

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF COUNTY OPERATIONS
OFFICE OF COMMUNITY SERVICES**

UTILITY

WEATHERIZATION ASSISTANCE PROGRAM

STATE CLEARINGHOUSE
APPLICATION SUPPLEMENT

1. IF THIS IS A "NOTIFICATION OF INTENT" TO APPLY OR A PREAPPLICATION, PLEASE CHECK THIS BOX AND INDICATE GRANT I.D. ASSIGNED.
GRANT I.D. _____ X(8)
2. IF THIS IS AN ACTUAL GRANT APPLICATION, PLEASE CHECK THIS BOX , AND INDICATE GRANT I.D. ASSIGNED. Grant I. D. DCO-07070356 X(8)
*NOTE: IF A NOTIFICATION OF INTENT OR PREAPPLICATION HAS BEEN PREVIOUSLY SUBMITTED, USE THAT I.D. TO COMPLETE ITEM 2 AND INDICATE SAI# THAT WAS ASSIGNED TO THE NOI OR PREAPP. SAI# _____ X(8)
3. IF THIS IS AN APPLICATION FOR SUPPLEMENTAL FUNDS OR IS A REVISION, PLEASE INDICATE ORIGINAL GRANT I.D. AND SAI# TO WHICH IT APPLIES.
GRANT I.D. _____ X(8) SAI# _____ X(8)
4. GRANT YEAR 2004 XX
5. GRANT START DATE 10 / 01 / 03 GRANT END DATE 03 / 31 / 04 (mo/day/yr)
6. APPLICANT (AGENCY) CODE 710H X(7) (see Applicant Code List)
7. GRANTOR CODE Utilities X(5) (see Grantor Code List)
8. ORGANIZATION UNIT _____ Weatherization
9. FUNDING PERCENTAGE REQUIREMENTS:
FEDERAL _____ % STATE _____ % OTHER 100 %
10. TYPE OF ASSISTANCE (A THROUGH P) _____ (see instructions on back)
11. METHOD OF FUNDING 1
1. ADVANCE BY TREASURY CHECK 2. REIMBURSEMENT BY TREASURY CHECK
3. ADVANCE BY LETTER OF CREDIT 4. REIMBURSEMENT BY LETTER OF CREDIT
12. FEDERAL FUNDS FOR THIS GRANT WILL BE RECEIVED DIRECTLY FROM (CHECK ONE)
 A FEDERAL AGENCY ANOTHER STATE AGENCY OTHER SOURCE
 **If a source is OTHER please specify _____
13. DO YOU HAVE AN INDIRECT COST RATE? YES NO
14. IF YES, IS THE RATE BEING APPLIED TO THIS PROJECT? YES NO

15.	A. DIRECT COST BASE	B. INDIRECT COST RATE	C. INDIRECT COSTS CLAIMED*
	\$	%	\$
D. EXPLANATION*			

GRANT COORDINATOR _____
 Signature
 AGENCY _____ Office of Community Services
 DATE _____

(date)

Mr/Ms , Executive Director
Agency

Address
City, Arkansas

Dear Mr./Ms. :

Your request for funds in the Utility Weatherization Program is approved. Please sign and return both copies of the enclosed grant award signature form. One copy will be returned to you for your files.

If you have questions or need assistance, please let us know.

Sincerely,

Thomas E. Green, Assistant Director
Office of Community Services

TEG:jh

Enclosure

cc: Troy Branscum
Doris Wright
Candy Roman

CONTRACT FOR SERVICES
BETWEEN THE
STATE OF ARKANSAS
DEPARTMENT OF HUMAN SERVICES/
DIVISION OF COUNTY OPERATIONS/
OFFICE OF COMMUNITY SERVICES
(hereinafter referred to as the DHS/DCO/OCS/or GRANTEE)

AND

(hereinafter referred to as the SUB-GRANTEE)

FOR

UTILITY WEATHERIZATION PROGRAM FOR LOW-INCOME PERSONS

This contract is effective on _____ and will terminate on _____.

This contract is subject to the availability of funds.

