

## State of Alaska

### APPENDIX D

**State of Alaska  
Department of Health and Social Services  
Heating Assistance Program  
Vendor Agreement**

#### PARTIES

- a. State of Alaska, Department of Health and Social Services, Division of Public Assistance, hereinafter called DPA, and
- b. \_\_\_\_\_ hereinafter called the Vendor.  
(Name of Home Heating Supplier)

#### PURPOSE OF AGREEMENT

The purpose of this agreement is to provide for the payment of home heating costs on behalf of low-income households eligible for the Heating Assistance Program (HAP). To accomplish this the parties agree to the following terms and conditions.

#### DPA CONDITIONS

1. Upon certification of an eligible household, DPA shall send a written Notice of Action to the Vendor and the household. The notice will state the amount of heating assistance available to the household, and how the assistance is to be distributed among its vendors.
2. DPA shall then make a cash advance payment equal to the amount of heating assistance assigned to the Vendor on the household's behalf.
3. DPA will make heating assistance payments only for home heating products (i.e. fuel oil, electricity, natural gas, propane, wood, coal, and in some cases gasoline when used only to harvest and gather wood). Incidental charges necessary for use and delivery of home heating may be paid from an eligible household's heating assistance benefits (i.e. charges for reconnection of service, late payment, delivery, deposits or memberships).

#### VENDOR CONDITIONS

1. The Vendor will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment received from the Heating Assistance Program. If payment covers only a portion of the balance due, it must be applied to the oldest part of the bill.
2. The Vendor agrees that no household receiving heating assistance will be treated adversely because of such assistance under applicable provision of the State law or public regulatory requirements.

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3. The Vendor agrees not to discriminate, either in cost of goods supplied or the services provided, against the household on whose behalf payments are made. Information about grantees and their benefits are to be confidential.
4. The Vendor will, after receipt of the written notice of a household's eligibility and upon the household's request, provide home heating fuel to the eligible household (unless such action violates established company policy). To speed up Vendor notification of a household's eligibility and the delivery of service in emergency situations, Vendors may be advised by telephone by an authorized DPA representative of a household's eligibility.
5. Vendors receiving cash advances from HAP on behalf of eligible households for overdue or future home heating bills must promptly provide verification to HAP that the payments were received and credited to the household's account. This may be accomplished by either a signed statement citing the name, date and the amount credited to the household's account, or by submitting a copy of the household's bill which shows the credited HAP payment. Once confirmation of payment is received by HAP, no further verification of the use of HAP credit is required (except as required by conditions 7 and 8 below).
6. Vendors receiving cash advances on behalf of eligible households must apply such payments only to the home energy portion of the household's account. **Vendors must list the credited HAP payment on the household's bill, invoice or statement.** Payments may be used only for approved home heating products for the eligible households own use (DPA Condition No. 3) and not for any other non-heating related charges.
7. If a household with a prepaid HAP credit balance chooses to close its service account with the Vendor, the remaining credit must be refunded directly to the household or the DPA. HAP must be notified promptly of refunds made to a household by a statement containing the household's name, amount of the refund, and the date. If the Vendor elects to make the refund to DPA, the check payable to the State of Alaska should be sent to HAP referencing the customer's name. NOTE: Vendor's are not obligated to refund HAP credit upon request of the household unless the household is closing its service account, (i.e. moving or changing home heating vendors).
8. If a household with a prepaid HAP credit balance dies, the credit balance may be left on the same service account for use by surviving family or household members. If there are no other persons in the household continuing to use the service account, the Vendor must promptly refund the remaining credit to the State. Similarly, if a household moves without leaving a forwarding address, the Vendor must promptly refund remaining credit to the State. If a credit balance goes unused for six months and the Vendor cannot contact the client, the credit balance must be refunded to the state.

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This agreement is not effective until signed by both parties.

VENDOR

STATE OF ALASKA

\_\_\_\_\_  
Name of company as reported to the I.R.S.

Division of Public Assistance  
\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Mailing Address

400 Willoughby, Suite 301

\_\_\_\_\_  
City State Zip Code

Juneau, Alaska 99801-1700

Phone No: \_\_\_\_\_

Phone No: (907) 465-3099

FAX No: \_\_\_\_\_

FAX No: (907) 465-3319

X  
\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Type or Print Name Above

Susan Marshall  
\_\_\_\_\_  
Type or Print Name Above

\_\_\_\_\_  
Title

Program Coordinator  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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Please furnish the following information for your company

Business Status:

List of communities served:

\_\_\_\_ Non-profit

\_\_\_\_\_

\_\_\_\_ Parent

\_\_\_\_\_

\_\_\_\_ Corporation

\_\_\_\_\_

\_\_\_\_ Sole proprietor

List of home heating products sold:

\_\_\_\_ Subsidiary \_\_\_\_\_  
Name of parent co.

\_\_\_\_\_

\_\_\_\_ Using Parent Tax I.D.

\_\_\_\_\_

\_\_\_\_ Other

Brand of heating products sold  
(Chevron, Union, Tesoro, etc.):

Tax I.D. No: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_