark goals must be submitted with the signed LIHEAP contract/amendment, as requested by CSD.

Complete the following fields as applicable: Local Service Provider (Agency) Name, contract number, preparer's name and title, telephone number, and e-mail address.

SECTION 1: WEATHERIZATION

Section 1A: Total Weatherization Expenditures

- Enter the allocation amount associated with the Total Weatherization (*Exhibit B-Attachment I: Administrative & Weatherization budgets*) allocation. Refer to the 2014 LIHEAP Allocation spreadsheet for the amount allocated.
- Enter the percentage of expenditure for each quarter. Use whole numbers when entering percentages. Note: you must have at least a cumulative total of 60% expenditure by September 30, 2014.
- Enter the number of dwellings that are estimated to be weatherized. Refer to past year data to assist in estimating dwellings to be weatherized.

Section 1B: Weatherization Direct Program Activities Expenditures by County

- For each county, enter the allocation amount associated with the county. Refer to the 2014 LIHEAP Allocation spreadsheet for the amount allocated.
- For each county, enter the percentage of expenditure for each quarter. Use whole numbers when entering percentages. Note: you must have at least a cumulative total of 60% expenditures by September 30, 2014.
- For each county, enter the number of dwellings that are estimated to be weatherized. Refer to past year data to assist in estimating dwellings to be weatherized.

SECTION 2: EHA-16

Section 2A: Total EHA – 16 Expenditures

- Enter the allocation amount associated with the Total EHA-16 (Exhibit B-Attachment II: Assurance-16, Administrative, Intake, Outreach & ECIP/HEAP Program budgets) allocation. Refer to the 2014 LIHEAP Allocation spreadsheet for the amount allocated.
- Enter the percentage of expenditure for each quarter. Use whole numbers when entering percentages. Note: you must have at least a cumulative total of 60% expenditure by September 30, 2014.
- Enter the number of households that are estimated to receive EHA-16 services. Refer to past year data to assist in estimating households.

Section 2B: EHCS Expenditures by County

- Enter the allocation amount associated with the Total EHCS (Exhibit B-Attachment II: Line 1-5 of ECIP/HEAP Program Budget) allocation. Refer to the 2014 LIHEAP Allocation spreadsheet for the amount allocated to each individual county.
- Enter the percentage of expenditure for each quarter. Use whole numbers when entering percentages. Note: you must have at least a cumulative total of 60% expenditure by September 30, 2014.
- Enter the number of households that are estimated to receive EHCS services. Refer to past year data to assist in estimating households.

Section 2C: ECIP WPO Expenditures by County

- Enter the allocation amount associated with the Total ECIP WPO (*Exhibit B-Attachment II: Line 6 of ECIP/HEAP Program Budget*) allocation. Refer to the 2014 LIHEAP Allocation spreadsheet for the amount allocated to each individual county.
- Enter the percentage of expenditure for each quarter. Use whole numbers when entering percentages. Note: you must have at least a cumulative total of 60% expenditure by September 30, 2014.
- Enter the number of households that are estimated to receive ECIP WPO services. Refer to past year data to assist in estimating households.

Section 2D: HEAP-WPO Expenditures by County

- Enter the allocation amount associated with the Total HEAP WPO (*Exhibit B-Attachment II: Line 8 of ECIP/HEAP Program Budget*) allocation. Refer to the 2014 LIHEAP Allocation spreadsheet for the amount allocated to each individual county.
- Enter the percentage of expenditure for each quarter. Use whole numbers when entering percentages. Note: you must have at least a cumulative total of 60% expenditure by September 30, 2014.
- Enter the number of households that are estimated to receive HEAP WPO services. Refer to past year data to assist in estimating households.

SECTION 3: UTILITY ASSISTANCE (HEAP & Fast Track)

Section 3a: Total HEAP Expenditures by County (Non-Consideration)

- For each county, enter the allocation amount (*Exhibit B-Attachment III: Non-Consideration HEAP budget*) associated with each county.
- For each county, enter the percentage of expenditure for each quarter. Use whole numbers when entering percentages. Note: you must have at least a cumulative total of 60% expenditure by September 30, 2014.
- For each county, enter the number of households that are estimated to receive HEAP Gas & Electric services.

Section 3b: Total Fast Track Expenditures by County (Non-Consideration)

- For each county, enter the allocation amount (*Exhibit B-Attachment III: Non-Consideration Fast Track budget*) associated with each county associated with the county.
- For each county, enter the percentage of expenditure for each quarter. Use whole numbers when entering percentages. Note: you must have at least a cumulative total of 60% expenditure by September 30, 2014.
- For each county, enter the number of households that are estimated to receive Fast Track services.

