## WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

## LIEAP FUEL SUPPLIER AGREEMENT

		Fuel Type
Vendor Nur	mber (DHHR Use Only)	
DIVISION (		DEPARTMENT OF HEALTH AND HUMAN RESOURCES, fter "OFFICE") and the individual or business named below
Name		Employer Identification Number (EIN), or
Address		Social Security Number (SSN)
<del></del>		(EIN or SSN is mandatory)
Telephone	Number	
households	• • •	and authorization that will be provided by the OFFICE for ugh the Low Income Energy Assistance Program (LIEAP),
1.	Such households, in the normal billing process, will be charged no more than the difference between the cost of home energy used (as authorized in SUPPLIER's tariff schedules approved by the Public Service Commissioner of West Virginia) and payments SUPPLIER has received; and	
2.		will be treated adversely because of such assistance under te law or public regulation requirements; and
3.	No household on whose behalf payments are made will be discriminated against, either in the cost of goods supplied or the service provided.	
4.	•	lity company, at least 30 days service will be provided from ceptance of the LIEAP payment when such payment is being tion or to restore service.
5.		upon amount of fuel will be delivered within 48 hours of being exists for which payment will be made by DHHR.
OFF household's	•	household when a payment is made to SUPPLIER on the
The	parties of this contract mutually ag	ree that:
	s agreement shall be effective upo by either party, giving sixty (60) day	on signing by both parties and shall remain in effect untile ys notice thereof in writing.
State LIEAI	P Coordinator, DFA	Supplier or Supplier's Representative
 Date		 Date

DFA-LIEAP-7 (08/03)