Subject to the Terms and Conditions of this contract, and any Special Conditions, the Department of Human Services/ Division of County Operations/Office of Community Services, hereby awards Contract Number UWP __-__ to the Sub-Grantee.

This contract is to be used solely for the purpose of carrying out the Utility Weatherization Program for Low-Income Persons and is to be used as follows:

Increase Benefits	\$ _____
Expand Eligibility	\$ _____
Customer Outreach	\$ _____
Liability Insurance	\$ _____
Financial Audit	\$ _____
Administration	\$ _____
TOTAL	\$ _____

(Signature)

(Signature)

Thomas E. Green

(Type in Name)

(Type in Name)

Assistant Director

(Title)

(Title)

(Date)

(Date)

**UTILITY WEATHERIZATION PROGRAM
FOR LOW INCOME CUSTOMERS AGREEMENT**

TERMS AND CONDITIONS

PURPOSE OF CONTRACT

The SUBGRANTEE agrees to provide all services specified in this CONTRACT as described in the terms and special conditions of the contract and approved by DHS/DCO/OCS. Said terms and special conditions are incorporated herein by reference. DHS/DCO/OCS agrees to make available utility funds to the SUBGRANTEE for the purposes set forth in the CONTRACT in accordance with the approved terms and special conditions. The terms of this CONTRACT are contingent upon the terms of the grant award between DHS/DCO/OCS. If the terms of said award become null and void, so does the terms of the CONTRACT. Funds will be deobligated and awarded to another agency if not being expended in a timely manner.

I. Definitions

- A. "Eligible Electric Home," when used in this Agreement, shall mean a home that:
1. is a single family structure;
 2. is an utility customer
 3. meets the household income requirements set forth in the current Federal Poverty Guidelines of up to 200% of poverty.
- B. "Eligible Fossil Home," when used in this Agreement, shall mean a home that:
1. is a single family structure;
 2. is an utility customer
 3. has a central electric cooling system and has a fossil fuel heating system; and

4. meets the household income requirements set forth in the current Federal Poverty Income Guidelines of up to 200% of poverty.
- C. "Eligible Home" shall be the term used herein when referring collectively to Eligible Electric Homes and Eligible Fossil Homes.
- D. "Eligible Measures," as used in the Agreement, shall mean any of the following:
1. Reducing the infiltration of outside air into the structure.
 2. Install and/or increase attic insulation to R-38 when existing insulation is less than R-19.
 3. Install floor insulation a minimum of R-19.
 4. Installation of storm windows over single glazed windows.
 5. Adding wall insulation of R-11 when existing insulation is R-0.
 6. Electric water tank insulation blanket installation, pipe insulation installation, low-flow shower heads and faucet aerator installation, electric space heater repairs, and utility efficiency counseling; provided that such measures described in this subpart vi of this section 1.d. shall only be "Eligible Measures: if done in conjunction with those measures listed in one of subparts i to vi of this section 1.d.
 7. Refrigerators to be updated as the NEAT Audit recommends.
 8. Electrical wiring to be updated where ceiling insulation can be installed.
 9. Repair/replace heating/cooling, kitchen range units (electrical and fossil fuels) as circumstances dictate.
 10. Cooling measures to be installed as needed (mini blinds, screens, fans, etc.)

11. Necessary repairs are to be installed on units to protect other measures and to extend permanency (interior, exterior, plumbing, etc.).

12. Other measures as recommended.

13. Administration and general operating costs used for the implementation of the utility program.

E. COMPLIANCE REQUIREMENTS

1. All activities authorized by the CONTRACT shall be performed in accordance with applicable conditions, relevant directives, guidelines, assurances and requirements as attached hereto or, otherwise, provided by the DHS/DCO/OCS. The SUBGRANTEE acknowledges adherence to all applicable special conditions to which the DHS/DCO/OCS is subject, as well as issuance of policy directives from DHS/DCO/OCS.

F. INSURANCE

1. The SUBGRANTEE agrees to procure and keep in force for the terms of this CONTRACT, adequate insurance (including liability insurance for utility projects for personal injury and for property damage), issued by a reputable insurer, licensed to do business in Arkansas, as will adequately protect the interest of the DHS/DCO/OCS and the SUBGRANTEE and will insure the funds granted herein shall be used for the purposes set forth.