EXHIBIT D - ATTACHMENT II 2014 LIHEAP EXPENDITURE AND PERFORMANCE BENCHMARK

Local Service Provider Name:			
El Dorado County Health and Human Services	14B-5007		
Prepared By: NAME AND TITLE (please print)	Phone Number:	E-mail Address:	
Star Walker, Program Coordinator	530-621-6255	star.walker@edcgov.us	

SECTION 1 - WEATHERIZATION

SECTION 1A - Total Weathe	erization Expe	nditure				
	Total Weatherization Allocation	Enter a Percentage % Quarter 1 (1/1/14 - 3/31/14)	Enter a Percentage % Quarter 2 (4/1/14 - 6/30/14)	Enter a Percentage % Quarter 3 (7/1/14-9/30/14)	Enter a Percentage % Quarter 4 (10/1/14 - 1/31/15)	Total Unit Production
	\$ 515,071.00	5%	30%	30%	35%	237.00
TOTAL	\$515,071.00	5%	35%	65%	100%	237.00

Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Percentage % Quarter 1 (1/1/14 -	Percentage % Quarter 2 (4/1/14 -	Enter a Percentage % Quarter 3 (7/1/14-9/30/14)	Enter a Percentage % Quarter 4 (10/1/14 - 1/31/15)	Total Households to be Served per County
Alpine County	\$4,969.00	0%	25%	25%	50%	3.00
El Dorado County	\$352,878.00	5%	25%	35%	35%	235.00
TOTAL	\$357,847.00	5%	30%	65%	100%	238.00

SECTION 2 - EHA-16

	Total EHA-16 Allocation	Enter a Percentage % Quarter 1 (1/1/14 - 3/31/14)	Enter a Percentage % Quarter 2 (4/1/14 - 6/30/14)	Enter a Percentage % Quarter 3 (7/1/14-9/30/14)	Enter a Percentage % Quarter 4 (10/1/14 - 1/31/15)	Total Unit Production (EHCS and WPO)
	\$ 910,157.00	15%	25%	30%	30%	1269.00
TOTAL	\$910,157.00	15%	40%	70%	100%	1269.00

Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Percentage % Quarter 1 (1/1/14 -	Percentage % Quarter 2 (4/1/14 -	Enter a Percentage % Quarter 3 (7/1/14-9/30/14)	Enter a Percentage % Quarter 4 (10/1/14 - 1/31/15)	Total Households to be Served per County
El Dorado	\$42,929.00	0%	25%	50%	25%	17.00
Alpine	\$605.00	0%	0%	100%	0%	1.00
TOTAL	\$43,534.00	0%	25%	75%	100%	18.00

Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Percentage % Quarter 1 (1/1/14 -	Percentage % Quarter 2 (4/1/14 -	Enter a Percentage % Quarter 3 (7/1/14-9/30/14)	Enter a Percentage % Quarter 4 (10/1/14 - 1/31/15)	Total Households to be Served per County
El Dorado	\$0.00					
Alpine	\$0.00					
TOTAL	\$0.00	0%	0%	0%	0%	0.00

Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Percentage % Quarter 1 (1/1/14 -	Percentage % Quarter 2 (4/1/14 -	Enter a Percentage % Quarter 3 (7/1/14-9/30/14)	Enter a Percentage % Quarter 4 (10/1/14 - 1/31/15)	Total Households to be Served per County
El Dorado	\$493,690.00	0%	30%	35%	35%	1234.00
Alpine	\$6,956.00	0%	30%	35%	35%	17.00
TOTAL	\$500,646.00	0%	30%	65%	100%	1251.00

CSD 622 (Rev. 6/7/13) Page of 2 of 3

SECTION 3 - UTILITY ASSISTANCE (HEAP & FAST TRACK)

Enter the name of each county within your service territory on a separate line	Enter the dollar amount associated with the county	Percentage % Quarter 1 (1/1/14 -	Percentage % Quarter 2 (4/1/14 -	Enter a Percentage % Quarter 3 (7/1/14-9/30/14)	Enter a Percentage % Quarter 4 (10/1/14 - 1/31/15)	Total Households to be Served per County
El Dorado	\$493,690.00	10%	30%	30%	30%	1300.00
Alpine	\$6,956.00	10%	30%	30%	30%	26.00
TOTAL	\$500,646.00	10%	40%	70%	100%	1326.00

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 (1/1/14 - 3/31/14)	Enter a Percentage % Quarter 2 (4/1/14 - 6/30/14)	Enter a Percentage % Quarter 3 (7/1/14-9/30/14)	Enter a Percentage % Quarter 4 (10/1/14 - 1/31/15)	Total Households to be Served per County
El Dorado	\$42,930.00	0%	30%	35%	35%	50.00
Alpine	\$604.00	0%	0%	100%	0%	1.00
TOTAL	\$43,534.00	0%	30%	65%	100%	51.00

CSD 622 (Rev. 6/7/13) Page of 3 of 3