

## **1000 Series**

- 1001 Item not currently active
- 1002 **MPSC Narrative Reporting**
- 1003 **MPSC-Wx – Income Eligibility Guidelines**
- 1004 Item not currently active
- 1005 **MPSC Programmatic Reporting**

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Community Services Policy Manual	SUBJECT Michigan Public Service Commission:  <b>NARRATIVE REPORTING</b>		EFFECTIVE DATE 1/01/08 ISSUE DATE 12/21/07

**ISSUANCES AFFECTED:**

REFERENCES Michigan Public Services Commission Request for Proposal  
Michigan Public Services Commission Planning Instructions  
Michigan Public Services Grantee Funding Agreement

**BACKGROUND:**

Reports will be required to fulfill Michigan Public Services Commission (MPSC) reporting requirements and to satisfy state and local management needs.

MPSC Agreement, Section II, H, requires the submission of programmatic reports.

**POLICY:**

The Grantee is required to complete and submit the MPSC Narrative Report, DHS-440, by the date listed below. See Item 202 for the form.

Instructions

Page 1 of 2 collects information on the MPSC-funded weatherization activities for the grant period.

Answer items 1 through 10 completely. Attach additional pages as necessary.

Page 2 of 2 collects information on the MPSC-funded client education activities for the grant period. If your agency did **not** use MPSC funds for client education activities, answer No to number 1 and the report is complete. If your agency did use MPSC funds for client education activities, answer items 1-9 completely. Attach additional pages as necessary.

The Grantee will submit this report by:

- September 10, 2008 for the period October 1, 2007 – August 31, 2008

electronically to Diane Holley at:

[holleyd@michigan.gov](mailto:holleyd@michigan.gov)

**2008 MDHS/MPSC WEATHERIZATION and CLIENT EDUCATION PROGRAM  
LWO NARRATIVE REPORT**

Name:	Agency:	Date:
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**Weatherization Information- PAGE 1 of 2**

1. Did you fund complete jobs under the MDHS/MPSC program, or just provide supplemental measures? (Check all that apply.)		
<input type="checkbox"/> Complete jobs	<input type="checkbox"/> Supplemental measures	<input type="checkbox"/> Both
2. If you provided supplemental measures with the MDHS/MPSC funds, what were the most common supplemental measures you provided?		
a.	b.	c.
d.	e.	f.
3. Describe coordinated efforts with other organizations to complete weatherization activities.		
4. Did you provide weatherization services to any clients in the 150% to 200% of poverty category under the MDHS/MPSC program in 2008?		
<input type="checkbox"/> Yes <input type="checkbox"/> No   If no, why not?		
5. Were there any differences in the way you spent the MDHS/MPSC Wx funds this year as compared to last year?		
<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please describe:		
6. Describe accomplishments and problems experienced while carrying out the program.		
Accomplishments:		
Problems:		
7. What would you say are the <b>best</b> and <b>worst</b> aspects of the MDHS/MPSC program?		
Best:		
Worst:		
8. What recommendations would you have for improving the MDHS/MPSC program?		
9. Describe impacts, anticipated and unanticipated, experienced as a result of MPSC weatherization funding.		
10. If low-income weatherization (<200% of poverty) is determined to be a very high priority, how much annual additional funding for MDHS/MPSC weatherization could you use in your service territory (assuming an appropriate ramp-up period and assured funding over time)?		
<b>Check yes or no for each-</b>	<b>Yes</b>	<b>No</b>
No more than MPSC 08 amount		
50% more than MPSC 08 amount		
Twice the current amount		
Three times the current amount		
More than three times the current amount		

**2008 MDHS/MPSC WEATHERIZATION and CLIENT EDUCATION PROGRAM  
LWO NARRATIVE REPORT**

Name:	Agency:	Date:
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**Client Education Information- PAGE 2 of 2**