G. PROCUREMENT

1. SUBGRANTEE is to operate in compliance with the Department of Utility Financial Assistance Rule 10 CFR 600 and procurement standards with the Office of Management and Budget Circulars A-102 or A-110 as applicable.

H. AUDIT

1. All SUBGRANTEES are required to conduct a single agency audit in accordance with OMB Circular A-133, covering all funds received by the agency. A copy of the report will be provided directly to DHS.
 - a. Audits shall be made in accordance with the General Accounting Office (GAO) Standards for Audit of Governmental Organizations, Programs, Activities, and Functions; the GAO Guidelines for Financial and Compliance Audits of Federally Assisted Programs; OMB-approved audit compliance supplements; and general accepted auditing standards established by the American Institute of Certified Public Accountants.
 - b. An audit shall be conducted and the results reported in accordance with OMB Circular A-133, and the audit work papers and reports shall be retained for a minimum of three years from the audit.
 - c. If the audit report does not meet the standards of Circular, A-133, the subgrantee will receive notice as to what further action, if any, is necessary to meet the requirements. The cost of an audit that does not meet these requirements may be disallowed as charge against utility program funds.
 - d. Audits shall be made annually and submitted to OCS 120 days after the audit has been completed. The audit must meet standards set forth in Circular A-133.
 - e. All subgrantees shall submit a closeout report of their utility program funds thirty days after the end of the fiscal year.

I. PAYMENTS TO SUBGRANTEE AND BUDGET CATEGORIES

1. DHS/DCO/OCS will reimburse the SUBGRANTEE based upon their monthly report and request for funds up to the CONTRACT limit.

All expenditure determinations will be made in accordance with the Financial Assistance Rule 10 CFR 600, Program Rule 10 CFR 440 and applicable cost principles, either Office of Management and Budget Circular A-87 or A-122.

J. RECORDS AND ACCOUNTS

1. The SUBGRANTEE, at its principal office or place of business shall maintain, using accepted procedures, complete and accurate accounts and records reflecting all matters and activities covered by the CONTRACT. The SUBGRANTEE shall maintain records for a period of three years from the date of audit, except in cases where unsolved audit questions may require maintaining all records for a longer period. Furthermore;

Accounting for equipment, material, and supplies shall be as follows:

- a. Non-expendable equipment, material and/or supplies purchased with Utility Program funds where the original cost exceeds \$5000.00 and has a life expectancy of one year or more, must have prior approval from DHS/DCO/OCS.
- b. Rental or annual lease of equipment or vehicles, where total cost of SUBGRANTEE exceeds \$5000.00, must have prior approval from DHS/DCO/OCS.
- c. All term purchases of equipment by the SUBGRANTEE shall have prior approval of DHS/DCO/OCS and shall list the SUBGRANTEE as owner and shall list DHS/DCO/OCS as having the first lien on such purchases.
- d. Comprehensive and current equipment and material inventories for expendable and non-expendable items shall be maintained and reported to DHS/DCO/OCS as required.

- e. The SUBGRANTEE agrees that within thirty days of the expiration of the CONTRACT, or any renewed CONTRACT negotiated under this grant, all equipment, material and supplies purchased with Utility funds and not properly expended, will be made available for return to DHS/DCO/OCS.

K. REPORTING

1. The SUBGRANTEE shall complete and submit to the DHS/DCO/OCS, a Utility Weatherization Program Data Progress Report. The SUBGRANTEE shall be reimbursed only after the report has been received and verified by DHS/DCO/OCS. The DHS/DCO/OCS reserves the right to withhold funds contingent upon the receipt and verification of all items listed.

The SUBGRANTEE shall furnish to the DHS/DCO/OCS, such progress and periodic reports in such form and quantity as the DHS/DCO/OCS, may, from time to time, require including, but not limited to, status reports of the project, fiscal reports statements, certificates, approvals, proposed budgets, copies of all subcontracts executed and proposed, follow-up reports and any and all other information relative to the project, including specific questionnaires as determined by OCS to be necessary to carry out its responsibilities.

