

# WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

## LIEAP FUEL SUPPLIER AGREEMENT

Vendor Number (DHHR Use Only) \_\_\_\_\_ Fuel Type \_\_\_\_\_

Agreement between WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, DIVISION OF FAMILY ASSISTANCE (hereinafter "OFFICE") and the individual or business named below (hereinafter "SUPPLIER").

_____ Name	_____ Employer Identification Number (EIN), or
_____ Address	_____ Social Security Number (SSN)
_____ Telephone Number	(EIN or SSN is mandatory)

In consideration for timely payments and authorization that will be provided by the OFFICE for households found eligible for assistance through the Low Income Energy Assistance Program (LIEAP), SUPPLIER agrees that:

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. No household receiving LIEAP will be treated adversely because of such assistance under the applicable provisions of State 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. If an electric or gas services utility company, at least 30 days service will be provided from the date of awareness of and acceptance of the LIEAP payment when such payment is being used to prevent service termination or to restore service.
5. If a bulk fuel vendor, the agreed-upon amount of fuel will be delivered within 48 hours of being made aware that an emergency exists for which payment will be made by DHHR.

OFFICE agrees that it will notify each household when a payment is made to SUPPLIER on the household's behalf.

The parties of this contract mutually agree that:

This agreement shall be effective upon signing by both parties and shall remain in effect until terminated by either party, giving sixty (60) days notice thereof in writing.

_____ State LIEAP Coordinator, DFA	_____ Supplier or Supplier's Representative
_____ Date	_____ Date