1. Did your agency provide energy education services under the MPSC 08 program?		
<input type="checkbox"/> Yes <input type="checkbox"/> No    If no, please indicate the main reason(s) why not:		
2. If yes to above, what specific energy education services did you provide? (Check all that apply.)		
<input type="checkbox"/> Energy education workshops/training meetings	<input type="checkbox"/> In-home customized energy ed (beyond normal DOE service)	<input type="checkbox"/> In-school/classroom education for students
<input type="checkbox"/> Energy conservation kits/materials	<input type="checkbox"/> Utility vouchers	<input type="checkbox"/> Other (describe)
3. Describe coordinated efforts with other organizations to complete energy education project goals.		
4. Were there any differences in the way you delivered the MDHS/MPSC Client Education services this year compared to last year?		
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what differences and why?		
5. List the most important one or two things you have learned from your experience with providing energy education services (may include things learned in previous years).		
6. Describe accomplishments and problems experienced while carrying out the project activities.		
Accomplishments:		
Problems:		
7. What recommendations would you have to improve the MDHS/MPSC Client Education program?		
8. Describe impacts, anticipated and unanticipated, experienced as a result of the MPSC client education program.		
9. If more funding were to be made available for client education activities, how much additional annual funding for MPSC client education activities could you use in your service territory?		
<b>Check yes or no for each-</b>	<b>YES</b>	<b>NO</b>
No more than MPSC 08 amount		
50% more than MPSC 08 amount		
Twice the current amount		
Three times the current amount		
More than three times the current amount		

<b>MPSC Wx Activities Programmatic Report - DHS-441</b>				
MDHS Bureau of Community Action and Economic Opportunity				
Grantee Name:		Contract Name: MPSC-08-		
Grantee Contact:		Period Covered: 10/01/07 -11/30/07		
Contact Phone #:		Total Approved Applications Pending:		
<b>Total Units Completed</b>	<b>MPSC/DOE Rpt Per.</b>	<b>MPSC/DOE YTD</b>	<b>MPSC-only Rpt Per.</b>	<b>MPSC-only YTD</b>
Owner Occupied Units		0		0
Single Family Rental Units		0		0
Rental Units in a 2-4 Unit Building		0		0
Rental Units in a 5+ Unit Building		0		0
Mobile Home Owner Units		0		0
Mobile Home Renter Units		0		0
Other		0		0
<b>TOTAL UNITS COMPLETED</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**MEASURES INSTALLED**

Air Sealing/Major Bypass		0		0
Attic Insulation		0		0
Attic Ventilation		0		0
Clock Setback Thermostat		0		0
Duct Sealing/Insulation/Repair/Replacement		0		0
Energy Efficient Light Bulbs (CFLs)		0		0
Foundation Repair		0		0
Furnace Repair		0		0
Insulation (all other types)		0		0
Refrigerator Replacement		0		0
Wall Insulation		0		0
Water Heater Repair		0		0
Window Replacement		0		0
Digital CO Detectors		0		0
Smoke detectors		0		0
Furnace Replacement (90% +AFUE)		0		0
Furnace Replacemnent (Standard Efficiency)		0		0
Water Heater Replacement		0		0
<b>Repairs/Replacements (non-energy)</b>				
Roof Replacement		0		0
Roof Repairs		0		0
Duct Cleaning		0		0
Chimney Repair/Replacement		0		0
Mobile Skirting Repair		0		0
Other (please describe-attach listing if necessary)		0		0

*Note: RP= Report Period; YTD= Year to Date*

<b>Demographic Information</b>	<b>Units RP</b>	<b>Units YTD</b>	<b>Persons RP</b>	<b>Persons YTD</b>
(a) <b>Units</b> w/a child or pregnant woman:		0	N/A	N/A
(b) Total MPSC expenditures for <b>units</b> in (a) above		0	N/A	N/A
(c) Total <b>Persons</b> assisted	N/A	N/A		0
(d) Senior Citizens (over age 60) units/persons		0		0
(e) Units/Persons w/disabilities		0		0
(f) Children (under 18) Units/Persons		0		0
(g) Native American Units/Persons		0		0
(h) FIP, FAP, SSI & SDA Units		0	N/A	N/A

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Community Services Policy Manual	SUBJECT: INCOME ELIGIBILITY GUIDELINES  <b>MICHIGAN PUBLIC SERVICE COMMISSION (MPSC) ASSISTANCE FUNDS</b>		EFFECTIVE DATE 04/01/09  ISSUE DATE 04/07/09

## REFERENCES:

Michigan Public Service Commission (MPSC) Agreement

## BACKGROUND:

The MPSC Agreement, Section II.F.1, states that an applicant will be considered eligible whose household income is at or below 200 percent of the poverty income guidelines, or 60% of state median income, whichever is higher, as established by U.S. Department of Health and Human Services (HHS) and published in the Community Services Policy Manual.

## POLICY:

### AUTOMATIC INCOME ELIGIBILITY

#### Weatherization

A household is automatically income-eligible for MPSC weatherization program services if a household member has received Family Independence Program (FIP), Supplemental Security Income (SSI), or State Disability Assistance (SDA) benefits at any time during the twelve month period previous to the application date.