L. ASSIGN AND TRANSFER

1. The SUBGRANTEE is not permitted to assign or transfer any provision of the CONTRACT except as follows:

The SUBGRANTEE is permitted to enter into a third party contract to fulfill the labor obligation of this CONTRACT.

M. AFFIRMATIVE ACTION

1. The parties agree that they will comply with Affirmative Action Regulations as set forth by the Office of Federal Compliance Contracts Program.

The Department of Human Services (DHS) and its contractor/service provider will not discriminate against any employee, client or applicant for employment services because of physical or mental disability. The DHS and its contractor, sub-contractor/service provider agree to take affirmative action to employ, advance in employment and otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training.

The DHS and its contractor, sub-contract/service provider further agree to comply with the rules and regulations promulgated by federal funding sources. DHS and its contractor, sub-contractor/service provider will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. § 6181-1683, and 1685-1686, which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101-6107) which prohibits discrimination on the basis of age;... (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 36001 et seq.) as, amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other non-discrimination provisions in the specific statutes(s) under which application for Federal assistance is being made; (j) the requirements of any other non-discrimination provisions in the specific statute(s) which may apply to the application; and (k) the Americans with Disabilities Act of 1990, as amended.

N. DISCLOSURE

1. "Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation to any rule, regulation or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract: Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency."

O. ENTIRE AGREEMENT

1. This CONTRACT, when signed by the DHS/DCO/OCS and the SUBGRANTEE constitutes the full and complete understanding of all parties and may not be in any manner interpreted or fulfilled in contradiction and its expressed terms as provided herein. This CONTRACT may be cancelled by either party upon thirty days receipt of written notice by either party.

P. MISCELLANEOUS

1. This Agreement is intended as the complete and exclusive statement of the Agreement between the parties. Parol or extrinsic evidence shall not be used to vary, contradict or add to the express terms of this Agreement, recourse shall not be had to alleged prior dealings, usage of trade, course of dealing or course of performance to explain or supplement the express terms of this Agreement. This Agreement shall not be amended or modified, and no waiver of any provision in this Agreement shall be effective, unless set forth in a written instrument authorized and executed by duly designated and authorized representatives of the parties with the same formality of this Agreement.
2. Any failure by any party to insist upon strict performance of any provision of this Agreement or failure or delay in exercising any rights or remedies provided in this Agreement or by law shall not be deemed a waiver of the right of such

party to insist upon strict performance of any of its rights and remedies.

3. If any provision of this Agreement shall be void, voidable, invalid or inoperative, no other provision of this Agreement shall be affected as a result thereof, and, accordingly, the remaining provisions of this Agreement shall remain in full force and effect as though such void, voidable, invalid or inoperative provision had not been contained herein.
4. The rights, obligations and remedies of the parties as specified under this Agreement shall be interpreted and governed in all respects by the laws of the State of Arkansas. All disputes concerning this Agreement which the parties cannot mutually resolve shall be decided by a competent federal or state court within the State of Arkansas.
5. This Agreement contains the entire understanding between the Parties relative to Utility Weatherization for Low-Income Utility Customers and supersedes all prior and collateral communications and understandings between the Parties in respect thereto.

UTILITY WEATHERIZATION ASSISTANCE FUND

PROGRAM COMPONENT	EST. COST
Increase Weatherization Benefits To Customers	
<u>at or Below 125% of Poverty</u>	
Expansion of average per home by \$5,000 per home, Using \$2,500 adjusted average	\$ 945,000
Expansion of number of homes, using only Entergy Customer money	\$2,306,000
Repairs to minimize walk-aways	\$ 350,000
Expand Range of Customer Eligibility for Weatherization Upgrades	
Expand Income Eligibility to 200% of Poverty	
Participants with income above 125% of poverty but less than 200% of poverty, may receive weatherization benefits up to \$5,000.	\$ 440,000
Customer Outreach	
Outreach to inform residential customers of Program availability	\$ 105,000
Energy bill counseling outreach to specific Customers	\$ 60,000
Program Implementation Support and Administration	
Administrative costs for DHS (5%)	\$ 234,000
Development of infrastructure and program Administration	<u>\$ 260,000</u>
<ul style="list-style-type: none"> • Train new weatherization contractors as necessary • Assist subgrantees in handling increased administration burdens 	
TOTAL	\$4,700,000

