

OFFICE OF ECONOMIC OPPORTUNITY

**FY 2009-2010 APPLICATION FOR FUNDING
(July 1, 2009 - June 30, 2010)**

**Weatherization Assistance Program
Heating and Air Repair and Replacement Program**

AGENCY NAME

**North Carolina Department of Health and Human Services
Office of Economic Opportunity
2013 Mail Service Center
Raleigh, North Carolina 27699-2013
Telephone: (919) 715-5850
Fax: (919) 715-5855
Website: <http://www.ncdhhs.gov/oeo>**

SECTION I. IDENTIFICATION

Agency Name:

Mailing Address:

Street Address (if different from above):

Agency Email Address:

Agency Website:

Telephone Number:

Fax Number:

Board Chairperson:

Executive Director:

Contact Person for Program Narrative:

Contact Person for Budget:

In addition to a signed hard copy of the application, please submit an electronic version of the Application, Budget, and the One-Year Work Programs to Dawn Eason at Dawn.Eason@ncmail.net

SECTION II. CERTIFICATION

THIS IS TO CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND RECEIVED APPROVAL FOR SUBMISSION BY THE BOARD OF DIRECTORS OR DULY AUTHORIZED BODY.

Typed Name of Board Chairperson

Signature of Board Chairperson

Date of Certification

SECTION III. PROGRAM NARRATIVE

Needs Assessment, Resource Analysis and Service Plan

1. Describe how your agency will identify and recruit applicants for the program from the following demographic groups:
 - a. Elderly
 - b. Disabled
 - c. Households with young children
 - d. Households with and high energy burden
 - e. Households that are considered high energy users

2. Describe the need for weatherization services in the area (s) served by your agency below (number of households in poverty, energy burden of low-income households, and average energy expenditures of low-income families).

PROGRAM NARRATIVE (Cont.)

3. Identify all staff below that are currently paid directly, in whole or in part, with weatherization and/or HARRP funds. Attach a current resume and job description for each individual and position listed (certifications, licenses, etc.).

Name	Position Title	Duties	# Yrs in WX

4. Attach a current agency wide organization chart that includes all positions that are to be paid, directly or indirectly in whole or in part, with weatherization or HARRP funds.
5. Does your agency plan to subcontract weatherization work (including shell work, insulation placement, and duct sealing) during FY 2009-2010? Please note that the use of HVAC contractors, plumber, and electricians are not applicable to this question.

6. Identify below all firms, individuals that your agency currently contracts with and intends to contract with to perform weatherization services including insulation installation and HVAC.

Business Name	Owner's Name	Total Employees	Address	Type Work Performed

7. How are licensees and insurance verified for sub-contractors performing work for your agency?

8. Describe how your agency ensures that prices paid for weatherization materials, supplies and services are fair and competitive.

PROGRAM NARRATIVE (Cont.)

9. Attach a copy of your agency's written procedures for handling eligibility appeals for clients deferred for weatherization services.

10. Attach a copy of your agency's written procedures for handling client complaints received from clients dissatisfied with weatherization work.

11. Identify additional resources to be mobilized or leveraged by your agency to assist in implementing the FY 2009-2010 Weatherization Assistance and HARRP Programs (utilities, companies, programs, resources). Estimate the additional units and the total value of expected contributions. Leveraging activities that supplement the weatherization program or can be used to run a parallel program. Leveraged resources should expand energy efficiency services and/or increase the number of DOE-eligible dwelling units weatherized. Please note, that landlord contributions are not considered leveraged resources.