The agency must include documentation supporting the automatic income eligibility in the client file.

#### Client Education

Clients are automatically income-eligible for MPSC client education services in the following instances:

- The client's household has been determined eligible for U.S. Department of Energy (DOE), Low Income Home Energy Assistance Program (LIHEAP), or MPSC weatherization assistance within the previous 12 month period.
- The client's household has received emergency energy assistance from the agency or State Emergency Relief (SER) assistance from the Department of Human Services (DHS) within the previous 30-day period.
- A member of the client's household currently receives FIP, SSI, or SDA.
- The client's household currently receives any other form of agency or public assistance with an income threshold at or below 200% of federal poverty income guidelines or 60% of state median income. Proof of the client's receipt of such

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assistance and verification of the corresponding income threshold must be obtained.

- For youth initiatives that partner with local schools, each school must be primarily low-income as determined by at least 60% of the students receiving a low-income program such as free or reduced lunch, or other methods as approved by DHS and the MPSC on a case by case basis.

The agency must include documentation supporting the automatic income eligibility, e.g., receipt of benefits in the previous 12 months, in the client file.

## INCOME ELIGIBILITY DETERMINATION

The MPSC income maximum is 200 percent of poverty income guidelines or 60% of state median income, whichever is higher. Income refers to total cash receipts before taxes from all sources, with the exceptions noted below.

### Income Guidelines

Refer to CSPM Item 208, Poverty Income Guidelines, for the current poverty income guidelines.

### Income Includes:

- Money, wages and salaries before any deductions.
- Net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses).
- Regular payments from the Social Security Administration (gross benefits), railroad retirement, unemployment benefits, strike benefits from union funds, worker's compensation, veteran's payments, public assistance (including FIP, SSI and SDA), training stipends, alimony, and military family allotments.
- Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments.
- Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.
- Any lump sum payments received by Native Americans, such as from Casino income or tribal income.

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### Income Excludes:

- Combat zone pay
- 2008 Economic Stimulus Payment rebate checks
- Capital gains.
- Any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car.
- One time payments from a welfare agency to a family or a person who is in temporary financial difficulty.
- Tax refunds, gifts, loans, lump sum inheritances, one time insurance payments, or compensation for injury.
- Non-cash benefits such as the employer paid or union paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and federal non-cash benefit programs such as Medicare (Medicare premiums are **not** excluded) Medicaid, food assistance benefits (including cash or stamps), school lunches, and housing assistance.
- College scholarships and grants.
- Foster care payments, child support and adoption subsidies.
- Income earned through employment by a child who is age 18 and under, **and** attending school. (**Note:** Excluded “earned income” does **not** include program benefits such as Social Security, Supplemental Security Income, etc.; these **are** included in the total household income.)

## INCOME COMPUTATIONS

### Actual Annual Income

Determine the households’ **actual income** for the preceding 3-month period including the date of application. This process should include working from year-to-date wage income documentation, current and prior monthly benefit documentation, W-2s or income tax returns for prior year income when appropriate.

See the attached sample form, **ATTACHMENT A**, for documenting income for 3 months.

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**Note:**

- Recurring public benefits, such as Retirement, Survivors, Disability Income (RSDI), SSI, FIP, SDA, etc., or pension/retirement benefits, **may be multiplied by the relevant number of months received** by using documentation for one month's benefit amount.

W-2s and income tax returns may be used as **sole** income documentation only for applications taken from **January 1 through January 31** of the following year. For applications taken after January 31, W-2s and tax returns may only be used in combination with other current year income documentation to determine eligibility. In this instance, the W-2s and tax returns can provide a basis for determining/computing income for the relevant months in the prior calendar year. See the attached examples, **Attachment B**, for how to compute income using these source documents.

## INCOME DOCUMENTATION

Income must be thoroughly documented. The following items are acceptable documentation:

- Copies of paychecks or pay stubs.
- Written statements from employers.
- Letters, benefit statements or other documents from income sources (e.g. DHS, Social Security, VA).
- Unemployment Benefit check stubs.
- If self-employed, accounting and other business records showing net income.
- W-2s and income tax returns. (**Note:** W-2s and income tax returns will seldom be adequate by themselves since they usually report a period ending well in advance of the date of application. An exception may be made for the self-employed, since tax records are a convenient source of information about income; however, they should be used in conjunction with self-declaration.)
- Other documents the program operator has reason to believe will verify the projected income of the household member(s).
- Self-declaration of applicant, but only if pre-approved by DHS BCAEO program staff. A copy of the approval must be kept in the client file.