UTILITY WEATHERIZATION PROGRAM MONTHLY REPORT

Subgrantee _____
 Address _____
 Telephone Number _____

For the Month Ending _____
 Weatherization Director _____
 Fiscal Officer _____

A. COUNTY INFORMATION

PEOPLE ASSISTED (Count all persons in household)
Select as many categories as apply

			Elderly	Disabled	Native American	Children
	MO		_____	_____	_____	_____
1.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
2.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
3.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
4.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
5.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
6.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
7.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
8.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
9.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
10.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
11.	YTD	_____	_____	_____	_____	_____
	MO		_____	_____	_____	_____
	YTD	TOTAL	_____	_____	_____	_____

Number of Persons Served: **This Month** _____ **Year-to-Date** _____

B. PROGRAM INFORMATION

	0 - 125% of Poverty	126 - 200% of Poverty	Current Month Completions	Year-to-Date Completions
Units Completed (Unduplicated Count)				
1. Owner Occupied	_____	_____	_____	_____
2. Renter Occupied (Single)	_____	_____	_____	_____
3. Renter Occupied (Multi/Shelters)	_____	_____	_____	_____
4. Owner Occupied Mobile Homes	_____	_____	_____	_____
5. Renter Occupied Mobile Homes	_____	_____	_____	_____
TOTAL Weatherized Units	_____	_____	_____	_____
(Following Can Be Duplicated Count)				
6. Elderly Units	_____	_____	_____	_____
7. Disabled Persons Units	_____	_____	_____	_____
8. Native American Units	_____	_____	_____	_____
9. Reweatherized Units	_____	_____	_____	_____
10. Child Occupied Units	_____	_____	_____	_____
11. Shelters	_____	_____	_____	_____
12. Utility & DOE	_____	_____	_____	_____
13. Utility Only	_____	_____	_____	_____
14. Walkaway	_____	_____	_____	_____
15. Units in Progress	_____	_____	_____	_____
16. Pending Applications on File	_____	_____	_____	_____

C. CUSTOMER OUTREACH ACTIVITIES (NARRATIVE)

1. Activities to inform residential customers of program availability:

2. Energy bill counseling outreach to specific customers:

D. EXPENDITURE REPORT

1. Increase Benefits to Customers at or Below 125% Poverty

	Expenditures Current Month	Expenditures Year-to-Date
Expansion of Average Per Home	\$ _____	\$ _____
Utility Only	\$ _____	\$ _____
Repairs - Utility Only	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____

2. Expand Income Above 125% of Poverty (200% Maximum)

	Expenditures Current Month	Expenditures Year-to-Date
Utility	\$ _____	\$ _____

3. Customer Outreach

	Expenditures Current Month	Expenditures Year-to-Date
Outreach	\$ _____	\$ _____
Energy Bill Counseling	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____

TOTAL	\$ _____	\$ _____
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 Executive Director

 Date

INVOICE

BILLED TO THE ARKANSAS DEPARTMENT OF HUMAN SERVICES DIVISION OF COUNTY OPERATIONS OFFICE OF COMMUNITY SERVICES

PROGRAM UTILITY WEATHERIZATION PROGRAM

NAME AND ADDRESS	TELEPHONE NUMBER	GRANT NUMBER
	EIN NUMBER	
	AMOUNT BILLED \$ _____	BILLING PERIOD FROM: TO:

1. Funds received year-to-date \$ _____
2. Subtotal funds on hand. \$ _____
3. Expenditures year-to-date \$ _____
4. Add Incurred Expenditures \$ _____
(Date: _____ through _____)
5. Subtotal expenditures \$ _____

Transportation	_____	Storage of Materials	_____
Tools & Equipment	_____	Contract Labor	_____
Off-Site Personnel Salary	_____	Liability Insurance	_____
Off-Site Personnel Fringes	_____	Finance Audit	_____
On-Site Supervisor Salary	_____	Health & Safety	_____
On-Site Supervisor Fringes	_____	Administration Salary	_____
On-Site Crew/Salary	_____	Administration Fringe	_____
On-Site Crew/Fringe	_____	Administration Travel	_____
Material	_____	Customer Outreach	_____
Increase Benefits	_____	Expand Eligibility	_____
Other (Itemize)	_____		_____

6. **Total Amount Billed (subtract five minus two)**. \$ _____

CERTIFICATION: I certify that this Request for Payment is in accordance with the Grant cited and that the amount is proper for credit to the drawer's bank. I also certify that the data reported is correct and that the amount of the request for payment is not in excess of incurred expenses.

DATE	AUTHORIZED SIGNATURE	TITLE

DATE	PREPARER'S SIGNATURE	TITLE

FOR OCS USE ONLY

<input type="checkbox"/> APPROVED FOR PAYMENT DATE	SIGNATURE
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SUBGRANTEE

ADDRESS

CITY AND STATE

DATE _____

WEATHERIZATION CLIENT, _____
NAME

STREET ADDRESS

TELEPHONE NUMBER

_____ agrees to the following in order for the
CENTERPOINT ENERGY ACCOUNT NUMBER

Client to receive additional weatherization measures.

- APPROVAL TO ANALYZE ALL ENERGY USEAGE DATE FROM UTILITY BILLS
- APPROVAL TO USE YOUR INFORMATION AS CASE STUDIES TO FURTHER ASSIST LOW INCOME FAMILIES
- WILLINGNESS OF CUSTOMER TO PROVIDE TESTIMONIAL INFORMATION IF REQUESTED DURING A THREE YEAR PERIOD OF TIME
- PERODIC ENERGY INFORMATION UPDATE WILL BE MAILED TO YOUR FOR REVIEW

CLIENT SIGNATURE

AGENCY REPRESENTATIVE

SUBGRANTEE

ADDRESS

CITY AND STATE

DATE _____

WEATHERIZATION CLIENT, _____
NAME

STREET ADDRESS

TELEPHONE NUMBER

_____ agrees to the following in order for the
ENERGY ACCOUNT NUMBER

client to receive additional weatherization measures.

- APPROVAL TO ANALYZE ALL ENERGY USEAGE DATE FROM UTILITY BILLS
- APPROVAL TO USE YOUR INFORMATION AS CASE STUDIES TO FURTHER ASSIST LOW INCOME FAMILIES
- WILLINGNESS OF CUSTOMER TO PROVIDE TESTIMONIAL INFORMATION IF REQUESTED DURING A THREE YEAR PERIOD OF TIME
- PERODIC ENERGY INFORMATION UPDATE WILL BE MAILED TO YOUR FOR REVIEW

CLIENT SIGNATURE

AGENCY REPRESENTATIVE

ARKANSAS UTILITY WEATHERIZATION PROGRAM JOB ORDER

AGENCY INFORMATION

AGENCY	JOB NUMBER	DATE
--------	------------	------

A. CUSTOMER INFORMATION

OCCUPANT _____	ACCOUNT #: _____
NAME ON BILL _____	METER # _____
ADDRESS _____	HOME PHONE: _____
CITY _____	WORK PHONE: _____

B. HOUSE INFORMATION

PRIMARY HEAT SOURCE FOR HOUSE

Check Appropriate Box

- ELECTRIC ROOM HEATERS
- ELECTRIC CENTRAL HEAT PUMP OR ELECTRIC FURNACE
- FOSSIL FUEL (NATURAL GAS, FURNACE) OR SPACE HEATERS
- FOSSIL FUEL (PROPANE FURNACE) OR SPACE HEATER
- FOSSIL FUEL WOOD

TYPE CENTRAL HOUSE COOLING SYSTEM

- ELECTRIC WINDOW UNIT
 - ELECTRIC CENTRAL SYSTEM AC OR HEAT PUMP
 - NO CENTRAL UNIT AC
 - NO AC
- _____ HOUSE SQUARE FEET