**Note:** Self declarations only need to be pre-approved if this is the **ONLY** source of household income documentation available.

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## CLIENT FILE

Agencies must maintain a client file for all recipients of MPSC services. At a minimum, the file must include:

- A copy of the agency's client services application. The application must identify each member of the household as well as income sources and amounts for each member of the household being served. The client and the intake worker must sign the application.
- A copy of all documents used to determine income eligibility; including self declarations with appropriate DHS BCAEO staff approval, and documented phone conversations with public case workers.
- A copy of all documents used to support automatic income eligibility.
- All calculations for each income source for the prior 3 months as well as the total income for the client household.
- The annualized total household income for the household. (The 3-month income multiplied by 4.)
- The type and dollar value of the benefits provided.



**REFERENCE:** **CSPM Item 1003**  
**Income Computations – Using W-2s and Tax Returns**

W-2s and income tax returns may be used as **sole** income documentation only for applications taken from **January 1 through January 31** of the following year. For applications taken after January 31, W-2s and tax returns may only be used in combination with other current year income documentation to determine eligibility. In these instances, the W-2s and tax returns can provide a basis for determining/computing income for the relevant months in the prior calendar year.

**EXAMPLE: Using W-2s or Income Tax Returns to Compute Income for the Relevant Months in the Prior Calendar Year**

**Situation:** A client applies for services during the 1<sup>st</sup> week of February and provides a prior year tax return or W-2 to document receiving income in the prior calendar year.

Following are 2 examples showing how to compute the relevant prior year's income using information from these source documents.

**Example 1.** The client indicates that the household received income regularly throughout the prior calendar year.

The intake worker would use the following method for computing income for the months of November and December: Divide the total income reported by 12 to determine an average monthly amount. Multiply this amount by 2 to represent income for November and December. **If the client agreed that the resulting amount fairly represented their income for the prior year income period**, this amount can be used. **Note:** Current year income documentation must be used to determine the income earned/received for January—February.

**Example 2.** The client indicates that they had income for the months of Jan—October and December, but had no income for the month of November. Received income for 11 out of 12 months. **Note:** This information must be included in the client file as it is relevant to the income computations.

The intake worker would use the following method for computing income for the month of December: Divide the total income reported by 11 to determine an average monthly amount. Use the amount to represent the income for December. **If the client agreed that the resulting amount fairly represented their income for the prior year income period**, this amount can be used. **Note:** Current year income documentation must be used to determine the income earned/received for January—February.

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Community Services Policy Manual	SUBJECT Michigan Public Service Commission:  <b>PROGRAMMATIC REPORTING</b>		EFFECTIVE DATE 11/01/08 ISSUE DATE 1/21/09

**ISSUANCES AFFECTED:**

REFERENCES Michigan Public Service Commission Request for Proposal  
Michigan Public Service Commission Grantee Funding Agreement

**BACKGROUND:**

Reports will be required to fulfill Michigan Public Service Commission (MPSC) reporting requirements and to satisfy state and local management needs.

The MPSC Agreement, Section II, H requires the submission of programmatic reports.

**POLICY:**

The Grantee must use the DHS-441 Excel formatted report form to report weatherization activities and the DHS-442 Excel formatted report form to report client education activities.

The Grantee is required to complete and submit the MPSC Wx Activities Programmatic Report, DHS-441, and the MPSC Client Education Activities Programmatic Report, DHS-442, **monthly** throughout the contract period. The reports are Excel forms with tabs for each report period. Both reports collect program year to date (PYTD) information. See Item 202 for the forms.

Note: If there are no funds budgeted for client education activities, the DHS-442 is not a required report for the contract period.

The Grantee will submit one DHS-441 and one DHS-442, via email, within 30 days from the end of the report period, to the following email address:

[holleyd@michigan.gov](mailto:holleyd@michigan.gov)

The 1/09 version of both reports must be used. Previous versions will not be accepted.

**DHS-441- MPSC Wx Activities Programmatic Report – Instructions**

All boxes to be completed by the Grantee are highlighted in yellow in the electronic version.

**Grantee ID** section: For the first month of contract period, the grantee will complete the boxes as indicated including the grantee name, contact person, contact phone number,

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contract number, and the total approved applications pending. For all subsequent months, the grantee ID section information will be pre-filled. The total approved pending applications must be completed each month. The report period is pre-filled.