C. TYPE WATER HEATER

Check Appropriate Box

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> NATURAL GAS |
| <input type="checkbox"/> PROPANE | <input type="checkbox"/> NO WATER HEATER |

ELIGIBLE MEASURES

MEASURES INSTALLED	LABOR		MATERIALS		TOTAL	
	DOE	UTILITY	DOE	UTILITY	DOE	UTILITY
INFILTRATION REDUCTION						
ATTIC INSULATION						
FLOOR INSULATION						
WALL INSULATION						
STORM WINDOWS						
DUCT SEALING						
REFRIGERATOR						
WATER HEATER, ETC.						
HEAT/AIR REPAIR - REPLACEMENT						
KITCHEN RANGE						
ROOFING						
ELECTRICAL WIRING, UPDATE						
COOLING (MINI BLINDS, SCREENS, FANS, ETC.)						
REPAIR (INTERIOR- EXTERIOR- PLUMBING)						
OTHER						
TOTAL						

UTILITY WEATHERIZATION POINT SYSTEM

AGE	POINTS
Under 55 _____	1
55-60 _____	2
61-65 _____	3
66-70 _____	4
71-75 _____	5
76-80 _____	6
Over 80 _____	7

INCOME

Up to 125% of Poverty _____	7
126 - 140% _____	6
141 - 155% _____	5
156 - 170% _____	4
171 - 185% _____	3
186 - Less than 200% _____	2

TYPE OF FUEL USED

Electricity _____	6
Wood _____	4
Bottled Gas _____	5
Natural Gas _____	2

Disabled - A household at which a disabled person resides _____	5
Children - A household at which a child under 18 resides _____	5
Customer of a participating utility _____	5
House Weatherized with DOE Funds _____	5

LENGTH OF TIME

First 6 Months, No Points
After 6 Months, 1 Point Per Month

CONDITION OF HOME

Emergency _____	12
Substandard _____	6
Standard _____	1

2003 POVERTY INCOME GUIDELINES

INCOME LEVELS

SIZE OF FAMILY UNIT	75%	100%	125%	150%
ONE	6,735.00	8,890.00	11,225.00	13,470.00
TWO	9,090.00	12,120.00	15,150.00	18,180.00
THREE	11,445.00	15,260.00	19,075.00	22,890.00
FOUR	13,800.00	18,400.00	23,000.00	27,600.00
FIVE	16,155.00	21,540.00	26,925.00	32,310.00
SIX	18,510.00	24,680.00	30,850.00	37,020.00
SEVEN	20,865.00	27,820.00	34,775.00	41,730.00
EIGHT	23,220.00	30,960.00	38,700.00	46,440.00
EACH ADDITIONAL MEMBER ADD	2,355.00	3,140.00	3,925.00	4,710.00

ALLOCATION FORMULA

<u>AGENCY</u>	<u>PERCENTAGE</u>
BRAD	3.210%
CADC	20.880%
CAPCA	5.250%
CRDC	13.400%
C-SCDC	4.860%
CSO	3.170%
MCAEOC	3.150%
M-DCS	4.750%
NADC	4.060%
OHC	7.770%
OOI	4.840%
PB-JCEOC	6.460%
SEACAC	4.050%
SWADC	5.450%
LONOKE COUNTY	1.330%
UHDC	<u>7.370%</u>
TOTAL	100.000%

OFFICE OF COMMUNITY SERVICES

ARKANSAS WEATHERIZATION SUBGRANTEES

		<u>County</u>
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	Mr. Steve Whittaker, Weatherization Director (870) 892-5219 Ext. 246	
CADC	Mr. Larry Cogburn, Executive Director Central Arkansas Development Council 722 Gaunt Street Post Office Box 580 Benton, Arkansas 72018 Telephone: (501) 315-1121 FAX: (501) 778-9120 E-mail: ccunningham@cadc.cc	Calhoun Clark Columbia Dallas Hot Spring Montgomery Ouachita Pike Saline Union Pulaski
	Ms. Beverly Palmer, Weatherization Coordinator Central Arkansas Development Council Telephone: (501) 315-1121 E-mail: bpalmer@cadc.cc	
CAPCA	Ms. Phyliss Fry, Executive Director Community Action Program for Central Arkansas, Inc. 707 Robins, Suite 118 Conway, Arkansas 72034 (physical address) Post Office Box 1044 Conway, Arkansas 72032 Telephone: (501) 329-3891 FAX: (501) 329-8642 E-mail: phyliss@cyberback.com	Cleburne Faulkner White
	Ms. Freda Paul, Weatherization Director (501) 329-3891 Ext. 25 E-mail: freda@cyberback.com	

Weatherization Subgrantees' List

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Northcentral Arkansas Development Independence
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Mr. Billy Carlton, Weatherization Director

OHC Mr. Bill Brown, Executive Director Benton
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Mr. Wayne Kirby, Weatherization Director

Weatherization Subgrantees' List

Page Four

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PB-JCEOC Ms. Betty Smith, Executive Director Arkansas
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Ms. Betty Forrest, Weatherization Director
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OFFICE OF COMMUNITY SERVICES
WEATHERIZATION ASSISTANCE PROGRAM

HOME INSPECTION SHEET

NAME _____ JOB #: _____

ADDRESS: _____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. <u>INFILTRATION</u>			
A. <u>All</u> cracked or broken glass was replaced.	___	___	___
B. All doors and windows were correctly weatherstripped, caulked and/or glazed.	___	___	___
C. <u>All</u> open holes that permitted air to move in or out of the house were patched or caulked.	___	___	___
D. <u>All</u> doors, windows, and storm windows were installed correctly.	___	___	___
E. <u>All</u> defective thresholds were repaired or replaced.	___	___	___
F. Has any glass been broken since job was finished.	___	___	___
G. Skirting installed according to OCS Standards.	___	___	___
H. Exterior doors were replaced and <u>properly</u> hung.	___	___	___
1. New hardware (locks and hinges) replaced when needed.	___	___	___
J. <u>All</u> doors replaced have a tight fit (No light is visible from inside when door is closed.)	___	___	___
2. <u>ATTIC INSULATION</u>			
A. The house does have adequate R-Value (IL-22-30).	___	___	___
B. The attic was properly prepared:			
1. Attic insulation is far enough away from heat source (4 inches). Dams are in place to prevent contact.	___	___	___
2. The attic insulation is properly installed.	___	___	___
3. The attic hatch is insulated and weatherstripped.	___	___	___
4. The attic was properly vented.	___	___	___
3. <u>FLOOR INSULATION</u>			
A. Insulation is properly installed using DOE approved methods.	___	___	___
B. Vapor banier installed properly with DOE approved material. (Seams overlapped 12 inches and taped; turned up at least 6 inches at the walls, secured with rocks, sand or earth, etc.)	___	___	___

YES NO N/A

4. WALL INSULATION

- A. All open areas through which the insulating material may escape have been blocked. ___ ___ ___
- B. Entry holes located in walls with a minimum of 2 holes per stud space with 3' to no more than 6' distance between holes to permit the complete filling of wall cavities. ___ ___ ___

5. HEALTH AND SAFETY

- A. Blower Door Test performed. ___ ___ ___
- B. Carbon Monoxide (CO) Test. ___ ___ ___
- C. Lead Based Paint assessed. ___ ___ ___

6. LIGHTING RETROFITS

- A. Correct number installed. ___ ___ ___

7. INCIDENTAL REPAIRS

- A. All worn or rotten windows and door frames were replaced. ___ ___ ___
- B. All missing siding was replaced. ___ ___ ___
- C. All necessary roof repairs were made. ___ ___ ___

8. ENERGY AUDIT

- A. State approved Energy Audit priorities were followed. ___ ___ ___

9. CIVIL RIGHTS

- A. Is Pub. 344 (8/94) visible to clients?
This includes all satellite offices. ___ Yes ___ No
- B. Did client receive a copy of Fair Hearing Statement? ___ Yes ___ No
- C. Is PUB. 345 (4/00) available for client education purposes? ___ Yes ___ No

10. OTHER COMMENTS

- 11. Is DOE point system being adhered to? ___ ___ ___

MONITOR: _____ DATE: _____