**Planned Units Section:** The grantee will insert the total number of planned units program year to date and the actual units completed program year to date. The worksheet will automatically calculate the percentage of planned units completed. This information must be completed for each report period.

**Total Units Completed Section:** The grantee will complete the total number of units completed to date. The grantee will indicate the report period figures only. The worksheet will compute the year-to-date figures.

**Measures Installed section:** The grantee will complete the total number of measures applied by type as indicated. The grantee will indicate the report period figures only. The worksheet will compute the year-to-date figures for each.

**Repairs/Replacements (non-energy) section:** The grantee will complete the total number of repairs/replacements by type as indicated. The grantee will indicate the report period figures only. The worksheet will compute the year-to-date figures for each.

Each of the three sections described above collects both the MPSC/DOE and MPSC-only units. MPSC-only units are those income eligible at between 150%-200% of poverty income guidelines.

**Demographic Information:** The grantee will complete the following information, for the report period, in this section:

- a. Number of units served with a child and/or pregnant woman.
- b. Expenditures for units with a child and/or pregnant woman for the report period.
- c. Total persons assisted.
- d. Senior citizens (over age 60) units/persons
- e. Units/Persons with disabilities
- f. Children (under 18) Units/Persons
- g. Native American Units/Persons
- h. FIP, FAP, SSI & SDA units

The worksheet will compute the year-to-date figure for Items (a) – (h).

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### **DHS-442- MPSC Client Education Activities Programmatic Report- Instructions**

All boxes to be completed by the Grantee are highlighted in tan in the electronic version.

**Grantee ID** section: For the first month of the contract period, the grantee will complete the boxes as indicated, the grantee name, contact person, contact phone number, contract number, and the contact person's email address. For all subsequent months, the grantee ID section information will be pre-filled. The period covered is pre-filled.

**Classes & Incentive Payments:** The grantee will complete the total number for each of the questions listed for the report period. The worksheet will compute the year to date figures for each.

**Energy Efficiency Kits and Items Distributed:** The grantee will provide a description of the contents of all energy kits the agency distributes in the first month of the contract period. The listing will pre-fill for each month following. The grantee will indicate in number 1 the total number of kits distributed for the period. The worksheet will compute the year to date figure.

For agencies that are not providing energy efficiency kits, and/or for agencies that will be providing other energy efficiency materials, independently from kits, e.g. calendars, etc., the grantee will record this information in number 2. The grantee should list each item separately into the area provided in the first month of the contract period. The grantee should include the total number of items distributed for each report period. The worksheet will compute year-to-date figures.

**School Activities** section: The grantee will report energy efficiency activities using this section. The grantee will report the name of each school and the specific classroom(s) in each school, the number of participating students, and a description of all energy efficiency related materials to be distributed in the first month of the contract period. The grantee must report the number of items distributed for each report period. The worksheet will compute the year-to-date figures.

**MPSC Client Education Activities Programmatic Report- DHS-442**  
 MDHS Bureau of Community Action and Economic Opportunity

Grantee Name:	Contract Name: MPSC-08-
Grantee Contact:	Period Covered: 10/07
Contact Phone #:	Contact Email:

<b>Class &amp; Incentive Payments</b>	<b>Period to Date</b>	<b>Year to Date</b>
# of clients attending money management classes:		0
# of clients attending energy education classes:		0
# of clients receiving incentive payments:		0
Total \$ amount of incentive payments:		0

**Energy Efficiency Kits and Items Distributed**

Describe the contents of each energy kit your agency provides at each energy education session. Include a list of each energy savings item included with each kit:


**Note:** If you distribute energy efficiency items separately, use space in 2 below to list the items(s) and indicate the number(s) distributed.

	<b>Period to Date</b>	<b>Year to Date</b>
1. Number of kits distributed:		0

2. FOR ITEMS NOT Reported in Line 1 above- Use the spaces below to list each energy efficiency item individually and the number distributed of each:

<b>Item</b>	<b>PTD</b>	<b>YTD</b>	<b>Item</b>	<b>PTD</b>	<b>YTD</b>
		0			0
		0			0
		0			0
		0			0
		0			0

List name of school(s) and each corresponding classroom(s) below:

Indicate # of students receiving energy eff. Items:

	<b>Period to Date</b>	<b>Year to Date</b>
		0
		0
		0
		0

Indicate # of items distributed below by type:

List below all energy efficiency items distributed:	<b>Period to Date</b>	<b>Year to Date</b>
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0